



BEACON
Specialized Living

Medication Administration In-Service and Evaluation

Name of Facility/Home:

Hart

Employee receiving In-Service: Serena DuPont

Date of 1st In-Service: 03/10/22 Time: 4:00 pm L&D: Learning & Development

Date of 2nd In-Service: ___ / ___ / ___ Time: ___:___ am / pm Medical: _____

Date of 3rd In-Service: ___ / ___ / ___ Time: ___:___ am / pm DMA TTT: _____

Date of 4th In-Service: ___ / ___ / ___ Time: ___:___ am / pm DMA TTT: _____

Date of 5th In-Service: ___ / ___ / ___ Time: ___:___ am / pm DMA TTT: _____

Date of 6th In-Service: ___ / ___ / ___ Time: ___:___ am / pm HM:

Date of Final Evaluation: 3/14/22 Time: 12:00 am / pm DMA TTT: Chris Wright

All staff must complete DMA class, Medical class, Homework and DMA Test in LMS along with In-Services and Final Evaluation for certification.

Code #1 NA 7410

Code #2 NA 8520

Code # 3 NA 9531

In-Service #		1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1.	MEDICATION AREA- a. Location of ample supplies before administration.	X						X	<i>explained and shown</i>
	b. Report medication that is 10 days or less. Check expiration dates on all medication (special attention to epi-pen, prn medication not commonly used). If a medication is not available contact management and medical to obtain medication or further direction. This must also be reported to recipient rights as medication error verbally and then followed up with an event report	X						X	
	d. Location of all medication: Internal, External, Refrigerated, Controlled Substances, PRN's. Medications are separated. Location of: High Alert Board, Sharp's container, Medication posting binder, Prescription Book, Medication Book.	X						X	
	c. Area is clean, organized, and locked.	X						X	



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2	DMA washes hands before administering medications and between each Resident when a sink is in the medication room. If not, wash hands before and between each 3 rd person, always sanitizing between each. Sanitizing and wearing gloves is never a substitute for handwashing. Masks should be worn at all times when out of the medication room when required	X						X	demonstrated
3	Medication keys are retained by DMA. When completing DMA change complete appropriate documentation. This is to be completed at shift change and the staff must attest that all medications and event reports written, when applicable	X						X	explained
4	A resident is identified per facility policy and procedure before administering meds. At least 2 patient identifiers per Joint Commission National Patient Safety Goals.	X						X	demonstrated
5	All medications require a prescription including lotions, creams, powders, and OTC medication.	X						X	explained
6	Vital signs are taken per facility policy before administering medications (if applicable), always on cardiac and BP medications	X						X	↓
	a. If Pulse and BP are required, hands and equipment are washed per facility policy	X						X	
	b. Follow vital range guidelines unless otherwise specified with a written prescription by the prescribing physician.	X						X	
7	c. Beacon vital sign ranges are as follows: Temperature 96-99, Pulse 50-100, Respirations 12-20, Low blood pressure 90/50 or below, High blood pressure 160/90 or higher	X						X	↓
8	Medications Administration per facility policy and procedure: to include a review of the '6 Rights'. Right, Resident, Right Route/Method, Right Medication, Right Time/Date, Right Dose, Right Documentation. Medication administration should not be interrupted, do NOT rush.	X						X	
	a. Medications are properly removed from container/blister pack and (.) dot is placed in the appropriate box on MAR. If on EMAR a check (☐) is placed in the appropriate box.	X						X	demonstrated
	b. Liquid medication is poured at eye level on a flat surface, with palm covering label of the stock bottle	X						X	↓
	c. DMA verifies medication and strength with an order as transcribed on medication record per facility policy and procedure. Note: Strength and dose are not always the same.	X						X	
	d. Observe Resident to ensure medication is swallowed. If (ODT) disintegrating medication is given, place in a separate cup and ensure medication dissolves.	X						X	
	e. Offer adequate and appropriate fluid with medication, full glass of water unless otherwise ordered. Note: Any	X						X	↓



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13	Inhalers should be disinfected between use. If multiple inhalers are used separately by 5 minutes. Always swish and spit after steroid inhalers to prevent infection.	X						X	<i>Explained</i>
14	Medication prescription, label, and MAR should all match. Generic and Brand Names should be on the label. Prescriptions can be verified in the binder in the medication room and/or NextStep.	X						X	
15	When a resident is leaving for an LOA ensure you are completing the Release of Responsibility for Medication, if 2 nd staff is available best practice would be to have both staff count medication being released. This would be the same process upon return. Ensure staff and party it was released to sign upon leave and return. *Send all medication including PRN's	X						X	
16	When a resident is leaving on an outing or signing out, ensure they are taking their epi-pen, rescue inhaler, and any other applicable medication and completing appropriate documentation. *Sunblock if applicable	X						X	
17	Residents' rights are observed. Residents have the right to privacy. Rights to receive their medication as prescribed and right to refuse medication.	X						X	
18	Location, Procedures, and Documenting for administering PRN including checking history and completing follow-up. PRN medication must be administered as prescribed for a specified reason.	X						X	
19	DMA follows facility policy and procedure for medications refused or withheld. (ER/ IR written as applicable along with misc. note)	X						X	
20	Medications are administered within the time frame per facility policy and procedure. There is a 1 hour before and 1 hour after the time frame for medication administration. Once outside the time frame, there is an additional 30 minutes before you must contact medical to receive approval to administer medication.	X						X	
21	Medication errors are reported to Home Manager, Regional Nurse, and prescribing physician. An IR/ER and misc. note must be completed before the end of the shift. If medication is given to the wrong resident contact poison control immediately followed by medical.	X						X	
22	The medication area is cleaned and locked after the completion of medication administration. All medication is double locked.	X						X	
23	DMA can identify the action and common side effects of medications administered. Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	X						X	
24	Approved Abbreviations List is reviewed	X						X	
25	Seizure precautions and documentation. Follow Beacon's policy unless someone has their medical protocol prescription.	X						X	



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26	After-hour procedures and protocol for found/spilled medication. Location of Epocrates link on staff computer. All medication disposed of must have second staff verification and a complete disposal log. Controlled substances are disposed of in the Dead drug box, all other medication is disposed of in the Rx destroyer jug.	X						X	Explained ↓
27	2nd Staff Verification, what it is, when it is needed, and how to document it. (Med disposal, Insulin verification, Med reconciliation, controlled substance count)	X						X	
28	Refusal of Medication procedures (prompt 3 times, then complete IR/ER as applicable) If medication has been popped, store in a sealed baggie labeled with their initial, time, and date in their medication folder. If medication is not administered per approval as applicable dispose at end of shift.	X						X	
29	For questions or concerns contact your Regional Nurse during business hours. Follow After hours On-Call procedure as applicable. If a medical emergency contact 911 before Medical. Must know the on-call process and the phone numbers	X						X	

FOLLOW UP CONCERNS

Specify the time frame for completion: _____ X N/A

I have received the above In-services and have read the Organizations' **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Home Manager or Regional Nurse at my Site during open office hours and to the On-Call person after hours.

Serena Dulme
Employee Signature

3.14.22 _____
Date

[Signature]
Home Manager Signature or DMA TTT

3.14.22 _____
Date