



Medication Administration In-Service and Evaluation

Name of Facility/Home: Bridge

Employee Receiving In-Service: Ashanti

Date of 1st In-Service: 2 / 17 / 2022 Time: 1 : 00 pm Trainer: Learning and Development

Date of 2nd In-Service: 2 / 24 / 22 Time: 7 : 00 am / pm Trainer: [Signature]

Date of 3rd In-Service: 3 / 2 / 22 Time: 7 : 00 am / pm Trainer: [Signature]

Date of 4th In-Service: 3 / 3 / 22 Time: 7 : 00 am / pm Trainer: [Signature]

Date of 5th In-Service: 3 / 3 / 22 Time: 7 : 00 am / pm Trainer: [Signature]

Date of 6th In-Service: 3 / 4 / 22 Time: 7 : 00 am / pm Trainer: [Signature]

Date of Final Evaluation: 3 / 4 / 22 Time: 7 : 00 am / pm Trainer: [Signature]

All staff must complete all three (6) In-Services and Final Evaluation

Instructions: Check (✓) the appropriate box after Employee has been in-serviced.

		In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
1	Medication Area		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	a. Location of ample supplies prior to administration		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	b. Area is clean and organized		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	c. Area is always locked		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics)		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2	DMA washes hands prior to administering medications and between each Resident		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
3	Medication keys are retained by DMA		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
4	Resident is identified per facility policy and procedure prior		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
5	Vital signs are taken per facility policy prior to administering medications (if applicable), always on cardiac and BP medications		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	a. If Pulse and BP are required, hands and equipment are washed per facility policy		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	b. If Apical Pulse is required, privacy is provided		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
6	Medications Administration per facility policy and procedure: to include review of the '6 Rights'		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	a. Medications are properly removed from container/blister pack and (.) dot is placed in appropriate box on MAR		<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	b. Liquid medication is poured at eye level, with palm covering label of stock bottle		<input checked="" type="checkbox"/>	<input type="checkbox"/>						



Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	e. Offer adequate and appropriate fluid with medication	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	f. Medication record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	h. Correct dose is administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	c. Tube is flushed before, between and after medications are administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
9	Injections are administered by the Resident or a DMA if there is a doctor's order present, per facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
	b. Proper glucometer testing is observed. Determination of competence re: accurately perform and read glucometer testing results	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
15	Residents' rights are observed	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
16	Location, Procedures and Documenting for administering PRN	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
17	Designated Medication Administrator follows facility policy and procedure for medications refused or withheld. (MER & IR written)	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>						



Medication Administration In-Service and Evaluation

	In-Service #	1st	2nd	3rd	4th	5th	6th	Eval.	Comments
19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
20	Medication area is cleaned and locked after completion of medication administration	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
21	Designated Medication Administrator can identify action and common side effects of medications administered	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
24	After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
25	2nd Staff Verification, what it is, when it is needed, and how to document it	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

FOLLOW UP CONCERNS

Specify time frame for completion: _____ N/A

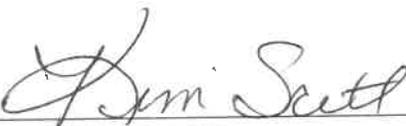
I have received the above In-service and have read the Organizations **Medical Policies**. I understand what is expected of me as a Designated Medication Administrator. I also understand that any immediate medical questions or concerns should be directed to the Coordinator of Care at my Site during open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



 Employee Signature

3-4-22

 Date



 Home Manager Signature

3/4/22

 Date

Learner's Name: Ashanti Crosby

Hand Washing - 20sec

Blood Pressure

Normal Blood Pressure Range: ^{low} 90-50, ^{high} 160-90

Pulse

Normal Pulse Range: 52-100

Respirations

Normal Respiration Range: 12-20

Temperature

Normal Temperature Range: 96-99

Weight

Measurement of Girth - ~~by circumference~~ ^{means} the lower waist line

Oxygen Saturation (Only to be completed per physician or nurse order) - twice a day

Wong Baker Chart & FLACC Scale - pain scale

Insulin Administration - put on 2

SubQ Injections -

Accu-Chek (Glucometer Testing) - every resident should have their own if used mouse becomes theirs

Glucometer Use and Cleaning -

Transfers (on an as-needed basis):

- Hoyer Lift
- Gait Belt
- Wheelchair Transfers

Feeding Tube

Foley Catheter Care

Colostomy

Mary Ostrick MD

Nurse



Learner

3/8/22

Date

03-08-22

Date

This document is required to be uploaded into the Learner's LMS transcript as a component of DMA Certification.

GENERIC NAME	Clonazepam
DOSAGE RANGE	Tablet 0.25 mg
HOW TO TAKE	Oral Take two or three times as directed by doctor
USES	Use to prevent control seizures
SIDE EFFECTS	Sleepiness, dizziness, tremors, loss of coordination.
WARNINGS	Caused drowsiness dizziness.

DRUG NAME	Lamictal
GENERIC NAME	Lamotrigine
DOSAGE RANGE	Tablet 25mg, 100mg, 150mg, 200mg
HOW TO TAKE	By mouth as directed by doctor
USES	for bipolar disorder (manic depression)
SIDE EFFECTS	hives, blistering, peeling sores in your mouth and
WARNINGS	life threatening skin rash, headache, vomiting

DRUG NAME	Lithium
GENERIC NAME	Lithium Carbonate
DOSAGE RANGE	300mg 450mg capsule
HOW TO TAKE	Taken by mouth
USES	by mouth
SIDE EFFECTS	Muscle weakness weight gain, & other side effects
WARNINGS	Vomiting severe hand tremors, vision change unsteadiness while standing or walking

DRUG NAME	Risperdal
GENERIC NAME	Risperidone
DOSAGE RANGE	2-3 mg once a day
HOW TO TAKE	Taken by mouth with or without food
USES	treat certain mental/mood disorders bipolar disorder
SIDE EFFECTS	dizziness, lightheadedness, drooping, nausea, weight gain
WARNINGS	Increased or death elderly dementia patients.

DRUG NAME	Seroquel
GENERIC NAME	Quetiapine
DOSAGE RANGE	200 mg / 25 mg / 50 mg / 100 mg / 300 mg
HOW TO TAKE	full glass of water with or without food
USES	By mouth 2 or 3 times a day.
SIDE EFFECTS	constipation, drowsiness, upset stomach, tired
WARNINGS	

1422, 2725, 2066

GENERIC NAME	Ativan
DOSAGE RANGE	Lorazepam
HOW TO TAKE	One capsule once a day in the morning. Dose can be taken three times a day.
USES	
SIDE EFFECTS	Drowsiness, dizziness, loss of coordination, headache
WARNINGS	Nausea, blurred vision.

DRUG NAME	Clonazepam
GENERIC NAME	Latuda
DOSAGE RANGE	Treatment must begin at 12.5 mg
HOW TO TAKE	Take by mouth with or without food as directed
USES	Dose 12.5 mg once a day or twice daily.
SIDE EFFECTS	Weight gain, dizziness, fast heart rate, nasal dry mouth, fever, increased sweating.
WARNINGS	

DRUG NAME	Haldol
GENERIC NAME	Haloperidol decanate
DOSAGE RANGE	10-20 times daily oral dose administered monthly
HOW TO TAKE	Two or three times a day.
USES	Get emergency
SIDE EFFECTS	treatment of dementia, ICU agitation, psychosis, nausea
WARNINGS	Get emergency help if you have signs of an allergic

Reaction

DRUG NAME	Invega
GENERIC NAME	Paliperidone
DOSAGE RANGE	4 mg, 12 mg per day
HOW TO TAKE	by mouth with or without food.
USES	treat certain mental/mood disorders (such as schizophrenia)
SIDE EFFECTS	abnormal muscle, fast
WARNINGS	

DRUG NAME	Depakote
GENERIC NAME	Divalproex sodium
DOSAGE RANGE	
HOW TO TAKE	Take by mouth as directed by doctor.
USES	treat seizure disorders, control psychiatric conditions
SIDE EFFECTS	Diarrhea, dizziness, drowsiness, hair loss
WARNINGS	Warnings: Swollen feet, muscle, cramps