



Medication Administration In-Service and Evaluation

Name of Facility/Home: Beacon Kalamazoo

Employee Receiving In-Service: Samantha Durala

Date of 1st In-Service: 1 / 20 / 22 Time: 1 : 00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 1 / 20 / 22 Time: 8 : 00 am / pm Trainer: Kaitlyn

Date of 3rd In-Service: 1 / 26 / 22 Time: 7 am / pm Trainer: Kim Hill

Date of 4th In-Service: 1 / 28 / 22 Time: 7 am / pm Trainer: Kim Hill

Date of 5th In-Service: 2 / 4 / 22 Time: 7 am / pm Trainer: Kim Hill

Date of 6th In-Service: 2 / 5 / 22 Time: 7 am / pm Trainer: Kim Hill

Date of Final Evaluation: 2 / 9 / 22 Time: 8 : 00 am / pm Trainer: Deborah (man)

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"/> | <input checked="" type="checkbox"/> | |
| | a. Location of ample supplies prior to administration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | b. Area is clean and organized | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | c. Area is always locked | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | d. Location of all medication: Internal, External, Refrigerated, Controlled Drugs (narcotics) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 2 | DMA washes hands prior to administering medications and between each Resident | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 3 | Medication keys are retained by DMA | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 4 | Resident is identified per facility policy and procedure prior | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input checked="" type="checkbox"/> | |
| | a. If Pulse and BP are required, hands and equipment are washed per facility policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | b. If Apical Pulse is required, privacy is provided | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 6 | Medications Administration per facility policy and procedure: to include review of the '6 Rights' | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input checked="" type="checkbox"/> | |
| | b. Liquid medication is poured at eye level, with palm covering label of stock bottle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |



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|----|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|
| 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"/> | <input checked="" type="checkbox"/> | |
| | d. Observe Resident to ensure medication is swallowed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | e. Offer adequate and appropriate fluid with medication | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | f. Medication record is signed immediately after administration of same | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | g. Controlled substance record is signed immediately after administration of same | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | h. Correct dose is administered | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | i. Medication is administered at correct time | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | j. Verify no additional MAR pages have been added | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 7 | Infection control technique is reviewed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 8 | Medication via gastric tube administered per facility policy and procedure (if applicable) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | a. Resident is properly positioned, at a 45° sitting angle | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | b. Tube is checked for placement and patency | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | c. Tube is flushed before, between and after medications are administered | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input checked="" 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"/> | <input checked="" 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"/> | <input checked="" type="checkbox"/> | |
| 10 | DMA crushes medication according to facility policy and procedure ONLY with physician's orders. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 11 | DMA administers eye and ear medication according to facility policies and procedures | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 12 | Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 13 | Medication administration should not interrupted. DO NOT RUSH | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 14 | Controlled drugs are stored (Double Locked) according to facility policy and procedure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 15 | Residents' rights are observed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 16 | Location, Procedures and Documenting for administering PRN | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input checked="" type="checkbox"/> | |
| 18 | Medications are administered within time frame per facility policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |



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|----|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|
| 19 | Medication errors are reported to Site Supervisor and RN teaching medication classes | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 20 | Medication area is cleaned and locked after completion of medication administration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 21 | Designated Medication Administrator can identify action and common side effects of medications administered | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 22 | Approved Abbreviations List is reviewed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 23 | Seizure precautions and documentation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| 24 | After hour procedures, procedures for found/spilled medication, location of Guide to Drugs Book | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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"/> | <input checked="" type="checkbox"/> | |
| 26 | Refusal of Medication procedures (prompt 3 times, then write appropriate documentation) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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.

Somanta Dweic
Employee Signature

2-9-22
Date

Heather Juan
Home Manager Signature

2-9-22
Date

| | |
|--------------|--|
| DRUG NAME | Abilify |
| GENERIC NAME | Aripiprazole (oral) |
| DOSAGE RANGE | 2mg - 30mg |
| HOW TO TAKE | Swallow regular tablet whole. Do not spit the orally disintegrating tablets |
| USES | Schizophrenia, bipolar disorder, autism, Tourette Syndrome |
| SIDE EFFECTS | Seizure, weight gain, increase/decrease appetite, sleep problems, blurred vision |
| WARNINGS | increased risk of stroke, NMS, uncontrolled body movements, hyperglycemia |

| | |
|--------------|--|
| DRUG NAME | Triptea Seroquel |
| GENERIC NAME | Quetiapine |
| DOSAGE RANGE | 25mg - 400mg |
| HOW TO TAKE | Orally with or without food, Drink plenty of liquids |
| USES | Bipolar I disorder, generalized anxiety, Schizophrenia, |
| SIDE EFFECTS | Dry mouth, lack of energy, speech problems, dizziness, problems moving |
| WARNINGS | Dementia (increase risk of death) |

| | |
|--------------|--|
| DRUG NAME | Prilosec |
| GENERIC NAME | Omeprazole |
| DOSAGE RANGE | 10mg - 40mg |
| HOW TO TAKE | Give orally before meals |
| USES | Gastric and duodenal ulcers |
| SIDE EFFECTS | Stomach pain, seizure, cold symptoms, headache |
| WARNINGS | Can cause kidney problems. |

| | |
|--------------|---|
| DRUG NAME | Topamax |
| GENERIC NAME | topiramate |
| DOSAGE RANGE | 15mg - 200mg |
| HOW TO TAKE | Orally, Drink plenty of liquids |
| USES | Alcohol dependence, PTSD, sleep-related eating disorder, migraine prophylaxis |
| SIDE EFFECTS | Skin rash, feeling nervous, fever, problems with speech |
| WARNINGS | Can cause vision problems, may increase risk of birth defect. |

| | |
|--------------|---|
| DRUG NAME | NORCO |
| GENERIC NAME | hydrocodone / acetaminophen |
| DOSAGE RANGE | 5mg/325mg, 7.5mg/325mg, 10mg/325mg |
| HOW TO TAKE | Store at room temperature, take orally orally prescribed amounts |
| USES | Pain |
| SIDE EFFECTS | Headache, high levels of serotonin, low cortisol levels, liver problems |
| WARNINGS | Can cause addiction, Don't take while pregnant |

| | |
|--------------|---|
| DRUG NAME | Zocor |
| GENERIC NAME | Simvastatin |
| DOSAGE RANGE | 5mg - 80mg |
| HOW TO TAKE | Take orally on an empty stomach |
| USES | Mixed dyslipidemia, hypertriglyceridemia, hypercholesterolemia |
| SIDE EFFECTS | Muscle weakness, liver problems, headache, cold symptoms |
| WARNINGS | Do not take while pregnant or breastfeeding, or have active liver disease |

| | |
|--------------|--|
| DRUG NAME | Tenormin |
| GENERIC NAME | Atenolol |
| DOSAGE RANGE | 25mg - 100mg |
| HOW TO TAKE | Take as prescribed, keep at room temperature |
| USES | HTN, Angina, Cardiovascular event prevention, Migraine prophylaxis |
| SIDE EFFECTS | Chest pain, slow/uneven heartbeats, depressed mood, feeling tired |
| WARNINGS | Don't take if you have a serious heart condition |

| | |
|--------------|---|
| DRUG NAME | Apidra |
| GENERIC NAME | insulin glulisine |
| DOSAGE RANGE | 100 units per mL |
| HOW TO TAKE | Inject in abdominal wall, thigh or upper arm ^{with} 15 minutes before a meal |
| USES | Diabetes mellitus |
| SIDE EFFECTS | Fluid retention, low potassium |
| WARNINGS | Allergic reactions, mixing of insulins, sharing pens/needles. |

| | |
|--------------|--|
| DRUG NAME | Zyprexa |
| GENERIC NAME | olanzapine |
| DOSAGE RANGE | 2.5 mg - 20 mg |
| HOW TO TAKE | Orally or injection |
| USES | Schizophrenia, bipolar I disorder, Major depressive disorder |
| SIDE EFFECTS | Confusion, Anger, anxiety, nervous/shaky, seizure |
| WARNINGS | Can cause symptoms of delirium (injection) Not approved for people with dementia |

| | |
|--------------|---|
| DRUG NAME | Ativan |
| GENERIC NAME | Lorazepam |
| DOSAGE RANGE | 0.5mg - 2mg pill / IV 2mg - 4mg per mL |
| HOW TO TAKE | Orally / Injection |
| USES | Anxiety, insomnia, status epilepticus, alcohol withdrawal |
| SIDE EFFECTS | Sleep problems, vision changes, dark urine, confusion |
| WARNINGS | Can slow or stop your breathing |

Samantha Dvorak

DMA TRAINING

LIST OF MEDICATIONS TO COMPLETE FOR DMA TRAINING

Use the attached forms to look up each of the medications listed below. Each line must be completed and turned in the day that you do your final DMA Evaluation with your ROM (Regional Operation Manager) for your area. You will not be able to become DMA certified until all of the forms are completed [48]
See slide 65 in DMA Packette

| Mental Illness Anxiety Disorders | Inhalers Allergy / Asthma | Hyperlipidemia Statins | Diabetes Endocrine & Metabolic |
|--|--|--|---|
| Abilify ✓ Ativan ✓ Clozaril Depakote Haldol Invega Klonopin Lamictal Lithium Risperdal Seroquel ✓ Tripleptal Zyprexa ✓ | Advair Discus Atrovent Flonase Flovent Loratadine Proventil | Crestor Lipitor Zocor ✓ | Apidra ✓ Byetta Glucophage Glyburide Lantus Levemir Levothyroxine Novolog Synthroid |
| Seizures | Gastrointestinal Disorder Constipation | Blood Pressure Meds | Pain & Inflammation |
| Dilantin Keppra Neurontin Topamax ✓ | Colace Miralax Prilosec ✓ Protonix Zantac | HCTZ (hydrochlorothiazide) Lisinopril Toprol Tenormin ✓ | Flexeril Motrin Norco ✓ Tylenol with Codeine Ultram |

App/Website: Epocrates

Please complete 10 of the above medications prior to attending DMA class.

DMA Code #1 1657

DMA Code #2 1853

DMA Code #3 9532