



**Medication Administration In-Service and Evaluation**

Name of Facility/Home: Beacon / Nunica

Employee Receiving In-Service: Aubree N Peters

Date of 1st In-Service: 8/12/2021 Time: 1:00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 8/12/2021 Time: 3:00pm am / pm Trainer: Learning and Development

Date of 3rd In-Service: 10/22/21 Time: 7:00 am / pm Trainer: Christina

Date of 4th In-Service: 10/24/21 Time: 8:00 am / pm Trainer: Christina

Date of 5th In-Service: 10/24/21 Time: 12:00 am / pm Trainer: Christina

Date of 6th In-Service: 10/24/21 Time: 4:00 am / pm Trainer: Christina

Date of Final Evaluation: 10/25/21 Time: 8:00 am / pm Trainer: Faisha Battle

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



**Medication Administration In-Service and Evaluation**

	In-Service #	1st	2nd	3rd	4th	5th	6th	7th	Comments
6	c. DMA verifies medication and strength with order as transcribed on medication record per facility policy and procedure	<input checked="" type="checkbox"/>							
	d. Observe Resident to ensure medication is swallowed	<input checked="" type="checkbox"/>							
	e. Offer adequate and appropriate fluid with medication	<input checked="" 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	7th	Comments
19	Medication errors are reported to Site Supervisor and RN teaching medication classes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>					
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.

*Aubree Reef*  
Employee Signature

10-25-22  
Date

*[Signature]*  
Home Manager Signature

10-25-22  
Date

## 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

<b>Mental Illness Anxiety Disorders</b>	<b>Inhalers Allergy / Asthma</b>	<b>Hyperlipidemia Statins</b>	<b>Diabetes Endocrine &amp; Metabolic</b>
Abilify Ativan Clozaryl 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
<b>Seizures</b>	<b>Gastrointestinal Disorder Constipation</b>	<b>Blood Pressure Meds</b>	<b>Pain &amp; Inflammation</b>
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 0209

DMA Code #2 0521

DMA Code #3 2021

DRUG NAME	Clozaril
GENERIC NAME	Clozapine
DOSAGE RANGE	25 mg, 100 mg
HOW TO TAKE	PO (by mouth)
USES	Schizophrenia, tx-resistant, suicide prevention, schizophrenia-asso
SIDE EFFECTS	Severe constipation, Nausea, Vomiting, bloating
WARNINGS	Neutropenia, Orthostatic Hypotension, Myocarditis, Syncope

DRUG NAME	Depakote
GENERIC NAME	Divalproex Sodium
DOSAGE RANGE	125 mg, 250 mg, 500 mg
HOW TO TAKE	PO (by mouth)
USES	Bipolar disorder, partial seizures, complex, Acute manic
SIDE EFFECTS	Confusion, Hands an feet swelling, Dizziness, weakness
WARNINGS	Hepatotoxicity, Fetal risk, Pancreatitis,

DRUG NAME	Risperdal
GENERIC NAME	Risperidone (oral)
DOSAGE RANGE	0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg; SOL: 1 mg per mL
HOW TO TAKE	PO (by mouth)
USES	Schizophrenia, Bipolar disorder, Tourette Syndrome
SIDE EFFECTS	uncontrolled muscle movement, severe nervous system reaction
WARNINGS	Dementia-Related Psychosis

DRUG NAME	Levothyroxine
GENERIC NAME	None
DOSAGE RANGE	13 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg
HOW TO TAKE	PO (by mouth)
USES	Hypothyroidism, TSH suppression, Myxedema Coma
SIDE EFFECTS	<del>Not for obesity or weight loss</del> Irregular heart beat, fever, Hot flash
WARNINGS	Not for obesity or weight loss

DRUG NAME	Abilify
GENERIC NAME	Aripiprazole
DOSAGE RANGE	2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg
HOW TO TAKE	PO (by mouth)
USES	Manic/mixed, Bipolar I Disorder, schizophrenia, Depressive disorder
SIDE EFFECTS	Severe agitation, low blood cell count, blurred vision
WARNINGS	Dementia related Psychosis, suicidality.

DRUG NAME	Crestor
GENERIC NAME	rosuvastatin
DOSAGE RANGE	5 mg, 10 mg, 20 mg, 40 mg
HOW TO TAKE	PO (by mouth)
USES	High cholesterol, Lower risk of heart attack, Atherosclerosis
SIDE EFFECTS	Unexplained muscle pain, weakness, Headache, Confusion
WARNINGS	Don't use while pregnant or if you have liver or kidney disease.

DRUG NAME	Zyprexa
GENERIC NAME	Olanzapine
DOSAGE RANGE	2.5 mg, 5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg; INT: 5 mg per ml.
HOW TO TAKE	PO (by mouth)
USES	Schizophrenia, Agitation, Bipolar disorder.
SIDE EFFECTS	Confusion, Anxiety, Anger/Hostility, seizure.
WARNINGS	Dementia related Psychosis.

DRUG NAME	Lithium
GENERIC NAME	-
DOSAGE RANGE	150 mg, 300 mg, 600 mg, TAB: 300 mg ERTAB: 300 mg, 450 mg, SOL: 8 meq per 5 ml
HOW TO TAKE	PO (by mouth)
USES	Bipolar disorder, Schizoaffective disorder
SIDE EFFECTS	Shortness of breath, Memory problems, loss of bladder/bowel control.
WARNINGS	Lithium Toxicity

DRUG NAME	Seroquel
GENERIC NAME	Quetiapine
DOSAGE RANGE	25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg
HOW TO TAKE	PO (by mouth)
USES	Generalized anxiety disorder, Schizophrenia, Bipolar disorder.
SIDE EFFECTS	Severe constipation, High blood sugar, Speech problems.
WARNINGS	Dementia related psychosis, Suicidality,

DRUG NAME	Haldol
GENERIC NAME	Haloperidol
DOSAGE RANGE	0.5 mg, 1 mg, 2 mg, 5 mg, 10 mg, 20 mg
HOW TO TAKE	PO (by mouth)
USES	Tourette syndrome, acute agitation.
SIDE EFFECTS	Muscle spasms, Fast/pounding heartbeat, rapid changes in mood.
WARNINGS	*Discontinued in US* Dementia related Psychosis.