



Medication Administration In-Service and Evaluation

Name of Facility/Home: Trolley Center

Employee Receiving In-Service: Skila Gains

Date of 1st In-Service: 3 / 3 / 2021 Time: 1 : 00pm am / pm Trainer: Learning and Development

Date of 2nd In-Service: 4 / 4 / 22 Time: 12 : 00 am / pm Trainer: Felisha B.

Date of 3rd In-Service: 4 / 9 / 22 Time: 4 : 00 am / pm Trainer: Felisha B.

Date of 4th In-Service: 4 / 6 / 22 Time: 8 : 00 am / pm Trainer: ~~Felisha~~ Nakingi

Date of 5th In-Service: 4 / 6 / 22 Time: 4 : 00 am / pm Trainer: Nakingi

Date of 6th In-Service: 4 / 7 / 22 Time: 12 : 00 am / pm Trainer: Felisha

Date of Final Evaluation: 4 / 7 / 22 Time: 4 : 00 am / pm Trainer: Felisha Ba

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



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In-Service #	Description	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"/>							
	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"/>							
	g. Controlled substance record is signed immediately after administration of same	<input checked="" type="checkbox"/>							
	h. Correct dose is administered	<input checked="" type="checkbox"/>							
	i. Medication is administered at correct time	<input checked="" type="checkbox"/>							
	j. Verify no additional MAR pages have been added	<input checked="" type="checkbox"/>							
7	Infection control technique is reviewed	<input checked="" type="checkbox"/>							
8	Medication via gastric tube administered per facility policy and procedure (if applicable)	<input checked="" type="checkbox"/>							
	a. Resident is properly positioned, at a 45° sitting angle	<input checked="" type="checkbox"/>							
	b. Tube is checked for placement and patency	<input checked="" type="checkbox"/>							
	c. Tube is flushed before, between and after medications are administered	<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"/>							
	a. Syringes and needles are disposed of in sharps container, by person giving the injection without recapping	<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"/>							
10	DMA crushes medication according to facility policy and procedure ONLY with physician's orders.	<input checked="" type="checkbox"/>							
11	DMA administers eye and ear medication according to facility policies and procedures	<input checked="" type="checkbox"/>							
12	Side effects of psychoactive medication are noted (lethargy, hallucinations) and reported.	<input checked="" type="checkbox"/>							
13	Medication administration should not interrupted. DO NOT RUSH	<input checked="" type="checkbox"/>							
14	Controlled drugs are stored (Double Locked) according to facility policy and procedure	<input checked="" type="checkbox"/>							
15	Residents' rights are observed	<input checked="" type="checkbox"/>							
16	Location, Procedures and Documenting for administering PRN	<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"/>							
18	Medications are administered within time frame per facility policy	<input checked="" type="checkbox"/>							



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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 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>						
22	Approved Abbreviations List is reviewed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
23	Seizure precautions and documentation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>							
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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
26	Refusal of Medication procedures (prompt 3 times, then write appropriate documentation)	<input checked="" type="checkbox"/>							

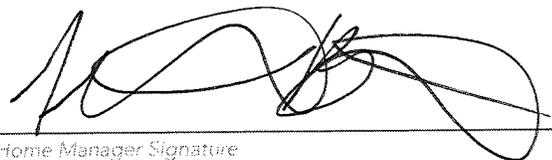
FOLLOW UP CONCERNS

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.


Employee Signature

4-8-22
Date


Home Manager Signature

4-8-22
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

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 1953

DMA Code #2 2725

DMA Code #3 4122

DRUG NAME	Lamictal
GENERIC NAME	Lamotrigine
DOSAGE RANGE	25-200mg Tabs: 25mg - 200mg, ODT: 25mg - 200mg, Chewable: 2mg - 20mg
HOW TO TAKE	Orally, 1 to 2 times daily, with or without food
USES	mood stabilizer
SIDE EFFECTS	Nausea, Insomnia, Runny Nose, Non-serious Rash, Headache, Diarrhea, Fatigue
WARNINGS	Black Box warning - Serious skin and reaction Dizziness

DRUG NAME	Lorstadine
GENERIC NAME	Claritin
DOSAGE RANGE	5 or 10 mg 5 or 10 mg
HOW TO TAKE	Orally
USES	treat allergy symptoms
SIDE EFFECTS	Headache, drowsiness, Fatigue, Stomach pain, dry mouth, diarrhea, rash
WARNINGS	

DRUG NAME	Zocor
GENERIC NAME	Simvastatin
DOSAGE RANGE	5mg, 10mg, 20mg, 40mg, 80mg
HOW TO TAKE	Take by mouth with or without food
USES	to help lower "bad" cholesterol and fats
SIDE EFFECTS	Headaches, abdominal pain, constipation, nausea, vertigo, insomnia, UTI
WARNINGS	

DRUG NAME	Syn thyroid
GENERIC NAME	Levothyroxine
DOSAGE RANGE	25mcg - 300mcg
HOW TO TAKE	Take by mouth on an empty stomach
USES	to treat and an underactive thyroid
SIDE EFFECTS	appetite increase, weight loss, diarrhea, insomnia, fever, headache, nausea
WARNINGS	Not for obesity or weight loss

DRUG NAME	Dilantin
GENERIC NAME	Phenyton
DOSAGE RANGE	ER Cap: 30mg, 100mg / chewable: 50mg / 500mg Susp: 125mg per 5ml
HOW TO TAKE	Take Take by mouth with full glass of water
USES	to treat certain types of seizures
SIDE EFFECTS	nausea, vomiting, rash, slurred speech, dizziness, headache, insomnia
WARNINGS	Cardiovascular risk with rapid infusion

DRUG NAME	Zantac
GENERIC NAME	ranitidine
DOSAGE RANGE	150 mg
HOW TO TAKE	Swallow pill with Full glass of water
USES	Relieve Heartburn, acid indigestion, GERD and gastric ulcers
SIDE EFFECTS	Headache, diarrhea, nausea
WARNINGS	

DRUG NAME	Tenormin
GENERIC NAME	Atenolol
DOSAGE RANGE	25 mg, 50 mg, and 100 mg
HOW TO TAKE	take 1 tablet orally a day
USES	to treat high blood pressure (hypertension)
SIDE EFFECTS	Dizziness, Nausea, Depression, insomnia, Anxiety, shortness of breath
WARNINGS	

DRUG NAME	Ultram
GENERIC NAME	Tramadol
DOSAGE RANGE	50 mg, 100 mg
HOW TO TAKE	Take by mouth every 4 to 6 hours
USES	manage pain in adults
SIDE EFFECTS	Dizziness, Nausea, Constipation, Headache, Drowsiness, Vomiting, itchy
WARNINGS	

DRUG NAME	Depakote
GENERIC NAME	Divalproex sodium
DOSAGE RANGE	125 mg, 250 mg, 500 mg
HOW TO TAKE	Orally or sprinkled over food
USES	to treat complex partial seizures,
SIDE EFFECTS	Headaches, nausea, vomiting, diarrhea, abdominal pain, insomnia
WARNINGS	Black Box warning: Hepatotoxicity, Fetal Risk, Pancreatitis

DRUG NAME	Keppra
GENERIC NAME	Levetiracetam
DOSAGE RANGE	250 mg, 500 mg, 750 mg, 1000 mg / 50L: 100 mg
HOW TO TAKE	Twice Daily. Once in the morning. Once at night. Orally
USES	seizures
SIDE EFFECTS	Dizziness, drowsiness, tiredness, weakness, irritable, infection
WARNINGS	