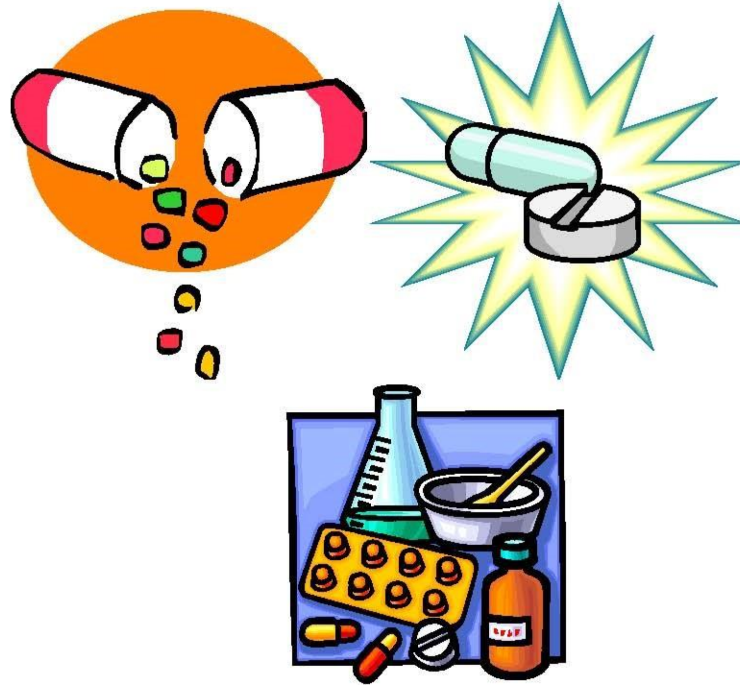
# Medication Administration Student Syllabus and Study Guide



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# OVERVIEW

## Statutory and Regulatory authority

The medication administration program is established in accordance with Section 25-1.5-301, C.R.S et seq.

Health Facilities Division (HFD) -6 CCR 1011-1 standards for hospitals and health facilities. Chapter XXIV – Medication Administration Regulations (amended 11/18/09), (effective 12/30/09)

## Purpose

The medication administration program is established in accordance with Section 25-1.5-301, C.R.S et seq. The medication administration course is designed to teach **unlicensed staff** to safely administer medications in settings authorized by law. Staff who successfully complete the medication administration course are not certified or licensed in any way, and are not trained or authorized to make any type of judgment, assessment or evaluation of a client. Staff who successfully complete the course are considered Qualified Medication Administration Persons (QMAP). Successful applicants will pass written exam and a hands-on practical exam.

## The Importance of Safe Administration of Medications

- **The administration of medications is a privilege.**
- **This role is a major responsibility that affects the quality of clients' lives.**
- **Improper or careless administration of medications may result in death.**
- **You are responsible for what you administer. It is best practice to administer medications that you have prepared.**
  - **You may administer medications using medication reminder boxes (MRBs) that others (client, family, other facility staff) have prepared.**

Administering medications is a very important task. Current regulations and requirements for medication administration in Colorado became effective July 1, 2017. One of the requirements is that any unlicensed person administering medications or supervising the administration of medications must pass a test given by the state of Colorado to become qualified. Information such as schedules and changes regarding medication testing may be found on our website at **http://www.healthfacilities.info**

The purpose of the Medication Study Guide is to help you become more knowledgeable with administering medications and better prepared for the test.

This study guide was also developed as a training tool in addition to on the job training you will receive from your employer. Remember, this study booklet is only a guide! The questions on the test will be similar to the questions in this study guide. There will be questions on the test pertaining to each of the areas in the study guide.

We all know that taking tests can be stressful. The medication administration test being given by the state will be on the basics of medication administration. Using this study guide should help you not only be better prepared for the test but also become more knowledgeable and skilled with administering medications. Becoming more competent in administering medications will help clients in authorized designated settings avoid serious medication-related problems.

## Course objectives

- Safe administration of medications according to written physician's orders
- Maintaining proper documentation of the administration of both prescription and non-prescription drugs
- Use of proper techniques when administering medications by the various routes  You will know and demonstrate mastery of the following:
  **A.** Comprehension of important guidelines
  **B.** Use and forms of drugs
  **C.** Medication orders
  **D.** Documentation
  **E.** Medication reminder boxes
  **F.** Steps of procedures
  **G.** Medication errors
  **H.** Medication storage
- Safely and accurately fill a medication reminder boxes with oversight from a licensed person or qualified manager

## At the completion of this course, you should be able to demonstrate:

- ✓ Proper reading, understanding and transcribing of physician’s orders
- ✓ Safe administration of medications via multiple "routes" (ingested, applied, inhaled, inserted) in designated settings using written physician orders according to the "7 rights of administration"
- ✓ Documentation of medication administration according to state board of health regulations

## Authorized Settings

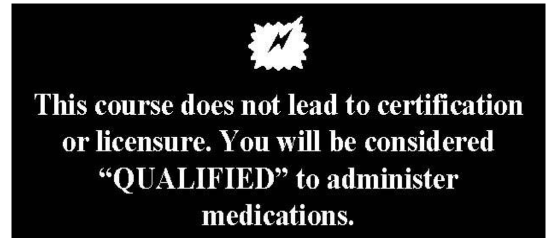
1. Assisted living residences.
2. Alternative care facilities.
3. State certified adult day programs.
4. Residential Child Care Facilities

This QMAP course is not appropriate for the following settings:

1. Facilities regulated by the Department of Corrections have a qualified medication administration curriculum specifically developed for the administration of medications in correctional facilities.
2. Programs/ services regulated by the Department of Human Services have a qualified medication administration curriculum designed to address developmentally disabled and childcare population
    - Child Care less than 24 hour care
    - Developmentally Disabled

## Requirements

1. You must pass the written test with a minimum score of 85%.
2. You must score 100% in the practicum exam to pass the course; this includes hands on demonstrations and filling an MRB.
3. You should keep your original completion letter and recognition of completion document. A copy must be provided to your employer.
4. Employers must provide "on the job training and mentoring" for all QMAPs.
5. You will know the difference between monitoring, administration and self -administration of medications.




## CAUTIONS

1. This course does **not** lead to certification or a license. Upon successful completion of this course you will receive a provisional letter of completion authorizing you to administer prescription or nonprescription medications in various settings as set forth in the law. You will be considered **qualified** to administer medications, as a Qualified Medication Administration Person (QMAP).

2. Persons successfully completing this course are not trained or authorized to make any type of judgment, assessment or evaluation of medications.

3. You may be required to **retake** an approved medication course and competency evaluations if the authorized regulatory agency determines the need for such training

4. Every QMAP must sign a disclosure statement that he or she has never had a professional license to practice nursing, pharmacy, or medicine revoked in ANY state for reasons related to the administration of medications. If you have, you **must** disclose the information on the disclosure form. A copy of the disclosure form is required to be provided to employer.

5. **FEES policy**. Your paid fees will be forfeited if you are registered for a class/testing and do not attend or miss any portion of without making appropriate arrangements with the instructor.

6. The Colorado Department of Public Health and Environment will no longer issue Recognition of Completion documents for persons who have completed the QMAP training and passed the testing. The Department has 90 days from your testing date to process students. It is your responsibility to conduct an online verification after 60 days of completing the exams to signifying satisfactory completion of this course. Additional information can be found on the QMAP website located at www.healthfacilities.info

## Preventing/Reporting Abuse

Employees will be expected to provide client services as indicated for all clients, regardless of diagnosis, within the policies and procedures of their individual program and organization. Failure to do so will be considered client/resident abandonment, which is unacceptable employee performance and will result in disciplinary action up to and including termination of employment. Please be familiar with your employer's policies.

Abuse includes the following:

Physical, Sexual, Emotional and Neglect

## INFORMATION FOR EMPLOYERS AND STUDENTS

1. Students should not work the overnight shift before attending the QMAP class and should not work overnight before testing.
2. Students must read, write and speak English
3. Students should have basic math skills
4. Students must provide photo identification at the class
5. Employers must conduct a criminal background check prior to allowing medication administration by the QMAP employee.

## RE-QUALIFICATION GUIDELINES

1. QMAP's are not required by the state of Colorado to requalify, however, your employer may have different guidelines.
2. If an "exams only" or "retest" student fails any part of the testing they must attend the entire course and pay an additional fee.
3. All students are required to pass the written exam (minimum 85%) and pass the hands on practicum (100%).

## REVOCATION POLICY

Each QMAP and qualified manager shall sign a disclosure statement under penalty of perjury stating that he or she has never had a professional license to practice nursing, medicine, or pharmacy revoked in Colorado or any other state for reasons directly related to the administration of medications.

Any misrepresentation or falsification of an individual's disclosure shall constitute good cause for the employer to rescind that individual's medication administration authority.

# UNIT 1: CONCEPTS

**Objective 1: Learn the difference between (1) monitoring, (2) administering and (3) client self-administration of medications.**

The authorized practitioner must state, in writing, which option is permitted/required if medication is taken in a designated setting by a client. An authorized practitioner is licensed physician (MD), physician's assistant (PA), nurse practitioner (NP) with prescriptive authority.

**Monitoring** medication taken by the client:

- Reminding a specific individual client to take medication at the time ordered
- Delivering a container of medication lawfully labeled to a specific client, if needed
- Observing a specific individual client to make sure s/he took medications
- Making a written record of each medication, with the note "monitored"

**Note:** Regulations do not require successful completion of a QMAP course if staff only "monitors" and does not "administer" medications to the client.

**Administering** medication to a client:

- Assisting a client in the ingestion, application, inhalation, or
- Insertion of a rectal or vaginal medication according to written directions of an authorized practitioner
- Handing staff-prepared medications to a client
- Making a written record of each medication administered, including both prescription and over the counter drugs

**Self-administration** of medication by a client:

- "Self-administration" means the ability of a person to take medication independently without any assistance from another person. It is okay to make a general "reminder" to self-administering clients.
- The client is completely responsible for taking his/her own medications. Staff is not involved other than to ensure safety of other clients and encourage notification of updated information.
- There is no requirement for daily documentation of self-administered medication.
- There should be a note on the plan of care at least once yearly, updated as appropriate, documenting the facility's knowledge of medications being self-administered.
- If a facility administers some medications and a client self-administers some medications the facility must have written physician approval for each self-administered medication

### Objective 2: Learn the seven rights of medication administration.

1. right client
2. right time – ½ hour before scheduled dose to ½ hour after; if a specific time is stated on the order.
3. right medication
4. right dose
5. right route
6. documentation
7. right to refuse

Seven Rights

Client

Time

Medicine

Dose

Route

Documentation

Refuse

Medications that are ordered to be given “am” or “pm” do not have a time requirement set by the prescribing authority; however, the facility may designate a timeframe in their policies and procedures or use “am” and “pm” for medications to be given.

### Objective 3: Learn the 4 "routes" of giving medications

1. Ingestion
   a. oral tablets, capsules or liquids
   b. lozenges (in the mouth, not swallowed)
   c. sublingual tablets (under tongue, not swallowed) Note: QMAPs are allowed to utilize the barrel of a syringe to administer oral medications.

2. Application
   a. skin ointments, gels, lotions, liniments
   b. skin sprays or aerosols
   c. throat gargles
   d. transdermal skin patches
   e. eye ointment or drops
   f. ear drops
   g. nose drops or nasal sprays

3. Inhalation
   a. respiratory

4. Insertion
   a. rectal suppositories
   b. vaginal suppositories or creams

**QMAPs are not allowed to administer medications through IV ports, gastrostomy tube, and nasogastric tube or for injection into the bloodstream or skin including insulin pens.**

**QMAPs are not allowed to inject insulin, draw up or dial an insulin pen for injection.**

**Completion of this course does not qualify you to perform finger sticks or blood glucose testing.**

**Additional documented training must be given by a licensed professional at your facility.**

**Addressing Individuals with Impaired Abilities**

Dignity is about enabling clients who are elderly, impaired physically or cognitively to do things for themselves. This takes patience, guidance and understanding.

Gain trust, connect with clients emotionally, and gain understanding of their needs, provide cues.

While no plan is 100% effective, it may be possible to reassure and redirect behaviors.

# UNIT 1 REVIEW

1. List two examples of monitoring medications.

   ________________________________________

   ________________________________________

2. List two examples of administering medications.

   ________________________________________

   ________________________________________

3. This course qualifies you to do finger sticks.

   ___true ___false

4. This course qualifies you to administer medications through a g-tube or iv port.

   ___true ___false

5. You would not need this course to "monitor" a client injecting insulin.

   ___true ___false

6. List the 4 routes for administering medications and give an example of each route:

| ROUTE | EXAMPLE |
|---|---|
| ____________________ | ____________________ |
| ____________________ | ____________________ |
| ____________________ | ____________________ |
| ____________________ | ____________________ |

7. The QMAP can dial up & inject insulin if the client has an insulin pen.

   ___true ___false

# UNIT 2: USES AND FORMS OF DRUGS

**Objective 1: Describe some of the purposes for drugs**

- Prevent or treat disease or illness
- Treat symptoms
- Aid in diagnoses
- Restore or maintain normal body functions  Reach desired or therapeutic effect

**Objective 2: Define the meaning of:**

1. Liquid: a. Solution = ____________________ b. Suspension= ______________________

2. Solid: 2a. Tablet/caplet = _______________ 2b. Enteric-coated tablet = _____________

3. Semi-solid: 3a. Capsule = ___________________

3c. Suppository = ________________ 3d. Cream = _________________________

3e. Ointment = __________________

4. Patches: 4a. transdermal = _________________

5. Sublingual = ___________________________________

6. Buccal = ______________________________________

- Prescription and over the counter drugs (OTC) and their labeling

  Prescription drugs: ______________________________________________________________

  Over the counter: _______________________________________________________________

- Generic and trade names of medications

  Generic: _______________________________________________________________________

  Trade names: ___________________________________________________________________

**Objective 3: Define controlled substances (narcotics).**

- A drug subject to restrictions with potential for addiction.
- A drug that in moderate doses dulls the senses, relieves pain, can cause stupor, coma, or convulsions.
- Also called Psychotropic Medications
- It is your responsibility to store controlled substances under double lock, count, and document the count with another QMAP or Qualified Manager at the end of each shift.

**Note:** You will need to follow your facility's policy & procedures for counting liquid medication.

**Objective 4: Explain what you should do if you suspect that medications are being diverted at your facility.**

______________________________________________

______________________________________________

**Note:** Possible consequences for drug diversion are…losing your job, being arrested, being convicted of a crime, and serving time in jail.

Diversion of drugs is considered a reportable occurrence to the appropriate regulatory agency if the facility is:

- Assisted living residence
- Adult day provider or
  Community residential home for persons with developmental disabilities

**Objective 5: Define Desired or Therapeutic effect**

______________________________________________

______________________________________________

- Local and systemic drug actions
- Local drug actions:______________________________
- Systemic drug actions:______________________________

**Objective 6: Describe the difference between side effects and adverse reactions**

Side effects: ______________________________

Adverse reactions: ______________________________

Anaphylaxis: ______________________________

# UNIT 2 REVIEW

1. List one of the purposes for drugs.

   ______________________________________________________________

2. What is the difference between a solution and a suspension?

   ______________________________________________________________

3. Does an enteric-coated medication dissolve in the stomach?

   ______________________________________________________________

4. Local drug actions take place in a specific area of the body.

   ___True ___False

5. What is the difference between the generic name and the trade name of a medication?

   ______________________________________________________________

   ______________________________________________________________

6. You should always report suspicions of drug diversion to your supervisor.

   ___True ___False

7. Which of the following possible results of taking medications is expected: adverse reaction or side effect?

   ______________________________________________________________

8. What is your responsibility regarding controlled substances?

   ______________________________________________________________

9. Mrs. Smith returned from a doctor's appointment with a new medication. You are not familiar with this medication. Where could you find out more information about this medication?

   ______________________________________________________________

10. Suspect drug diversion stays with you on your record.

    ___True ___False

# UNIT 3: MEDICATION ORDERS

**Objective 1: List the six parts of a medication order**

1. Client's first and last name
2. Medication
3. Dose
4. Route
5. Date
6. Physician/Provider Signature

**Objective 2: A "dose" has 3 parts. Explain the meaning of each:**

Amount: ______________________________________________________________

Frequency: ____________________________________________________________

Duration: _____________________________________________________________

**Objective 3: Explain "strength of preparation"**

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

## Objective 4: Explain why the metric system used in medicine is a better system of measurement than the household system.

**Metric system** – a decimal system of standard weights and measures using the milligram (mg), gram (g or gm), kilogram (kg), milliliter (ml) and liter (l), among others.
Note: a cubic centimeter (cc) is the same amount as a milliliter (ml) --or-- 1 cc = 1 ml

**Household system** – a system based on common, though not standard, measuring devices: teaspoon and tablespoon can be different sizes.

**Equivalents that must be learned:**

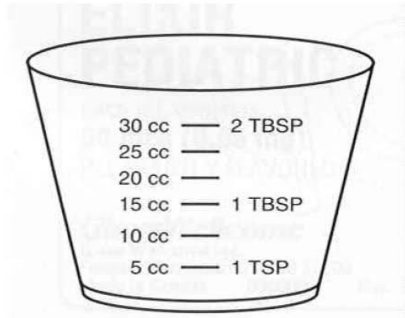
1 tsp. = 5 cc = 5 ML
3 tsp. = 1 Tbsp = 15 cc = 15 ML = 1/2 OUNCE
2 Tbsp = 30 cc = 30 ML = 1 oz

**Equivalents**

**1 tsp = 5 cc**
**3 tsp = 1 Tbsp. = 15 cc**
**2 Tbsp. = 30 cc = 1 oz.**

**1 Gm = 1000 mg**

# MEASURING DEVICES




**A. Measuring Cup**

**B. Measuring Spoon**

**C. Oral Syringe**

**D. Oral Dropper**

- **NEVER** switch the special droppers that come with some liquid medications
- **NEVER** use cups that are not marked with the amount they hold.
- **NEVER** leave air bubbles mixed with the liquid in an oral measuring syringe
- **ALWAYS** consult your pharmacist when you have a question about measuring

# CONVERSION TABLE

**10cc = 10ml**
**20cc = 20ml**
**30cc = 30ml**

**Reminder: 1cc = 1ml**
**A cubic centimeter is the same as a milliliter.**

TIP: use an oral syringe for amounts less than 5ml

**mg. ≠ ml.**

**A mg is NOT the same as a ml ! ! !**

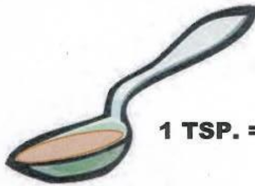
TIP: Always read the label carefully to be sure you are measuring the right thing.

←15ml→

This 15ml cup contains *20mg* of medication in it.

This 15ml cup contains *40mg* of medication in it.

**YOU CAN'T TELL THE DIFFERENCE BY LOOKING**



**1 TSP. = 5ml.**

TIP: Don't use household teaspoons. They are not accurate!

TIP: To be accurate, use the correct measuring tool. Ask your pharmacist. Some liquid medicines have special measuring tools.

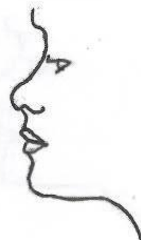
=

=

**1 tbsp. = 3 tsp**

**3 tsp. = 15ml**

**25 mL**



Tip: When measuring liquids place the cup on a solid surface at eye level.

## Objective 5: The QMAP's role in changing or stopping medication orders

In order to change a medication dose or stop a medication, you must:

- Have a written physician's order. Verbal and phone orders cannot be accepted by a QMAP.
- Facilities may accept faxed orders from a physician, but may not accept faxes from a pharmacist, unless it is a copy of a signed physician order.
- If a client returns from an inpatient hospital stay, the facility must obtain new orders from an authorized practitioner, for each routine and PRN medication that was not included on the discharge orders. "Resume previous orders" is not acceptable.
- Properly document the new information on the MAR
- Follow your facility's policies and procedures

**Note: Coumadin is a blood thinner medication that needs to be updated immediately when a new physician order is received.**

## EMERGENCY PROCEDURES

- **Epi-Pens**
  - QMAP's are not allowed to administer Epi-Pens unless directed to do so by a 911 Emergency Operator as in an urgent First-Aid measure
  - Resident Outings – send Epi-Pen or place the pen in a backpack or day pack for safety
  - Residents will generally know if they are starting to have an anaphylactic reaction
  - Assist the client to get the pen ready for use
  - The client should be able to administer the medication
  - Make sure client is in a seated position prior to Epi-Pen use
  - If the injection is given, client must be sent to the Emergency Room
- **Medications**
  - Stock bottles of medications are not allowed, each client must have their own medication
  - No client medications shall be given to another client
  - Residents own all of their medications, the facility does not own the meds, the facility manages the medications

# Medication Administration Advance Study Sheet

**Important facts you must have memorized by the end of the course**

## The Seven Rights of Medication Administration

- The Right Client
- The Right Time
- The Right Medication
- The Right Dose
- The Right Route
- Documentation
- The Right to Refuse

## The Six Components of a Physician Order

- The client's full name
- The date of the order
- Name of the medication
- Dosage and administration information
- Route of administration
- Physician's signature

## EQUIVALENTS:

**Metric -** decimal system of weights and measures using the gram, meter and liter.

**LIQUID** - cubic centimeter (cc) = milliliter (ml)

**SOLID** - 1 gram (gm) = 1000 milligrams (mg)

**HOUSEHOLD** - system based on common, thought not standard, measuring devices.

tsp = teaspoon

Tbsp = tablespoon

oz = ounce

1 tsp = 5 cc

3 tsp = 1 Tbsp = 15 cc

2 Tbsp = 30 cc = 1 oz

# Medication Administration Advance Study Sheet

Important facts you must have memorized by the end of the course

| | |
|---|---|
| ac | before meals |
| pc | after meals |
| hs | at bedtime |
| po | by mouth |
| q | every |
| qd | every day |
| qh | every hour |
| q6h | every 6 hours |
| qod | every other day |
| dc | discontinue |
| gtts | drops |
| mg | milligram |
| ml | milliliter |
| cc | cubic centimeter |
| gm | gram |
| kg | kilogram |
| mcg | microgram |
| ophth | ophthalmic |
| ou | both eyes |
| os | left eye |
| od | right eye |
| otic | ear |
| au | both ears |
| ad | right ear |

| | |
|---|---|
| bid | two times daily |
| tid | three times daily |
| qid | four times daily |
| prn | as needed |
| prnp | as needed for pain |
| tsp | teaspoon |
| Tbsp | tablespoon |
| oz | ounce |
| fl oz | fluid ounce |
| mEq | mill equivalent |
| SL | sublingual |
| EC | enteric coated |
| oint | ointment |
| supp | suppository |
| sol | solution |
| Buccal | between cheek & gum |
| XR | extended release |
| C | with |
| S | without |
| X | times |
| i | one |
| ii | two |
| iii | three |
| MRB | med reminder box |

| | |
|---|---|
| PV | per vaginally |
| PR | per rectally |
| KCL | potassium |
| GI | gastro-intestinal |
| MAR | medication reminder record |
| QMAP | qualified medication administration Personnel |
| EMR | electronic Medical record |

**Objective 7: Practice translating physician's orders.**

Write out each prescribed drug completely, including all abbreviations:

1. Digoxin 0.125 mg., I TAB po qd

2. Coumadin 2.5 mg po at hs on M, T, TH, F

3. Coumadin 3 mg po at hs on W, S, Su

4. Tylenol 325 mg., ii tabs po q4-6h prn

5. Timoptic 0.5% ophth sol, 1 gtt OD and i gtt OS tid x7d

6. Tobramycin 250 mg.,1 tab po q6h x 7d

7. Debrox otic gtts, 2 gtts to each ear qd x3d

8. Adderal XR 25 mg, give 1tab at 9am and 1tab at 3pm

9. Guaifenesin 200mg, give po q4h prn not to exceed 2.4g/day.

10. Docusate sodium 50mg cap, give 100mg po qd x7 days then DC.

# Unit 3: MEDICATION ORDERS

**Objective 8: Practice determining the dose to be given from the physician's order.**

1. The order says to give 500 mg. of the drug. The med bottle reads each scored tablet is 250 mg. How many tab. should you give? ______________________________

2. The med bottle reads each scored tab is 300 mg. The order is to give 150 mg. How many tab. will you give? __________________________________________

3. A liquid medicine has 50 mg. of drug in each 5 cc.
   The order says to give 100 mg.
   What is the strength of preparation of the drug?___________________________
   What is the dosage ordered?_________________________________________ How much of the liquid should you give? _______________________________

4. The medicine comes in 5 mg. scored tabs. You are to give 15 mg. How many tab. should you give? ______________________________________

5. You are to give Milk of Magnesia (MOM) 1 oz. How many cc's will you pour?_________________________________________

6. The medication bottle reads take 1 g of medication. The scored tablets are 500 mg. How many tablet(s) will you give? ______________________________________

7. The client needs Metamucil 1 Tbsp. How many tsp. will you give?__________________________________________

8. The order reads Tagamet 300 mg. bid. How often will you give this drug?______________________________________

9. You are filling a MRB and you need 10 mg. of a drug bid. The label on the bottle says 5 mg. How many tablets will you need to fill the MRB for 1 week? _______________

10. Norvasc 5 mg. is ordered by the physician. The bottle contains 2.5 mg scored tabs. How many tablets will you give each dose?_________________________

11. Accupril 20 mg. is ordered. The bottle contains 40 mg scored tabs of Accupril. How many tablets will you give EACH DOSE?______________________________

12. You need to give 15 cc of a liquid medication. What is the equivalent amount in tbsp?_______ in tsp?_______ in ounces?_______

13. You need to give Paxil 10 mg. daily in the a.m. You have Paxil 20 mg scored tablets. How many tabs will you give each morning? _______________________________

## Objective 9: Practice Medication Administration questions

For the following, identify the Strength of Preparation with an "S" and the Dosage with a "D". Determine how much of the medication you will give to your client.

1. _______ Tylenol 325 mg. TAB
   ______ Take 650 mg. q4h prn for back pain — How much will you give? __________

2. ______ Promethazine HCL 25 mg tablet every 8 hr prn for nausea & vomiting
   ______ Take 25 mg. Q8H prn — How much will you give? __________

3. ______ Take Chlortrimeton q4h 4mg prn for hay fever
   ______ Chlortrimeton 2 mg /5 cc — How much will you give? __________

4. ______ Isordil 10 mg. tab po for congestive heart failure
   ______ Take 5 mg. q8h for congestive heart failure — How much will you give? __________

5. ______ Sodium Citrate 500 mg/5 cc
   ______ Take 1.5 G bid for kidney stones — How much will you give? __________

6. ______ Take 20 mEq. of KCL qd. For low potassium
   ______ KCL (potassium) 40 meq/30 cc — How much will you give? __________

7. ______ Wellbutrin SR (buproprion sustained release) 150 mg tab
   ______ take 1 tab daily x 4 days. — How much will you give? __________

8. ______ Take Guiafenesin 1200 mg q12h, for productive cough
   ______ Guiafenesin 400 mg tab. — How much will you give? _________

9. ______ Propranolol 20 mg tab
   ______ Take 40mg po bid — How much will you give? _________

10. ______ Take 10mg tab sl prn for migraine
    ______ Maxalt 10 mg tab — How much will you give? _________

11. ______ Amoxicillin 250mg/5ml
    ______ Take 500 mg tid — How much will you give? _________

# UNIT 3 REVIEW

1. Dosage and strength of preparation is the same thing.

   ___True ___False

2. You should use household measuring spoons to measure out teaspoons and Tablespoons when administering medication.

   ___True ___False

3. 3 tsp. = ________ Tbsp. = 15 cc.

4. 2 Tbsp. = ________ cc. = ________ oz.

5. How many milligrams are in 1 gram?

6. List the six parts of a medication order.

   ______________________________ ______________________________

   ______________________________ ______________________________

   ______________________________ ______________________________

Physician order:

Midland Family Practice

RX: Hazel Greene

Lasix 40 mg PO QD in a.m.

J.R. Midland, MD Date: ____

Pharmacy label:

**Goodpills Pharmacy**
RX: Hazel Greene

Furosemide 20 mg

Give 2 tablets (40 mg) daily

MD: Midland
12/24/15 exp: 12/16 #:120

7. Does the **Physician Order and the Pharmacy label** above**,** correctly match for the medication Lasix? Yes or No ____________________________________________

8. Referring to the **Physician Order** above**:**

a. What is missing from the physician order? ___________________________

b. What information on the order makes up the "dose" of the medication, Lasix? 1) _______________, 2) ________________,

12. Referring to the **Pharmacy label** above**:**

a. You have an order for lasix and have a bottle with the drug name furosemide. What action/s would you take before giving the medication?

______________________________________________________________________________

______________________________________________________________________________

13. Referring to the **Physician Order and the Pharmacy label below**,

a. How many Tbsp. of Amoxicillin would you give? ______________

b. How many ounces would you give? ______________

14. There are items missing from the pharmacy label **below**? List three of them?

1) _______________, 2) ________________, 3) ________________

Physician order:

**Midland Family Practice**

RX: John Smith

Amoxicillin 30cc PO BID

X7 days

J.R. Midland, MD 6-16-17

Pharmacy label:

**Goodpills Pharmacy**

RX: John Smith

Amoxicillin – Give 30cc by mouth

MD: Midland

Date: refills:0

# UNIT 4: MEDICATION ADMINISTRATION RECORDS (MAR)

### Objective 1: Explain the rules for documenting medications.

1. The Medication Administration Record (MAR) is a legal document. Documentation must be accurate.
2. Document immediately **after** giving or monitoring medications, not before.
3. Document each administration or monitoring at the time
4. Only document medications that **you** administer or monitor.
5. Initial medications given or monitored in the box for the corresponding date and time.
6. Always use black ink, never use pencil
7. Never use white out or attempt to erase an error
8. Not documented, not administered/monitored
9. No blanks on the MAR

### Objective 2: Documenting on the Medication Administration Record (MAR)

1. Discontinued meds: Write date and DC large then draw a line through the rest of the dates and indicate discontinued; use a transparent yellow marker to highlight the name of the discontinued medication.
2. New meds: transcribe new medications at the bottom of list; draw a line through dated boxes up to the start date.
3. To create a new MAR, copy from the physician orders. **NEVER** copy from the old MAR sheet.
4. Each medication must be documented at the time of administration. For example, if eight medications are administered the QMAP must initial the MAR eight times indicating that each medication has been administered, refused or unavailable.
5. New order: transcribe new medications on the MAR. Good practice is to keep routine and prn medications on the MAR.
6. Follow your facility policies and procedures re: notification of new medications.

### Objective 3: Explain what to do if:

1. You make a charting documentation error: Draw a single line through the mistaken entry, initial and write error above the mistake.
2. A medication cannot be administered because it is not available or is refused: Circle the date box with your initials, document the exact reason on the reverse side (or other designated area) of the MAR, and contact the appropriate person according to facility policy.
3. Give client the wrong dose of medications: report to supervisor and follow facility policies and procedures.
4. Late entry documentation: Circle the date box with your initials and you MUST document in the notes section of the MAR.

### Objective 4: Explain how documentation for PRN medications is different.

1. Initial appropriate box. Document on the reverse side (or other designated area) on the MAR the time, dose, and **reason why** PRN medication was administered.
2. Check back with the client within 30-60 min and document client's status (better or worse?) on the reverse side (or other designated area) on the MAR. Contact the appropriate person if necessary, document that you have notified supervisor if client is not improved.
3. Psychotropic meds cannot be given PRN except in residential treatment facilities for the mentally ill or if the client understands the purpose of medication and is capable of requesting it.

**Print Date:** 7/18/2017 9:22 (MST)

# August 2017 MEDICATIONS

**Date Range:** 8/1/2017 To 8/31/2017

**Injection Sites** **1.** L Buttock **2.** R Buttock **3.** L Deltoid **4.** R Deltoid **5.** Lt Thigh **6.** Rt Thigh **7.** Abdomen **Legend:** **×** Not Scheduled **=** Previously Scheduled **E** End Date reached

| Orders | Schedule | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Paxil 10 mg tablet (1 tab) TABLET Oral** Every One Day Starting 07/01/2015<br>**Order Date:** 7/1/2015 | Anytime | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tylenol 325 mg tablet (2 tabs) TABLET Oral** As Needed Starting 07/01/2015<br>**Order Date:** 7/1/2015<br>**Notes:** Take 2 (650mg) po prn for knee pain | PRN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | PRN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Diagnoses | Advance Directives |
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| Allergies | Preferred Pharmacy | Primary Physician |
|---|---|---|
| None Entered | Not Entered | Midland, MD, J.R. |

| Resident Name | Resident ID | Location | Admit Date | | Page |
|---|---|---|---|---|---|
| Green, Hazel | 7011 (2286) | Skilled/HH/Grand Junction/Hilltop | 11/11/2015 | Supervising Nurse Date | 1 |

**PRN Administration Record**

**Injection Site Numbers:** **1** Buttocks (Gluteus) Left **2** Buttocks (Gluteus) Right **3** Arm (Deltoid) Left **4** Arm (Deltoid) Right **5** Thigh (Quadriceps) Left **6** Thigh (Quadriceps) Right **7** Abdomen

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| Date | Time | Medication | Route | Site | Reason Given | Initials | Time | Result | Initials |
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| Diagnoses | | | Advance Directives | | |
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| **Allergies** | | | **Preferred Pharmacy** | **Primary Physician** | |
| None Entered | | | Not Entered | Midland, MD, J.R. | |
| **Resident Name** | **Resident ID** | **Location** | **Admit Date** | | **Page** |
| **Green, Hazel** | 7011 (2286) | Skilled/HH/Grand Junction/Hilltop | 11/11/2015 | Supervising Nurse Date | 2 -- Last Page |

# UNIT 4 REVIEW

1. Document only the medications you administer on MAR, using ink.

   ___True ___False

2. Explain why you should not copy from last month's MAR sheet.

   ______________________________________________________________________

3. If you make an error when charting on the MAR, should you white it out and rewrite it correctly? Why or why not?

   ______________________________________________________________________

4. You don't need to chart PRN medications.

   ___True ___False

5. It is acceptable to chart all medications at the end of the day/end of your shift.

   ___True ___False

6. The QMAP who administered meds today forgot to document one client's meds on the MAR. You are considering initialing all of this client's medications because s/he verifies they were given. Explain how this situation should be handled:

   ______________________________________________________________________

   ______________________________________________________________________

7. You administered 2 tablets of Tylenol, 325 mg, to Mrs. Smith at her request, for a headache at 4 pm. At 5 pm she tells you she feels better. Are you required to do anything else in this situation? Please explain:

   ______________________________________________________________________

   ______________________________________________________________________

8. Mr. Smith refused his Zantac today. Are you required to do anything? Please explain:

9. You are the QMAP in the assisted living facility today. Ms. Jones is arguing with other clients and yelling at the staff members. You are aware she has a "standing" order for Ativan 0.5mg po q6 hours PRN for agitation. You know that Ativan is a psychotropic medication. What would you do next? Why?

10. Give four examples of the rules for documenting medications

11. Define "psychotropic" medications and give 3 examples:

# UNIT 5: MEDICATION REMINDER BOXES

## Objective 1: Define MRB.

- Medication Reminder Box (MRB): a container that is compartmentalized and designed to hold medications for distribution according to a time element such as day, week, or portions thereof.
- MRB's can be filled up to fourteen (14) days in advance.

## OBJECTIVE 2: Administration of medications from MRBs.

Successful completion of this course allows you to fill MRB's with supervision by a licensed professional or qualified manager. Regulations also allow medication reminder boxes used in designated facilities to be filled by the client, the family or a friend.

## Objective 3: Guidelines for filling MRBs

- There must be a complete label firmly attached to the box. This requires the name of the client, the name of each medication, dosage, quantity, route, and the specific time that each med is to be administered. If the design of the box does not permit firm attachment of the complete label, the MRB cannot be used by the QMAP.
- There must be a MAR for recording all drugs placed in the MRB and monitored or administered by staff. A client "self-administering" medications may fill his/her own MRB and utilize this method for storing medication prior to taking his/her medication. Medications that are "self-administered" from a MRB **must** be properly labeled but do not need to be documented on a MAR.
- If there is a physician ordered change in the client's medications, the facility must stop the use of the MRB until the designated QMAP, nurse or family member/friend has corrected the MRB according to the new order.
- Certain medications may not be placed in a MRB:
- Controlled substances
- PRN medications
- liquid medications
- medications with special instructions, such as "30 minutes prior to lunch"
- powders, inhalers, ointments and creams

- QMAP's "shall be familiar with the type and quantity of medication in each compartment of the box." If the QMAP suspects that the tabs/caps in the MRB are not consistent with the label on the MRB, the QMAP administering medications must not proceed with administration of medications from the MRB until the problem is resolved. The QMAP should not correct the discrepancy; a licensed person, qualified manager or the QMAP who filled the MRB should resolve difference(s).
- A qualified medication manager must oversee a QMAP filling a MRB. The qualified manager should check the filling of the MRB's weekly during at least the first two (2) times the MRBs are filled by a new QMAP, or by a QMAP who is a new employee and periodically thereafter. A qualified manager must be available for consultation whenever a MRB is being filled.

## OBJECTIVE 4: Identify the steps needed to fill the MRB accurately and safely according to written physician orders.

It is best practice to: Wear gloves when handling medications, especially if you touch pills or clients.

1. Fill the MRB in a safe, quiet, secured area, free from interruptions from staff, clients and telephone calls. This avoids errors caused by distractions.
2. Check all MRBs prior to filling for cleanliness and good repair.
3. Fill the MRB for only one client at a time. This avoids filling the MRB with wrong client's medications.
4. Steps:

Step 1: Cross-check the MRB label with the physician order, the MAR and the pharmacist-prepared medication bottle.

a. The label on the MRB should reflect the exact number(s) of each tablet/capsule of medication to be placed in the MRB.

b. If the label on the MRB does not match the information on either the physician order, the MAR or the medication bottle, you must resolve the discrepancy before filling the MRB. This includes verifying that trade and generic names used are the same drug.

c. Always ask for assistance when unsure of an order, a medication, a label or the procedure used in filling MRB's. You are responsible to know your facilities policies and procedures for filling and for administering or monitoring medications from MRB's.

Step 2: Wash hands immediately before opening medication bottles. Apply gloves.

a. Transfer medications from bottle lid to MRB or transfer medication wearing gloves. Never touch pills with bare hands.

b. If desired, you may use clean tweezers in transferring medications from bottle lid to MRB; alcohol wipes are acceptable for cleaning tweezers.

Step 3: Using an organized system, each medication on the MRB label is filled, one at a time, until all medications for the client have been completed. Count the number of medications in the MRB and compare to the MRB's label.

Step 4: After filling is completed, count or estimate the number of pills remaining in the bottle. Enough medications should be in the bottle for at least ten (10) days if possible or as insurance allows. Find out from your facility your responsibility regarding the reordering of medications.

# UNIT 5 REVIEW

1 It is ok to fill the MRB with PRN medications. ___True ___False

2 List three guidelines for the use of medication reminder boxes.

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

3. Medication Reminder System label:

| **Hazel Greene** | 8 am | 2pm | 8pm | HS | | |
|---|---|---|---|---|---|---|
| Lasix 40 mg, 2 tabs PO QD in a.m. | X | | | | | |
| Tobramycin 250 mg, 2 tabs PO every 6 hours | X | X | X | X | X | X |
| Tagamet 300 mg, 1 tab PO BID | X | | X | | | |
| Tylenol 325 mg, 2 tabs every 4 hrs as needed for headache | | | X | | | |
| Coumadin 2.5 mg PO QD HS on M, T, Th, F | | | | X | | |
| Coumadin 3 mg PO QD HS on W, S, Su | | | | X | | |

Referring to the **MRB label** above:

a. There are errors on the MRB label. List two of the medications involved:

1) ______________________________, 2) ______________________________

b. Why is Coumadin listed twice? ________________________________________

3 If you find an error in the MRB, is it ok to continue using it? Why or why not?

______________________________________________________________________

______________________________________________________________________

4 What is the maximum length of time in days that MRBs can be filled?

______________________________________________________________________

5 What are the supervision requirements for a QMAP filling a MRB?

______________________________________________________________________

## UNIT 6: MEDICATION ADMINISTRATION PROCEDURES

**Objective 1: Review the seven rights of medication administration learned in unit 1, give examples of good practice to implement each of these rights.**

1. Right Client
2. Right Time – ½ hour before scheduled dose to ½ hour after if a time is stated on Dr. order
3. Right Medicine
4. Right Dose
5. Right Route
6. Documentation
7. Right to Refuse

**Please note:** For non-time specific medications the facility may designate a timeframe or use "am" and "pm" (for the time slots on the MAR) as long as the information is included within in their policies and procedures.

**Objective 2: Define standard ("universal") precautions.**

- Universal precautions were developed in the 1980's as a means of avoiding contact with blood-borne (carried in the blood) "pathogens" or infections. The method used was wearing nonporous gloves to avoid contact with any and all blood; all patients were assumed to be infected.
- Since that time, "universal" has been expanded to "standard" precautions covering more body fluids and more body sites: blood, secretions (eyes, nose, ears, and mouth), excretions (vomit, urine and feces), non-intact skin, and mucous membranes. Standard precautions must now be observed for all clients at all times in all contacts.
- Because the administration of medication by some routes will involve physical contact with body sites, it is important for QMAP's to routinely follow standard precautions with clients during the administration of medications.

**Objective 3: Review the importance of washing your hands and gloving before any physical contact with a client or with medications. Review proper disposal of used (contaminated) gloves.**

**Hand washing is the single most important measure to prevent contamination as well as the spread of infection.**

- Used gloves are removed and turned inside out in one motion.
- Used gloves contaminated with body fluids should be disposed of in containers with plastic bags that are knotted prior to disposal, to protect janitorial staff. You must be familiar with your facility's policies and procedures about disposal of gloves and other materials (incontinence briefs, wipes, etc) contaminated with body fluids in designated trash cans.

**Objective 4: Additional preparation before administration of medications:**

1. Gather the client's medication from storage and verify that the medication has not expired.
2. Gather the client's MAR
3. Cross-check the label on the medication container with the MAR three times. Once as the medication is taken off of the shelf, once as the medication is being poured and again when the medication is returned to the storage area.
4. Gather other equipment needed for the type of medication to be administered:

   **Oral medications (tabs, caps):** gloves (if needed), pill cutter (if needed), paper medicine cup

   **Oral medications (liquids):** gloves (if needed), medicine cup, plastic or glass measuring cup

   **Ear drops, eye drops or ointment, nose drops or nasal spray:** gloves,

   cotton balls or tissues

   **Suppositories:** gloves, medicine cup, lubricant such as K-Y jelly

   **Transdermal skin patches:** gloves.

5. Take the medication and your other supplies to the client, or have the client come to your administration area. Be sure any area used to administer medication is neat and clean.
6. Identify the client. You may ask the client their name and compare with a photograph, or ask a staff person to assist in verifying. Never ask another client to participate in identifying a client. Be aware of privacy and dignity issues when selecting an area to administer.
7. Explain the procedure to the client to obtain cooperation.
8. Wash hands or use hand sanitizer, put on gloves (if needed).
9. No pre-pouring medications

## Objective 5: Hands-on steps and procedures for the different routes of medication administration

**Ingestion: oral tablets/capsules:**

1. When pouring tablets/capsules, put on gloves or use the lid of the container to pour the medication, then drop the medication into a medicine cup. Avoid handling medications with fingers as you may accidentally damage or drop pills, use tweezers if necessary to move medications into the medicine cup. Other packaging options include but are not limited to blister packs and pre-filled ready medication packs.
2. For clients who have difficulty swallowing medications, the following techniques may be helpful to gain cooperation, as well as assist the client to take all medications:
    a. The client should be sitting up or standing to take oral medications, not lying down.
    b. Offer tablets/capsules one at a time. If necessary, place medication in the middle of the client's mouth.
    c. Offer a drink of liquid before and after each medication. Use a straw if necessary.
    d. Allow the client to rest a short time after each med (QUIETS THE COUGH REFLEX).
    e. Allow enough time for the client to take the medication.
    f. Some tablets or capsules may be easier to swallow if given in a teaspoon of jelly or applesauce, if permitted on the client's diet. Be sure to tell the client that there is medication in jelly or applesauce. You may not trick client with disguises for meds. The physician must be consulted and an order written to add medications to food.
    g. Some clients request their medication to be crushed. Do not crush enteric coated tablets. You may not crush or open any medication without a physician order approving this procedure.
    h. If the client has continued difficulty taking oral medications, report this to the person in charge of client care. The physician may need to be consulted. Many medications are available in another form.
3. Remain with client to be certain all oral medications have been swallowed. This also ensures that the medication is taken on time. In some instances, checking the client's mouth may be indicated to verify swallowing the medication.
4. Lozenges are not to be swallowed. Instruct the client to allow the medication to dissolve in the mouth. Drinking liquids should be avoided until the medication has completely dissolved. These medications should be given last after other oral medications.

## Ingestion: sublingual (sl) tablets:

1. Instruct client to place tablet under the tongue in the front part of the mouth. If several medications are being given, give the sublingual tablet last.
2. Advise the client not to swallow until the tablet is entirely dissolved.
3. Nitroglycerin SL tablets:
   a. Instruct the client to **sit** down (NOT to lay down) upon the first indication of angina (chest pain), administer nitro SL and immediately notify your supervisor of the situation.
      - Notify supervisor.
      - Follow physician's orders
      - Record the exact minute of administration on the MAR.
      - Consult the client's record to see if there is a physician order for aspirin to be given when chest pain occurs.

   b. After one dose of nitro SL is given and chest pain is not relieved, you or your supervisor must follow facility procedures to provide prompt medical attention.  Call 911 for paramedics and transport to an emergency room.

   c. If chest pain resolves within 5 minutes, advise client to sit for an additional 15-20 minutes to prevent dizziness or fainting. Headaches are a common side effect of the drug and should last no longer than 20 minutes. If headaches persist, notify supervisor.

   d. Be sure to tightly recap the nitro SL bottle
       Replace the medication supply every 6 months.

   e. Stay with the client until chest pain is resolved.

**Ingestion: oral liquids and gargles:**

1. Check to see that the cap of the bottle is on securely.
2. Read instructions to determine if contents are to be shaken as with suspensions. A rotating wrist movement will ensure a more thorough mixture.
3. Remove the cap and place it with the open side up (top of cap down).
4. Hold the bottle with the label toward the palm of the hand to avoid soiling the label.
5. Locate the marking on the medication cup for the amount of medication to be poured.
6. Pour the medication at eye level on a flat surface. Take care to not pour more than is needed. Pour immediately prior to administering, liquid medication may not sit for any length of time.
7. Clean the lip of the bottle, if necessary, with a moist paper towel/tissue before recapping.
8. Gargles are solutions that are bubbled in the throat by keeping the solution in the upper throat, tilting the head back and exhaling air to create bubbling. Check directions with gargles to know whether the medication should be diluted prior to administration.

**Application: ointments, lotions, liniments, and aerosols:**

1. Gloves should be worn whenever coming into direct contact with medication or a client's skin. **Never** use your bare fingers to apply ointments, lotions or liniments.
2. Directions for application of the medication should be a part of the physician's order or included with the instructions accompanying the medication.
3. Ointments are applied directly to the skin or placed on a dressing that is then applied to the skin. A tongue blade may be used to remove ointments from a jar or container. You may also use the tongue blade as an applicator.
4. Lotions are applied / swabbed on the skin for their antiseptic and/or astringent effects.
5. Liniments are vigorously rubbed into the skin to relieve soreness of the muscles and joints.
6. Aerosols are sprayed onto the skin. Spraying is less painful if skin is irritated or burned. Have client turn head away from aerosol spray.

**Application: Transdermal patches:**

1. A transdermal skin patch is impregnated with medication which, when applied to the skin, releases a continuous and controlled dosage over a specified time period.

2. Gloves should be worn to apply/remove transdermal patches to avoid contact with the patch.

3. Remove the old patch, if present.

4. Wash client's skin with soap and water (both new site and removal site).

5. Rotate application sites to avoid skin irritation. If previous sites are blistered, notify your supervisor.

6. Peel backing off the patch, press on skin and apply pressure to assure skin adherence.

7. Include the site of application with documentation on the MAR.

8. Write your initials, date and time on the patch after applied.

**Application: eye drops/eye ointments:**

1. Instruct client about procedure. Assist the client to sit or lie down with head tilted back. Wash hands and apply gloves.

2. Cleanse the eye(s) with a clean tissue, clean, wet washcloth or cotton ball. Always cleanse from the inside of the eye, near the nose, to the outside. Use a clean tissue or cotton ball for each wipe.

3. Remove cover of container, place lid with open side up. (or in a clean medicine cup)

4. Procedure for drops: instruct client to look up toward top of head. Retract lower lid (make a pocket). Holding the bottle no more than one inch from the lower lid, instill one drop in the center of the lower lid. Repeat procedure for second drop, if ordered. Wait 3-5 minutes if multiple eye drops are ordered, to allow time for absorption.

5. After application, instruct client to look downward, then close eye(s) for a short time.

6. Give client a clean tissue or cotton ball to wipe the excess.

7. Procedure for ointment: instruct client to look up. Retract the lower lid (make a pocket). With care to avoid touching the eye with the tip of the tube, lay a thin strip along the lower lid.

**Application: ear drops:**

1. Position the client: Wash hands, apply gloves.
    - If lying in bed, have bed flat and turn head to opposite side
    - If sitting up, tilt head sideways until ear is as horizontal as possible.

2. Clean external ear canal with a clean tissue or cotton ball.

3. Hold ear lobe in such a manner to allow visualization of the ear canal.

4. Instill ordered number of drops without touching dropper to the client's external ear.

5. Place a small wad of cotton in the external portion of the first ear. If it is necessary to instill drops in both ears, you should wait at least five minutes before instilling drops in the other ear and place wad of cotton.

6. Instruct client to lay quietly a short time to allow the medication to reach the eardrum.

7. Return to the client in 10 minutes to remove cotton wads; forgotten cotton wads can become difficult to remove.

**Application: nasal sprays:**

1. Wash hands, apply gloves. Avoid touching the dropper or spray nozzle to the client's nose. If it happens wipe tip of the applicator with an alcohol swab.

2. For nasal spray: instruct the client to tilt their head back or lie down with their head extended over a pillow. The client may sit up for nasal sprays.

3. Place the applicator just inside the nostril. Instruct the client to "sniff" on the count of three and instill the correct number of sprays. Instruct the client to remain with head back for a short time.

4. For nasal sprays, instruct the client to sniff on the count of three as you squeeze the nasal spray. This will help to coordinate the client's sniffing with the application of the medication. Optional: Close one nostril while spray is applied to the other nostril.

**Inhalation: inhalers**

1. The client should be in a sitting position. Wash hands, apply gloves.
2. Grasp the medication dispenser and remove the mouthpiece cover.
3. Read instructions on inhaler to determine if medication is to be shaken.
4. Hold the dispenser's mouthpiece according to package directions.
5. Instruct the client to exhale, and, on the count of three, to breathe in deeply as you administer the medication, then hold their breath for as long as possible, before exhaling.
6. It is best to have clients rinse their mouth after administering inhalants. Many times inhalants taste bitter or can cause thrush.
7. Using an alcohol swab, clean the mouthpiece or spacer before replacing the mouthpiece cover.

**Insertion: rectal/vaginal suppositories or creams**

1. Remove protective covering of suppositories and place in a medicine cup.
2. Obtain lubricant for suppositories to apply before insertion.
3. Vaginal creams are drawn into a vaginal applicator according to package instructions.
4. Provide privacy for the client.
5. Gloves must be worn for the administration of suppositories and vaginal creams.
6. Procedure for inserting rectal suppositories:
   - Assist the client to lie down, preferably on their left side. The colon is on the left side of the body and the suppository will enter the lower GI tract more easily.
   - Visualize the anal opening, lubricate and insert the suppository approximately 3 inches. The suppository should be inserted beyond the internal sphincter muscle of the rectum to prevent the suppository from being expelled.
   - Instruct the client to not to "bear down," and to hold in the suppository for as long as possible.

7. Procedure for inserting vaginal creams or vaginal suppositories:

    - Instruct the client to lie on her back in a “frog leg” position or on their side with top leg slightly bent.
    - Vaginal suppositories are inserted 2-3 inches into the vaginal orifice. Body temperature will melt the suppository to aid in the absorption of the medication.
    - To insert a vaginal cream, grasp the barrel of the applicator. Place the thumb on the plunger. Pointing the applicator slightly downward, insert the applicator into the vagina as far as it will comfortably go. Push the plunger with the thumb as the applicator is slowly removed from the vagina.
    - Instruct the client to remain lying down for 15-30 minutes for absorption of the medication. Vaginal creams/suppositories are best administered at bedtime.

**Objective 6: Describe steps needed after medication administration is completed**

1. Properly dispose of all used medication cups and used gloves which have come into contact with body fluids. You **must** wash your hands or use sanitizer before you move on to the next client.
2. You **must** accurately document each medication given on the client's MAR immediately after administration or monitoring. For PRN medications, remember to document the client’s request and the reason for giving the medication as well as the follow-up results.
3. Medication containers should be returned to the appropriate storage location after administration.
4. If medications have been removed from the original container - they should not be returned to the original containers. They should be destroyed according to facility policy.

# UNIT 6 REVIEW

1. What are the 7 rights of medication administration?

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

_______________________________________________________________________

2. You are to administer medications to 4 clients seated at the lunch table. What procedures must you follow? Why?

_______________________________________________________________________

_______________________________________________________________________

3. Is it acceptable to leave the medication cabinet or cart unlocked while you administer medications because you will be right back? Why or why not?

_______________________________________________________________________

_______________________________________________________________________

4. To save time during your med pass, you should place medications on the dining room tables near the client to whom they belong. ___True ___False

5. You always wash your hands before a med pass, so it is ok to touch the medications with your bare hands during set up of medications. ___True ___False

6. What is the single "best" way to discard medications that are discontinued or outdated?

   ___flush them down the toilet

   ___throw them in the nearest trash can

   ___mix with coffee grounds or kitty litter and place in the garbage

   ___put them in your pocket to give to friends later

# UNIT 7: MEDICATION ERRORS

**Objective 1: Define a medication error:**

Medication administered contrary to a physician's order that either causes or has the potential to cause harm to the recipient.

**Objective 2: Ways to prevent errors**

- Always comply with physician orders
- Always administer only upon current orders
- Always follow hands-on procedures taught in class
- Always follow the 7 rights
- Always accurately transcribe a MAR
- Always accurately label a MRB
- Use proper documentation on MAR
- Use proper medication storage
- Keep one week of medicine on hand

Note: These are examples only.

**Objective 3: Considerations in determining if a medication error occurred:**

- Medication error resulting in medical treatment
- Medication error resulting in harm or potential to cause harm

**Objective 4: Medication error procedures:**

1. Details will be documented on incident report, chart on MAR per facility protical
2. Immediately notify supervisor and physician
3. Know and follow your facility's policy for medication errors
4. It is in regulation that medication errors are required to be reported to the licensing agency (Medicaid or CDPHE) within one business day.
5. QMAP has been counseled about similar neglect in the previous 12 months and had been counseled and/or re-educated. Or the QMAP intentionally failed to follow the standard of practice or the facility's policy with significant potential for harm or harm.

If the department determines, after an investigation, that a QMAP or qualified manager has engaged in a pattern of deficient medication administration practice or has administered medication contrary to a physician's order or these rules that either causes or has the potential to cause harm to the recipient, the department shall rescind that individual's medication administration authority until the individual undergoes retraining, retesting and successfully passes the competency examination.

# UNIT 7: MEDICATION ERRORS REVIEW

1. What should you do if a medication error occurs? Who should you report to if a medication error occurs?

    ____________________________________________

    ____________________________________________

2. Give 3 examples of a medication error.

    ____________________________________________

    ____________________________________________

    ____________________________________________

3. Mrs. C has an order to take Guaifenesin AC 500 mg 4 times a day for 7 days. You misread the order and administered 2g in 4 hours. What do you do?

    ____________________________________________

    ____________________________________________

    ____________________________________________

4. Mrs. Hansen had medications re-ordered on Monday. On Thursday Mrs. Hansen ran out of pills, as of Saturday the pharmacy still has not delivered her medications. Is this a medication error? Why?

    ____________________________________________

    ____________________________________________

    ____________________________________________

# UNIT 8: MEDICATION STORAGE

**Objective 1: Learn storage requirements for medications kept in labeled containers or medication reminder boxes.**

1. Prescription and non-prescription medications:
   A. Store "in a manner that ensures the safety" of clients
   - Clients shall not have access to medication which is kept in a locked central location.

   B. Locked central location recommended, however, alternatives are acceptable if :
   - Closed and locked drawer in client's room in assisted living residence
   - Closed backpack, purse or on the person of client of sound mind in adult day facility
   - Closed wheelchair bag of non-ambulatory person in adult day facility
   - Closed and locked file drawer in administrative area inaccessible to clients

   C. Medications requiring refrigeration
   - Shall be stored separately in locked containers or compartmentalized packages, containers, or shelves for each client in order to prevent intermingling of medication.
   - If there is a designated medication refrigerator and the refrigerator is in a locked room, then the medications do not need to be stored in locked containers

2. Controlled substances:
   A. Must be doubled-locked, counted and signed for using a second person for verification. Example: Locked portable medication box stored inside locked cabinet. QMAP counts number of pills, second QMAP or qualified manager watches and agrees the count is correct. Shift to shift count for accuracy should include the date, time, quantity remaining, and signatures of both staff.

   B. Any discrepancy, report immediately to supervisor for suspicion/investigation of drug diversion

   C. What if a second person is not available? QMAP counts number of pills and signs. Next QMAP on duty shall verify the count and sign the narcotic count sheet prior to administering; discrepancy immediately reported to supervisor.

   D. Count how often?
   - At the end of each shift
   - Any time medication is given to a third party to take outside facility; count leaving and count upon returning.

3. Medication should not be stored with other items, must never be in areas with:
   - Disinfectants
   - Insecticides
   - Bleaches
   - Household cleaners
   - Poisons

If the container has no specific expiration date, it is one year after the medication was filled.

**Objective 2: Learn the difference between the expiration date and the refill through date.**

- Expiration date - the date on the actual container, or one year after a medication with no date, was filled.
- Refill through date = is variable and determined by the prescribing authority

# Definitions

**Knowing the following terms will help you.**

**Controlled Substance:** Medications that have the potential to be addictive and used in a way other than how the medication was prescribed; a system must be in place to account for receipt, administration and disposition of each medication.

**Document:** To record or write; Documentation of the administration of medications is required on the medication administration record (MAR).

**Label:** Information on the medication package; referred to also as medication label or prescription label.

**Medication Administration Record (MAR):** A record that lists all of the medications ordered for the client, including routine or regularly scheduled medications and PRN medications; It is used to document or record the administration of medications.

**Medication / Drug:** Another word used for drug; a substance or mixture of substances used in the diagnosis, cure, treatment, or prevention of disease.

**OTC Medications**: Over-the-counter or non-prescription medications; medications which can be purchased or obtained without a prescription; however, you need a physician's order to administer them.

**Prescription Medications**: Medications that can only be obtained or purchased through an order or prescription written by a physician or prescribing practitioner.

**PRN** – as needed or if necessary; PRN medications are not scheduled to be administered at specific times, or routinely. Clients should be able to ask for PRN medications, if they cannot an assessment of the client must be made by someone designated by the facility and must not be a QMAP. Administration of PRN medications needs to be documented on the MAR.

**Prescribing Practitioner** – Refers to a licensed health care professional who is authorized to prescribe or order a medication; the prescribing practitioner people are the most familiar with is a physician or doctor. Other prescribing practitioners include physician assistants, family nurse practitioners and dentists.

**Policies and Procedures:** Each facility is responsible for creating Policies and procedures related to QMAP's and medication administration.

**Qualified Manager:** is designated by the owner of the facility and is a manager or supervisor of QMAP's, has successfully passed the QMAP competency testing, who oversees the filling and administration from MRB's

**Regulations:** an official rule or law that says how something should be done.

**Report**: To make known, to give information about something.

**Side effects**: Any effect other than the desired effect; unwanted effects or adverse reactions from a medication.

**Topical:** applied directly to the skin

**Transcribe:** To transfer written information from one place to another; information on the physician's order must be transcribed to the medication administration record (MAR).

# Military Time

Military time is a concise method of expressing time used by the military, law enforcement, hospitals, and other entities. Military time uses a 24-hour time scale that makes the use of a.m. or p.m. unnecessary. Midnight corresponds to 0000, 1 p.m. corresponds to 1300, and so on.

**The following table provides a convenient way to convert between military time and regular time.**

| Regular Time | Military Time | Regular Time | Military Time |
|---|---|---|---|
| Midnight | 0000 | Noon | 1200 |
| 1:00 a.m. | 0100 | 1:00 p.m. | 1300 |
| 2:00 a.m. | 0200 | 2:00 p.m. | 1400 |
| 3:00 a.m. | 0300 | 3:00 p.m. | 1500 |
| 4:00 a.m. | 0400 | 4:00 p.m. | 1600 |
| 5:00 a.m. | 0500 | 5:00 p.m. | 1700 |
| 6:00 a.m. | 0600 | 6:00 p.m. | 1800 |
| 7:00 a.m. | 0700 | 7:00 p.m. | 1900 |
| 8:00 a.m. | 0800 | 8:00 p.m. | 2000 |
| 9:00 a.m. | 0900 | 9:00 p.m. | 2100 |
| 10:00 a.m. | 1000 | 10:00 p.m. | 2200 |
| 11:00 a.m. | 1100 | 11:00 p.m. | 2300 |