



**GEORGIA DEPARTMENT
OF COMMUNITY HEALTH**

**Healthcare Facility Regulation Division
(HFRD)**

**Medication
Administration Training
Curriculum
for Proxy Caregivers**

Required for training provided on or after July 1, 2018

Section 1

Basic Medication Administration Information/Terminology

Section 1 – Basic Medication Administration Information/Terminology

Objectives

1. Match common medical abbreviations with their meaning.
2. List and describe common dosage forms of medications.
3. List and describe common routes of medication administration.
4. List the six rights of medication administration.
5. Describe what constitutes a medication error and actions to take when a medication error is made or detected.
6. Describe resident's rights regarding medications – refusal, privacy, respect, and chemical restraint.
7. Define medication "allergy" and describe responsibility in relation to identified allergies and suspected allergic reactions.
8. Demonstrate the use of medication resources or references.

TEACHING TIP: Abbreviations

If available, locate the approved abbreviation list at the facility and point out this to the students

HANDOUT #1A: Abbreviations

Distribute a copy of the handout, *Abbreviations* to each student.

Common Abbreviations

- Abbreviation – a shortened form of a word or phrases
- Often used in medical and residents' records, such as physician's orders
- Proxy Caregiver must learn abbreviations for terms common to medication administration
- On the Medication Administration Record (MAR), abbreviations should be spelled out
- Be aware that abbreviations can lead to mistakes if they are not legible
- Always check with the supervisor if you have questions about abbreviations

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TEACHING TIP: Abbreviations Handout

Tell students:

- These are abbreviations that you will see frequently when you give medications to your residents
- You should learn these abbreviations

HANDOUT #1B: Common Routes of Medication Administration

Distribute a copy of the handout on Common Routes of Medication Administration to each student.

TEACHING TIP: Common Routes of Medication Administration

Referring to the handout and the content below, discuss the common routes of medication administration. Use visual aids if available

Common Routes of Medication Administration

- Oral – taken by the mouth and swallowed
- Buccal – placed between cheek and gum
- Sublingual – placed under the tongue
- Eye – placed in the pocket of the eye created when the lower eyelid is gently pulled down
- Ear – placed in the ear canal created when the external ear is pulled up and back
- Nasal – placed in the nostril
- Inhalant – inhaled into the lungs
- Transdermal – placed and affixed to the skin
- Topical – applied to the skin or hair
- Vaginal – inserted into the vagina
- Rectal – inserted into the rectum
- Subcutaneous– injected into the fat with a syringe

HANDOUT #1C: Common Dosage Forms of Medications

Distribute a copy of the handout on Common Dosage Forms of Medications to each student.

TEACHING TIP: Common Dosage Forms of Medications

Referring to the handout and the content below, discuss the common dosage forms of medication administration. Use visual aids if available

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Common Dosage Forms of Medications

- Tablet
 - Hard, compressed medication in round, oval, or square shape
 - Some have enteric coating or other types of coatings, which delay release of the drug and can not be crushed or chewed
- Capsule
 - In a gelatin container that may be hard or soft
 - Dissolves quickly in stomach
- Liquid – different types of liquid medications
 - Solution – a liquid containing dissolved medication
 - Suspension – a liquid holding undissolved particles of medication that must be shaken before measuring and administering to resident
 - Syrup – a liquid medication dissolved in a sugar water to disguise its taste
 - Elixir – a sweet alcohol based solution in which medications are dissolved
- Suppository
 - Small solid medicated substance, usually cone-shaped
 - Melts at body temperature
 - May be administered by rectum or vagina
 - Refrigerate as directed by manufacturer
- Inhalant
 - Medication carried into the respiratory tract using air, oxygen or steam
 - Inhalants may be used orally or nasally
- Topical – applied directly to the skin surface. Topical medications include the following:
 - Ointment – a semisolid substance for application of medication to the skin or eye
 - Lotion – a medication dissolved in liquid for applying to the skin
 - Paste – a semisolid substance thicker and stiffer than an ointment containing medications
 - Cream – semisolid preparation holding medication so it can be applied to skin
 - Shampoo – liquid containing medication that is applied to the scalp and hair
 - Patches (transdermal) – medication encased in a round, square, or oval disc that is affixed to the skin
 - Powder – fine, ground form of medication that may be used to be swallowed, or may be used as on the skin for rashes
 - Aerosol sprays – solution that holds the medication suspended until it is dispensed in the form of a mist to spray on the skin

Teaching Tip: Introduction to Equipment and Supplies Used During Administration of Medication

Show examples of supplies and equipment used during medication administration

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Equipment and Supplies Used During Administration of Medication

- Medication cart
- MAR for each resident
- Soufflé cups for oral medications in pill or capsule form
- Calibrated plastic cups and oral syringes or droppers for oral liquid medications
- Alcohol wipes for use with injections
- Insulin syringes for use with insulin administration
- Sharps equipment
- Band-Aids for use with injections
- Lubricant for use with suppositories
- Blood pressure cuff, stethoscope, blood glucose meter as needed
- Gloves to use when coming into contact with mucus membranes (administering vaginal or rectal suppositories) and blood/body fluids (administering injections)
- Water cup and water for resident to drink when taking oral medications
- Soap/water/paper towels or alcohol-based hand rubs to use before preparing medications/before administration of medication to each resident/after administration of medication to each resident
- Food, such as applesauce or pudding to use when administering crushed medications

HANDOUT #1D: Six Rights of Medication Administration

Distribute a copy of the handout on Six Rights to each student.

Referring to the handout and the content below, discuss the Six Rights of Medication Administration

Six Rights of Medication Administration

- A method used during medication administration to safeguard the residents; before administering the medication the Proxy Caregiver must ask self six questions – Am I giving the medication to the right resident? Am I giving the right medication? Am I giving the right dose? Is this the right route? Is this the right time? Have I done the right documentation?
 - Right resident – identify resident to assure you are giving the medication to the resident who is supposed to receive the medication and using procedure required by the facility, such as photo on the MAR, asking a resident his/her name, etc
 - Right medication – the name of the medication ordered by the physician; always use the three checks
 - Right dose – the amount of medication ordered
 - Right route – the method of medication administration
 - Right time – when the resident is ordered to receive the medication
 - Right documentation – the process of writing down that a medication was administered to the resident on the MAR and writing down if a medication ordered was not administered and the reason it was not administered

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HANDOUT #1E: Medication Errors

Distribute a copy of the handout on Medication Errors to each student.

Referring to the handout and the content below, discuss the definition of medication errors, examples and the Proxy Caregiver's role

Medication Errors

- Describe – occurs when the administration of a medication is not as prescribed by the doctor or prescribing practitioner; when a medication is administered in any way other than how it was prescribed
- Examples
 - Omissions
 - Administration of a medication not prescribed by the prescribing practitioner
 - Wrong dosage, wrong time, or wrong route
 - Crushing a medication that shouldn't be crushed
 - Documentation errors
- Proxy Caregiver's role
 - Understand the facility's medication error policy and procedure or know where to locate it
 - Recognizes when a medication error is made
 - Understands importance of acting quickly to report and correct medication errors to help prevent more serious problems

Medication Administration and Resident's Rights – Importance and Examples

- Respect – how the resident is addressed
 - Do not interrupt resident while eating for the administration of medications, such as oral inhalers and eye drops
 - Do not awaken resident to administer a medication that could be scheduled or administered at other times
 - Inform resident about the procedure that is about to be performed
 - Answer resident's question about medication
- Refusal – resident has the right to refuse medications
 - Never force a resident to take a medication
 - Follow the facility's policy and procedure when a resident refuses medications (policy and procedure ensures that physician is notified in a timely manner based on resident's physical and mental condition and the medication)
- Privacy – being away from the public
 - Knock on closed doors before entering
 - Do not administer medications when resident is receiving personal care or in bathroom

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- Do not administer an injection outside resident’s room if the resident receiving the injection or other residents present are offended by this
- Do not administer medications outside the resident’s room that require privacy and removal of clothing, such as vaginal and rectal administrations, dressing changes and treatments
- Chemical restraint – means a drug that is used for discipline or convenience and not used to treat a medical symptom
 - Do not administer medications, especially psychotropics, for staff convenience

HANDOUT #1F: Resident’s Refusal to Take Medications

Distribute a copy of the handout on Reasons for Resident’s Refusal to Take Medications to each student.

Medication Allergy

- A reaction occurring as the result of an unusual sensitivity to a medication or other substance
 - May be mild or life-threatening situation
 - May include rashes, swelling, itching, significant discomfort or an undesirable change in mental status, which should be reported to physician
- Role of Proxy Caregiver
 - Should understand that information on allergies should be reported to the pharmacy and physician and this information is recorded in the resident’s record
 - Upon admission, important to document any known allergies or if there are no known allergies should also be documented
 - Provide immediate emergency care if severe rash or life-threatening breathing difficulties occur

Recognizing and Reporting Side Effects

- Resident may have various side effects from taking certain medications
- Side effects include but are not limited to the following
 - Change in behavior
 - Change in alertness
 - Change in eating or swallowing
 - Change in mobility
 - Skin rashes
- When there is a change in the resident, follow the facility’s policy on what to do and who to notify, which may include
 - Notifying the supervisor, health care professional and/or physician
 - NOT administering a medication when there is a change in the resident without contact with the resident’s physician

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- Observation of the resident is an important step in the cycle of medication administration
 - Resident’s physician and health care providers often depend on the observations of direct care staff when evaluating residents
 - Also depend on Proxy Caregivers to observe residents for both desired and undesired effect of medication

To insure safe care, the Proxy Caregiver must be taught how to observe and report changes in the resident physical and/or mental status. The Proxy Caregiver must know what to report, to whom it should be reported, and when and how to report observations

TEACHING TIP: Medication Resources or References

Locate and demonstrate use of the following written materials housed at the facility: medication resources, reference books, manuals and/or pharmacy information sheets; and policy and procedure manuals, particularly the sections that address medication administration. Resources written for non-health professionals are recommended for use by Medication Aides instead of references written for health professionals, such as *The Physician’s Desk Reference (PDR)*

Examples of Resources to use:

- The Pill Book Mass Market Paperback by Harold M. Silverman (Author)
- The PDR Pocket Guide to Prescription Drugs [Mass Market Paperback] PDR Staff (Author)
- Complete Guide to Prescription & Nonprescription Drugs Paperback – by H. Winter Griffith (Author)

ACTIVITIES: Medication Resources or References

Require each student to

- Look up at least three unique medications commonly ordered for residents in a medication resource/reference book, such as Lasix, Coumadin, and Synthroid
- View the table of contents in the policy and procedure manuals at the facility and look up and read all facility policies/procedures regarding medication administration

Proceed to Section #2

Section 2

Medication Administration

Section 2 – Medication Administration

Objectives

1. Demonstrate correct infection control concepts during medication administration.
2. Compare and contrast the documentation of routine medication administration and PRN medication administration.
3. Recognize the need to document in the resident's record when necessary.
4. Describe correct documentation of medication.
5. List commonly used abbreviations and terminology related to medication administration.
6. Demonstrate proficiency in reading a medication label.
7. Use the Six Rights to administer oral, eye, ear, nasal, inhalant topical medications and subcutaneous injections – Right RESIDENT, Right MEDICATION, Right DOSE, Right ROUTE, Right TIME, and Right DOCUMENTATION.
8. Demonstrate the use of the Medication Administration Record (MAR).
9. Identify proper action to take when special circumstances occur in relation to medication administration.

Content

Important Infection Control Concepts During Administration of Medication

- Use sanitary technique when pouring or preparing medications into appropriate container
- Do not touch or handle medications, but pour medication from the original medication container into a new, appropriate medication container in the presence of the resident; give the new container to resident
- Never use your own hands to administer medications and never require resident to have to use his/her own hands to receive medications

Standard Precautions

- Observe Standard Precautions
- Wear gloves when there may be exposure to bodily fluids or mucus membranes, such as the vagina, rectum, inside of the nose, and the eyes
- Wash hands with soap and water; or with an alcohol-based hand rub if hands are not visibly soiled or if there has been no contact with bodily fluids
- Wash hands before and after removal of gloves
- Wash hands before and after using shared medical equipment
- Gloves should be worn and hand hygiene must be performed when transdermal products, i.e., Nitroglycerin or Durgesic patches, are applied or removed

Syringes, Needles and Vials

- Cleanse the tops of medication vials with 70% alcohol before inserting a needle into the vial
- Never administer medications from the same syringe to multiple patients, even if the needle is changed
- Do not reuse a syringe to enter a medication vial or solution

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- Do not administer medications from single-dose or single-use vials, ampules, bags or bottles to more than one resident
- Multi-dose vials should be used for a single resident, whenever possible
- Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof
- Never recap, bend or break needles

TEACHING TIP: Alcohol-based Hand Rub

Locate alcohol-based hand rub product used in the facility. Read manufacturer's directions to determine amount of product needed. Show alcohol-based hand rub product to students, pointing out the amount of product required

ACTIVITY #1: Hand Positions During Hand Hygiene (Optional)

Distribute WHO's How to Hand Rub? How to Hand Wash? Activity Handout #1 to students

While referring to the WHO Hand Rub/Hand Wash Handout, talk through and demonstrate each hand motion during hand hygiene and notice to make sure the students are following along and copying what is being demonstrated:

- Rub hands, palm to palm
- Rub right palm over left back of hand with interlaced fingers; and then switch
- Rub palm to palm with interlaced fingers
- Rub backs of fingers to opposite palm with fingers interlocked
- In a rotational motion, rub left thumb while clasping in right palm; and then switch
- In a rotational backwards and forwards motion, rub left palm with clasped right fingers; and then switch
- Grasp right wrist with left hand; and then switch

Your Hands – Other Important Points

- There are other things you can do to prevent the spread of infection
- Fingernails
 - Keep nails short and clean
 - Do not wear fake nails, gel nails or nail extensions, because they can hide harmful germs
- Jewelry
 - Leave at home because harmful germs can stick to jewelry

The student will have to demonstrate competency with Hand Wash and Hand Rub

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Gloves

- Most common type of Personal Protective Equipment worn with medication administration
- Description
 - Non-sterile (clean) gloves made using different materials, such as vinyl or latex; if allergic to latex, wear non-latex gloves
 - Come in different sizes

Gloves – Rules

- Should be worn once and then thrown away
- When wearing gloves, always work from (or touch) a clean area, before touching contaminated (or dirty) area
- Change gloves if hands are going to move from a body part that is contaminated (dirty) to a body part that is not contaminated (clean)
- Change gloves right away if dirty or torn
- Take gloves off carefully and do not touch skin or clothes with dirty sides of gloves
- Do not touch anything with dirty gloves that anyone may touch without gloves, like a doorknob
- Should be comfortable – not too loose or not too tight

Gloves – When to Wear

- Wear gloves any time care worker will or think will come into contact with blood or body fluids (urine, stool, spit, mucus coughed up)
- Wear gloves any time health care worker will or think will come into contact with non-intact skin (opened up skin, such as sores or cuts)
- Wear gloves any time health care worker will or think will come into contact with mucus membranes (linings of natural body openings)
 - Inside or outside of the rectum
 - Inside of the mouth
 - Inside of the nose
- Examples of when to always wear gloves:
 - When you might touch blood, body fluids, non-intact skin, or mucus membranes
 - Providing or assisting with mouth care
 - Wiping a nose that is draining
 - Providing perineal care (the genitals and the buttocks)
 - Caring for a resident with cuts and sores
 - Performing a finger-stick blood sugar
 - Touching a surface or equipment that is contaminated or may be contaminated
 - If staff has open sores or cuts on own hands

Gloves – How to Put On (Don)

- Select correct size and type
- Insert hands into gloves

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<ul style="list-style-type: none"> • Interlace fingers and smooth out folds creating a comfortable fit; and • Carefully look for tears, holes, or discolored spots • Special notice: when gloves and gown must be worn, ensure that each glove is extended over the gown cuff <p>Gloves – How to Remove</p> <ul style="list-style-type: none"> • Grasp outside edge of one glove near wrist • Peel glove away from hand turning glove inside-out, with contaminated side on the inside • Discard • Wash hands • Being careful not to touch outside of the glove, peel off second glove from inside, creating a bag for both gloves • Hold the removed glove in the opposite gloved hand • With ungloved hand, slide one or two fingers under the wrist of the other glove
<p>ACTIVITIES #2 and #3: Gloves (Optional)</p> <p>Follow instructions for Activity #2: Glove Sizing Follow Instructions for Activity #3: Gloves, Gloves, Gloves</p> <p>The student will have to demonstrate competency with putting on and removing gloves</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Handout # 2 A: Injection Safety Diabetes and Viral Hepatitis</p> <p>Distribute the handout, Injection Safety, Diabetes and Viral Hepatitis, and review infection prevention for assisted glucose monitoring and insulin injections</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Locating Equipment and Supplies</p> <p>Locate and familiarize self with equipment used during medication administration in the facility, such as medication cart and medication cups</p>
<p>Gathering Appropriate Equipment and Supplies</p> <ul style="list-style-type: none"> • Equipment and supplies needed will depend on medications to be administered, but will need to include at least the following <ul style="list-style-type: none"> ○ Medication administration records (MAR) ○ Medication cups for oral medications ○ Sufficient fluids available to administer medications ○ Soap and water to wash hands (if not available, alcohol-based hand rub) ○ Keep supplies and equipment used in administering medications clean and orderly, such as medication carts, trays and pill crusher

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TEACHING TIP: Identifying Residents Before Administering Medications

Review the procedure for identifying residents before administering medications at the facility and teach/demonstrate the procedure

After teaching/demonstrating the procedure used at the facility, tell the students the following

- Most common method used for identifying residents before administering medications is photographs of residents in the medication administration records
- Photos should be kept updated and photograph is to have the name of the resident on it

Relying on other staff to identify residents for medication administration is not appropriate

TEACHING TIP: Medication Administration Record (MAR) and Medication Label

Review the facility’s medication administration record and procedure for transcribing orders onto the medication administration record and standard times for administration of medications

Demonstrate how the medication administration record and medication label are compared to ensure safe and accurate administration

The MAR and the Medication Label

- The Proxy Caregiver uses the MAR every time when preparing and administering medications
- **Do Not Ever Give Medications From Memory!!!**
- Compare the medication label to the MAR three times to make sure the medication is labeled for this resident and that it is the right medication, right dose, right route and right time
 - The **first** check happens when removing the medication container from where it is stored
 - The **second** check happens just before or after opening the medication and preparing it for the resident
 - The **third** check happens after pouring the medication and before the medication is given to the resident
- The MAR is designed to promote safe and accurate medication administration
- Information on the MAR must be clearly written and kept updated
- The information on the MAR and the medication label should match, unless there has been a change in directions
 - The Proxy Caregiver must be familiar with the facility’s policy on direction changes
 - A medication label should only be changed or altered by the dispensing practitioner

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Timing of Medication Administration

- Important to understand timing in relation to administering medications, i.e., insulin and medications ordered to be administered on an empty stomach or in relation to meals
- Timing of medications in relation to meals
 - Before meals – medication generally administered within 30 minutes prior to the resident eating meals
 - With meals – medication generally administered when the resident is eating meals or right after finishing meals
 - After meals – medication administered after the resident has finished eating meals up to 30 minutes afterwards
- Residents in the facility during the medication pass should receive their medications within a window of time one hour prior to and one hour after the scheduled administration time on the MAR, except in the case of medications prescribed for administration in relation to meals or medications such as insulin
- If unsure about giving a medication because it is outside the designated time frame
 - Contact a supervisor or a health care professional regarding administration of the resident’s medications or to determine if prescribing practitioner should be contacted
 - The medication should not be omitted without contacting a supervisor or a health care professional or prescribing practitioner

TEACHING TIP: Documentation of Medication Administration on the MAR

Review the policies and procedures for documentation of routine and PRN medications, refusal or omission of medications using the correct forms and process

Documentation of Medication Administration

- The MAR has a space where the Proxy Caregiver is to initial that a dose is given under the correct day and time
- The MAR is signed or initialed immediately after the medications are administered and prior to the administration of the next resident’s medications
- Sign or document on the MAR only after observing the resident take the medications
- Pre-charting is not permitted and this includes signing the MAR anytime prior to the medications being administered
- Document an equivalent signature to correspond with the initials used on the MAR
- Do not erase or cover errors. If an error is made in the documentation on the MAR, follow the facility’s policy to correctly document medication errors

Documentation of PRN Medications

- Include the amount administered, the time of administration and the reason for administration
- The reason a PRN medication is to be administered is to be indicated in the order

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<ul style="list-style-type: none"> • Document effectiveness of the medication when determined • A different employee, depending on time of administration and shift schedules may record the effectiveness of the medication. If a resident is requesting or requiring administration of a PRN medication on a frequent or routine basis, report this to the supervisor or the physician • Administer PRN medications when resident needs the medication but may not be administered more frequently than physician has ordered • The need for medication may be based upon the resident’s request for the medication or observation by staff, i.e., resident exhibiting pain but does not request medications or may not be able to request the medication
<p>Documentation in Resident’s Record</p> <ul style="list-style-type: none"> • Document any contact with the prescribing practitioner or health care provider regarding a resident in the resident’s record • The employee also must be knowledgeable of the facility’s procedures for documenting information that needs to be communicated to other staff or health professionals. This may be in the resident’s record or on some other document used to communicate with staff or health professionals
<p>Review of Documentation</p> <ul style="list-style-type: none"> • When the medication pass is complete, recheck the Medication Administration Records to make sure all medications have been administered and documented appropriately
<p><input checked="" type="checkbox"/> ACTIVITY #4A, B, C: Medication Administration Record (MAR)</p> <p>Duplicate copies of Jo Burns’ MAR and the MAR Worksheet for each student. Require each student to answer questions on the worksheet and review answers with class upon completion of activity</p> <p>It should be clear to the student from the MAR what is to be given (Right MEDICATION), how much is to be given (Right DOSE), who is to get the medication (Right Resident), when it is to be given (Right TIME), and how it is to be given (Right ROUTE) and lastly, after the medication is given/held/refused, how to document on the MAR (Right DOCUMENTATION)</p>
<p>Unique Situations to do Prior to Administration of Medications – Vital Signs</p> <ul style="list-style-type: none"> • When a vital sign is to be obtained before administering a medication, obtain the vital sign results <u>before</u> preparing the medication for administration • Examples – pulse or blood pressure

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<p><input checked="" type="checkbox"/> TEACHING TIP: Unique Situations to do Prior to Administration of Medications – Crushing Medications and Mixing in Food</p>	<p>Locate the device used for crushing medications, review the policy for crushing medications and mixing medications in food at the facility, and inform the student of facility’s policy on crushing medications</p> <p>Demonstrate the crushing of a medication using the device used at the facility. If the device for crushing medication is used for more than one resident, demonstrate cleaning procedure and prevention of cross-contamination of residents’ medications</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Current List of Medication that Should not be Crushed</p>	<p>Locate the current list of medications that should not be crushed at the facility and share with the students. Show students where the list is located</p> <p>A DO NOT CRUSH list is available from the Institute for Safe Medication Practice at: www.ismp.org/tools/DoNotCrush.pdf</p>
<p>Unique Situations to do Prior to Administration of Medications – Crushing Medications and Mixing in Food</p>	
<ul style="list-style-type: none"> ● Do not crush medications until immediately before the medications are administered; a signed order to crush is required ● The devices used to crush medications may vary in facilities <ul style="list-style-type: none"> ○ The most common method – using a pill crusher and crushing the medications using two medication soufflé cups ○ If the medications are unit dose, the employee may crush the medication in the unit dose package and empty into a medication cup 	
<p><input checked="" type="checkbox"/> TEACHING TIP General Medication Administration</p>	<p>Refer to the skill sheets on General Medication Administration as you review the preparation steps and subsequent steps</p>
<p>General Medication Administration</p> <ul style="list-style-type: none"> ● Prepare work area and cleanse hands ● Always use the resident’s MAR when administering medications ● Check for allergies 	

Section 2 – Medication Administration

- Begin the **SIX RIGHTS** of Medication Administration
 - Select correct MAR for **Right Resident**
 - Select **Right MEDICATION, Right DOSE, Right TIME,** and **Right ROUTE,** comparing the MAR to the medication label while performing the 3 label checks.
 - Prepare **Right DOSE** for **Right ROUTE**
 - Identify **Right RESIDENT**
- Explain to the resident what you are going to do.
- Administer medication at the **Right TIME**
- Offer liquids and observe resident take medications
- Cleanse hands
- Initial the MAR immediately after the medication is administered and prior to the administration of medications to another resident **Right DOCUMENTATION**
- Correctly document any medications that are refused or not administered

TEACHING TIP: Administering Oral Medications

Refer to the skill sheet on how to administer oral medications as you review the process of administering oral medications with the students

Oral Medications in Solid Form

- Appropriate positioning of resident, elevation of head
- Place capsules or tablets for resident in medication or soufflé cup for administration
- Administer powdered medications such as bulk laxatives with the amount of fluids indicated
- Offer resident sufficient fluids following the administration of oral medications even if the medication is administered in a food substance or the medication is a liquid
- Observe the resident taking the medication to assure the medication is swallowed before documenting the administration of the medications

Liquids

- Never approximate the amount of medication to be administered, such as liquids
 - The amount ordered is to be the amount administered
 - Use a calibrated syringe for measuring liquids in amounts less than 5 ml and unequal amounts
- Measure liquid medications in a calibrated medication cup/device; never use eating utensils or other household devices for administering medications
- When measuring liquids, place the medication cup on a flat surface and measured at eye level to ensure accuracy

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<ul style="list-style-type: none"> • For liquids, hold the medication container so that the medication flows from the side opposite the label so it doesn't run down the container and stain or obscure label • Do not mix liquid medications together • Certain medications have special measuring devices for administering the medication; these measuring devices have increments marked off in mgs; instead of mls and usually have the name of the medication on the measuring device • Liquids may have administration requirements such as Shake Well and Requires Dilution prior to administration. Examples of these liquids are Dilantin Suspension, which must be shaken thoroughly because the medication settles and gives inconsistent dosing; some liquids, i.e., liquid Potassium, must be mixed with sufficient fluids to decrease side effects
<p><input checked="" type="checkbox"/> HANDOUT #2B: Review of Measuring Devices</p> <p>Distribute a copy of the handout on Review of Measuring Devices to each student.</p> <p><input checked="" type="checkbox"/> TEACHING TIP: Common Measuring Devices</p> <p>Referring to the handout, compare and contrast the different measuring devices used to administer oral, liquid medications. Pay special attention to ml versus mg. Use visual aids if available</p>
<p><input checked="" type="checkbox"/> HANDOUT #2C and # 2D: Always and Never and Measuring Tips</p> <p>Distribute a copy of the handouts to each student.</p> <p><input checked="" type="checkbox"/> TEACHING TIP: Always and Never and Measuring Tips</p> <p>Referring to the handouts, discuss/demonstrate if applicable the concepts included</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Sublingual Medications</p> <p>Refer to the skill sheet on how to administer a sublingual medication as you review the process of administering sublingual medications with the students</p>
<p>Sublingual Medications</p> <ul style="list-style-type: none"> • Place the medication under the resident's tongue • Instruct resident not to chew or swallow the medication • Do not follow with liquid, which might cause the tablet to be swallowed

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<p>Oral Inhalers</p> <ul style="list-style-type: none"> • Spacing and proper sequence of the different inhalers is important for maximal drug effectiveness • The prescribing practitioner may specifically order the sequence of administration if multiple inhalers are prescribed or the pharmacy may provide instruction on the medication label or MAR • Wait at least one minute between puffs for multiple inhalations
<p><input checked="" type="checkbox"/> HANDOUT #2E: Inhalers</p> <p>Distribute copies of the handout, Technique and Use of Meter Dose Inhalers. Review with students</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Eye Drops and Ointment</p> <p>Refer to the skill sheet on how to administer eye drops and ointment as you review the process of administering eye drops and ointment with the students</p>
<p>Eye Drops and Ointments</p> <ul style="list-style-type: none"> • Wash hands prior to and after administration of eye drops and ointments • Follow standard precautions • Wear gloves as indicated • Always wear gloves when there is redness, drainage or possibility of infection • Wait a 3 to 5 minute period between medication when two or more different eye drops must be administered at the same time • Do not touch eyes with dropper or medication container
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Ear Drops</p> <p>Refer to the skill sheet on how to administer ear and ointment as you review the process of administering eye drops and ointment with the students</p>
<p>Ear Drops</p> <ul style="list-style-type: none"> • Wash hands before and after administration of medication • Gloves are to be worn as indicated • By gently pulling on the ear, straighten the ear canal • Request the resident to remain in same position for 5 minutes to allow medication to penetrate • Gently plug the ear with cotton to prevent excessive leakage if necessary

Section 2 – Medication Administration

TEACHING TIP: Administering Nose Drops and Nasal Sprays/Inhalants

Refer to the skill sheet on how to administer nose drops and nasal sprays/inhalants as you review the process of administering nose drops and nasal sprays/inhalants with the students

Nose Drops and Nasal Sprays/Inhalers

- Wash hands before and after
- Gloves are to be worn as indicated
- For drops
 - Resident should lie down on his/her back with head tilted
 - Request the resident to remain in the position for about 2 minutes to allow sufficient contact of medication with nasal tissue
- For Sprays
 - Hold head erect and spray quickly and forcefully while resident “sniffs” quickly
 - Have the resident tilt head back to aid penetration of the medication into the nasal cavity, if necessary
- **Wipe dropper or sprayer with a tissue before replacing the cap**

TEACHING TIP: Administering Inhalants

Remind students to check manufacturer instructions before using inhalers because some require priming prior to administration

TEACHING TIP: Administering Medications Using Transdermal Products/Patches

Refer to the skill sheet on how to administer medications using transdermal products/patches as you review the process of administering medications using transdermal products/patches with the students

Transdermal Products/Patches

- Rotate application sites for transdermal patches to prevent irritation
- Document application sites on the MAR
- If the patch is ordered to be worn for less than 24 hours, document on the medication administration record that the patch was removed and the time it was removed
- Wear gloves and wash hands after patch is applied or removed
- When a patch is removed, clean the area to remove residual medication on the skin

Section 2 – Medication Administration
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Topical Medications</p> <p>Refer to the skill sheet on how to administer topical medications as you review the process of administering topical medications with the students</p>
<p>Topical Medications</p> <ul style="list-style-type: none"> • Wear gloves and use tongue blade, gauze or cotton tipped applicator to apply medication • Use a new applicator each time medication is removed from container to prevent contamination • Provide privacy • Place the lid or cap of the container to prevent contamination of the inside surface • Do not discard gloves and supplies in areas accessible to residents
STOP
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Injections</p> <p>Demonstrate/allow for student practice/perform skill check-off <u>only</u> if injections will be administered by the Proxy Caregiver at the facility. If administering injections will be taught/practiced/checked-off during class, a Registered Nurse must validate the skills competency of the Proxy Caregiver by observing the Proxy Caregiver administering the injection to the resident.</p> <p>Note: If injections will be administered, the instructor must develop a training curriculum per the Proxy Caregiver rules that includes learning objectives, the specific knowledge and skills required, learning activities and testing. For non-insulin injections, the instructor must develop and complete a Skills Competency Checklist for Administration of Medications by Injection.</p>
<p>Injections</p> <ul style="list-style-type: none"> • Never recap syringes • Disposed of syringes in appropriate sharps containers • Wash hands before and after • Wear gloves
<p>Proceed to Skills Checklist and Testing</p>

ABBREVIATIONS

DOSES

gm = gram
mg = milligram
mcg = microgram
cc = cubic centimeter
ml = milliliter
tsp = teaspoonful
tbsp = tablespoonful
gtt = drop
oz = ounce
mEq = milliequivalent

ROUTES OF ADMINISTRATION

po = by mouth
pr = per rectum
OD = right eye
OS = left eye
OU = both eyes
AD = right ear
AS = left ear
AU = both ears
SL = sublingual (under the tongue)
Subcu = subcutaneous (under the skin)
per GT = through gastrostomy tube

TIMES

QD = every day
BID = twice a day
TID = three times a day
QID = four times a day
q_h = every __ hours
qhs = at bedtime
ac = before meals
pc = after meals
PRN = as needed
QOD = every other day
ac/hs = before meals and at bedtime
pc/hs = after meals and at bedtime
STAT = immediately

OTHER

MAR = medication administration record
OTC = over the counter

Common Routes of Medication Administration

- **Oral** – taken by the mouth and swallowed
- **Buccal** – placed between cheek and gum
- **Sublingual** – placed under the tongue
- **Eye** – placed in the pocket of the eye created when the lower eyelid is gently pulled down
- **Ear** – placed in the ear canal created when the external ear is pulled up and back
- **Nasal** – placed in the nostril
- **Inhalant** – inhaled into the lungs
- **Transdermal** – placed and affixed to the skin
- **Topical** – applied to the skin or hair
- **Vaginal** – inserted into the vagina
- **Rectal** – inserted into the rectum
- **Subcutaneous**– injected into the fat with a syringe

Common Dosage Forms of Medications

- **Tablet**
 - Hard, compressed medication in round, oval, or square shape
 - Some have enteric coating or other types of coatings, which delay release of the drug and cannot be crushed or chewed
- **Capsule**
 - In a gelatin container that may be hard or soft
 - Dissolves quickly in stomach
- **Liquid** – different types of liquid medications
 - Solution – a liquid containing dissolved medication
 - Suspension – a liquid holding undissolved particles of medication that must be shaken before measuring and administering to resident
 - Syrup – a liquid medication dissolved in a sugar water to disguise its taste
 - Elixir – a sweet alcohol based solution in which medications are dissolved
- **Suppository**
 - Small solid medicated substance, usually cone-shaped
 - Melts at body temperature
 - May be administered by rectum or vagina
 - Refrigerate as directed by manufacturer
- **Inhalant**
 - Medication carried into the respiratory tract using air, oxygen or steam
 - Inhalants may be used orally or nasally
- **Topical** – applied directly to the skin surface. Topical medications include the following:
 - Ointment – a semisolid substance for application of medication to the skin or eye
 - Lotion – a medication dissolved in liquid for applying to the skin
 - Paste – a semisolid substance thicker and stiffer than an ointment containing medications
 - Cream – semisolid preparation holding medication so it can be applied to skin
 - Shampoo – liquid containing medication that is applied to the scalp and hair
 - Patches (transdermal) – medication encased in a round, square, or oval disc that is affixed to the skin
 - Powder – fine, ground form of medication that may be used to be swallowed, or may be used as on the skin for rashes
 - Aerosol sprays – solution that holds the medication suspended until it is dispensed in the form of a mist to spray on the skin

Six Rights of Medication Administration

- A method used during medication administration to safeguard the residents; before administering the medication the Proxy Caregiver must ask self six questions – ***Am I giving the medication to the right resident? Am I giving the right medication? Am I giving the right dose? Is this the right route? Is this the right time? Have I completed the right documentation?***
 - **Right resident** – identify resident to assure you are giving the medication to the resident who is supposed to receive the medication and using procedure required by the facility, such as photo on the MAR, asking a resident his/her name, etc.
 - **Right medication** – the name of the medication ordered by the physician; always use the three checks
 - **Right dose** – the amount of medication ordered
 - **Right route** – the method of medication administration
 - **Right time** – when the resident is ordered to receive the medication
 - **Right documentation** – the process of writing down that a medication was administered to the resident on the MAR **OR** if a medication was not administered and the reason it was omitted

Medication Errors

Medication Error - when a medication is administered in any way other than how it was prescribed

- **Examples**

- Omissions
- Administration of a medication not prescribed by the prescribing practitioner
- Wrong dosage, wrong time, or wrong route
- Crushing a medication that shouldn't be crushed
- Documentation errors

- **Medication aide's role**

- Understands the facility's medication error policy and procedure or knows where to locate it
- Recognizes when a medication error is made
- Understands importance of acting quickly to report and correct medication errors to help prevent more serious problems

- The quicker the error is noted and reported, the better for the resident
- Reporting all the details around the error can help facility identify issues that may have contributed to the error and the facility may be able to make changes based on the information provided that can help to decrease medication errors in the future

Resident's Refusal to Take Medications

A. When the resident refuses medication:

1. The resident always has the right to refuse medications.
2. Residents refuse to take medications for many reasons. Some of the reasons are:
 - a. The effects and/or side effects are unpleasant or unwanted.
 - b. The medication tastes bad.
 - c. The resident has difficulty swallowing.
 - d. Religious, cultural, or ethnic beliefs.
 - e. Depression or loss of will to live.
 - f. Delusional belief that staff is intending to harm ("poison") him/her.

B. Types of refusal

1. Actual refusal is when a person directly refuses to take the medication.
2. Passive refusal is less direct and requires closer observation. Example is:
 - The resident takes the medication but later spits the medication out; he/she may or may not attempt to hide the medication.

C. Questions to ask to try to determine the reason for refusal:

1. Does the resident experience any unpleasant effect from the medication?
2. Does the resident have difficulty swallowing?
3. Is the resident afraid for some reason?
4. Is the resident refusing other medical treatment?

(continued next page)

HANDOUT #1F

D. Examples of Strategies for dealing with resident's refusal:

1. If the resident refuses and gives no reason, wait a few minutes and then offer the medication again. If the resident refuses again, try again in another few minutes before considering a final refusal. This is particularly important with residents who have a diagnosis of dementia.

NOTE For residents with cognitive impairment such as dementia, it is important to know when the resident designee, such as responsible party or guardian, wants to be notified if the resident refuses medication. The resident designee may be able to encourage the resident to take the medication.

2. Notify the prescribing practitioner or supervisor when a resident refuses medication.
3. Document refusal.
4. Observe the resident and report any effect which may result from refusal.
5. If there is swallowing difficulty, report to your supervisor and/or resident's physician.
6. Consider changing the time of administration if taking the drug interferes with an activity or with sleep. (Example: diuretics may limit a resident's ability to participate in an outing because of the need to go to the bathroom frequently.)
7. If there is a suspicion of passive refusal such as "cheeking" medication, follow the recommendations for action on the resident's Individualized Care Plan.
8. If the refusals continue, explore other options with the resident's physician.

NOTE: Passive refusal is not uncommon in residents with diagnoses of mental illness. It is important that the resident or resident designee, facility staff, nurse, pharmacist and physician collaborate to develop and follow a plan to assist the resident with adherence to his/her drug regimen.

HANDOUT # 2A

Diabetes and Viral Hepatitis: Important Information on Safe Diabetes Care

Blood glucose testing and insulin administration can expose people to bloodborne viruses (hepatitis B virus, hepatitis C virus, and HIV) when supplies are shared between people.

Outbreaks of hepatitis B virus infection associated with unsafe diabetes care have been identified with increasing regularity particularly in long-term care settings such as nursing homes and assisted living facilities where residents often require assistance with monitoring of blood glucose levels or insulin administration.

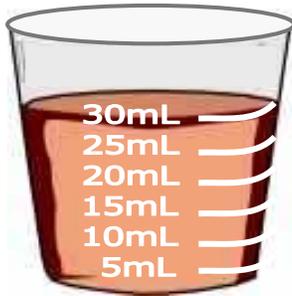
In order to prevent infections, follow these simple rules for safe diabetes care:

Three Simple Rules for Assisted Blood Glucose Monitoring and Insulin Administration

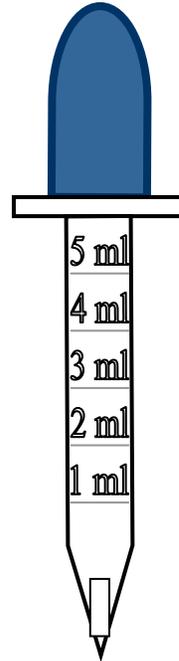
<p>1. FINGERSTICK DEVICES SHOULD NEVER BE USED FOR MORE THAN ONE PERSON</p> <ul style="list-style-type: none">➤ Restrict use of fingerstick devices to a single person. They should never be used for more than one person.➤ Select single-use lancets that permanently retract upon puncture. This adds an extra layer of safety for the patient and the provider.➤ Dispose of used lancets at the point of use in an approved sharps container. Never reuse lancets.	<p>2. BLOOD GLUCOSE METERS SHOULD BE ASSIGNED TO ONLY ONE PERSON AND NOT SHARED</p> <ul style="list-style-type: none">➤ Whenever possible, assign blood glucose meters to a single person.➤ If blood glucose meters must be shared, they should be cleaned and disinfected after every use, per manufacturer's instructions, to prevent carry-over of blood and infectious agents.➤ If the manufacturer does not specify how the device should be cleaned and disinfected then it should not be shared.	<p>3. INJECTION EQUIPMENT SHOULD NEVER BE USED FOR MORE THAN ONE PERSON</p> <ul style="list-style-type: none">➤ Insulin pens should be assigned to only one person and labeled appropriately. They should never be used for more than one person.➤ Multiple-dose vials of insulin should be dedicated to a single person whenever possible.➤ Medication vials should always be entered with a new needle and new syringe. Never reuse needles or syringes.➤ For information and materials about safe insulin pen use, visit www.ONEandONLYcampaign.org
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Always practice proper hand hygiene and change gloves between each person.

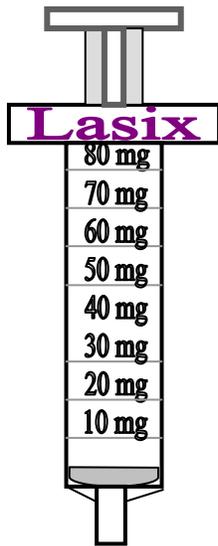
Review of Measuring Devices



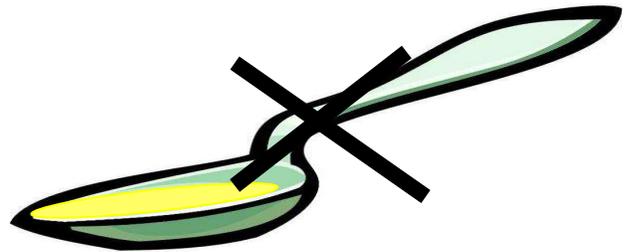
Medication Cup
Use on a level surface when measuring



Oral Dropper/Syringe
Use when measuring amounts less than 5 ml.



Special Oral Measuring Device
This measuring device has measurements of **mg instead of ml**. The oral syringe above would be used for measuring Lasix Solution.



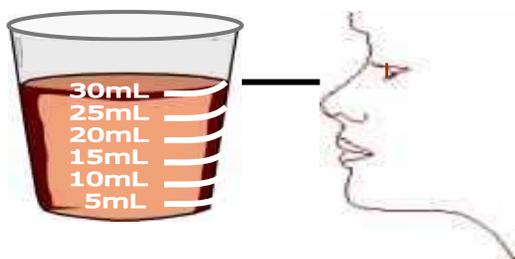
Household Utensil
Do **NOT** use for measuring medications

ALWAYS

1. **ALWAYS** measure using the metric system.
2. **ALWAYS** use an oral measuring syringe for small amounts of liquid medication.



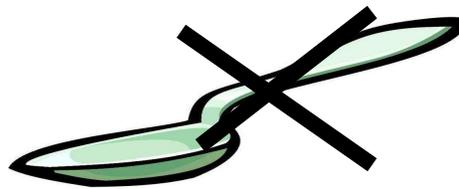
3. **ALWAYS** hold cups at eye level when measuring.



4. If the label says to measure in mls, **ALWAYS** use a measuring device that is marked in mls.
5. If the label says to measure in mgs, **ALWAYS** use a measuring device that is marked in mgs for that medication.
6. **ALWAYS** consult your pharmacist when you have a question about measuring.

NEVER

1. **NEVER** use household spoons.



2. **NEVER** use cups that are not marked with the amount they hold.
3. **NEVER** switch the special droppers that come with some liquid medications.
4. **NEVER** measure mls with a measuring device that is marked in mgs.
5. **NEVER** measure mgs with measuring devices that are marked in mls.

mg \neq ml

6. **NEVER** leave air bubbles mixed with the liquid in an oral measuring syringe.

MEASURING TIPS



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.



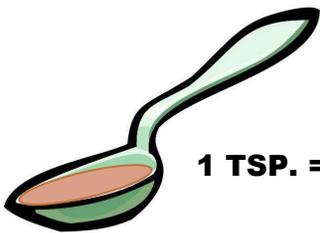
←15ml→



If the strength of a medication is 20mg/5ml, this 15ml cup contains 60mg of medication.

If the strength of a medication is 40mg/5ml, this 15ml cup contains 120mg of medication.

YOU CAN'T TELL THE DIFFERENCE BY LOOKING

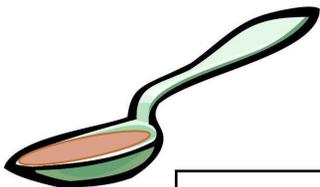


1 TSP. = 5ml.



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.



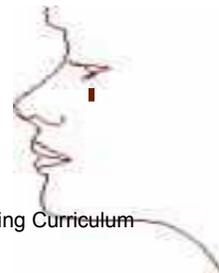
1 tbsp. = 3 tsp



3 tsp. = 15ml



25 mL



TIP: When measuring liquids, place cup on flat surface and view at eye level.

TECHNIQUE AND USE OF METER DOSE INHALERS

All Meter Dose Inhalers must be shaken!

Ask the resident to tilt the head back slightly and breathe out.

Position the inhaler in one of the following ways:

- Open mouth with inhaler one to two inches away.
- Use spacer with inhaler; place spacer in mouth (Spacers are particularly beneficial for older adults).
- Position inhaler in mouth, close lips around inhaler.

Press down on inhaler to release medication as the resident starts to breathe in slowly.

Encourage the resident to breathe in slowly (over 3 to 5 seconds).

Ask the resident to hold breath for 10 seconds to allow medication to reach deeply into the lungs.

If a resident is prescribed multiple inhalers, the physician may order a certain sequence to administer the inhalers or special instructions may be on the MAR.

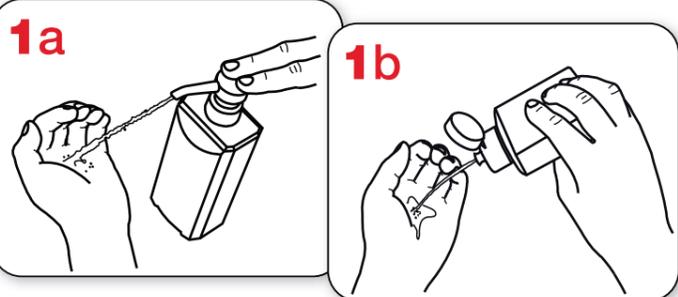
Proper spacing of puffs and different inhalers is important for the maximal effectiveness of the medication.

- Wait one minute between “puffs” for multiple inhalations of the same medication.
- Wait a few minutes between administering another type of inhaler.

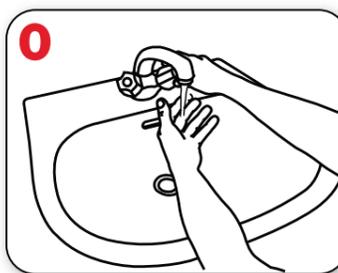
If a Proxy Caregiver provides the resident with the inhalers to administer, the Proxy Caregiver is responsible for instructing the resident of the proper technique and dose ordered.

How to handrub? WITH ALCOHOL-BASED FORMULATION

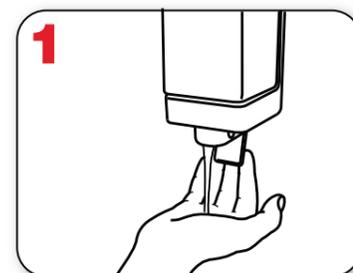
How to handwash? WITH SOAP AND WATER



Apply a palmful of the product in a cupped hand and cover all surfaces.



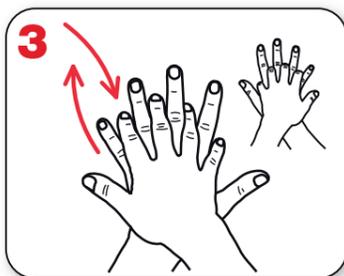
Wet hands with water



apply enough soap to cover all hand surfaces.



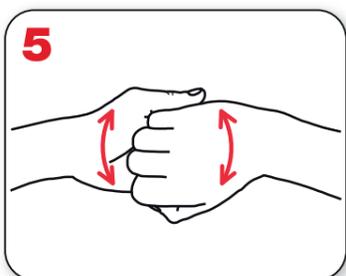
Rub hands palm to palm



right palm over left dorsum with interlaced fingers and vice versa



palm to palm with fingers interlaced



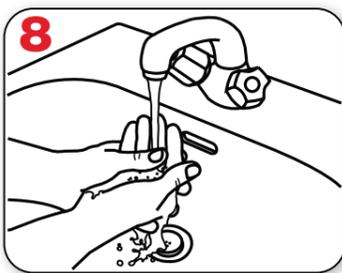
backs of fingers to opposing palms with fingers interlocked



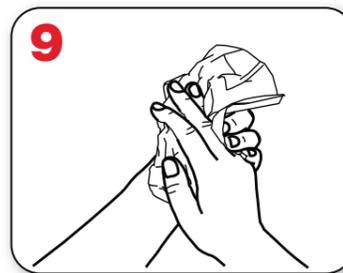
rotational rubbing of left thumb clasped in right palm and vice versa



rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa



rinse hands with water



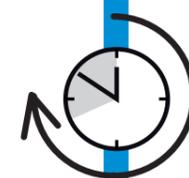
dry thoroughly with a single use towel



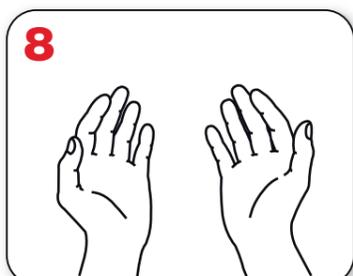
use towel to turn off faucet



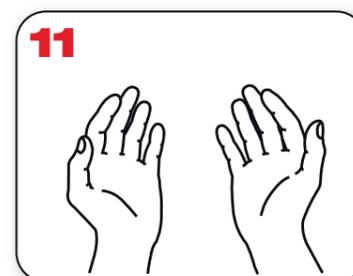
20-30 sec



40-60 sec



...once dry, your hands are safe.



...and your hands are safe.

ACTIVITY #2

Instructions for Glove Sizing

Preparation

Before class, get three pairs of gloves – small ones, average ones, large ones. Notice the size of your students' hands. Choose three students – one with large hands, one with tiny hands, and one with average hands. Ask the students if they will be willing to participate in an activity.

Tell Students

“We are going to do a fun demonstration. I have asked a few students to assist me with this activity.”

Explanation of Activity

Ask the three students to come to the front of the room. Have the remaining students observe the demonstrations. First, have the student with large hands put on small gloves. Second, have the student with tiny hands put on large gloves. Third, have an average student put on the right size of gloves.

Wrap-up

Ask students to explain about the importance of choosing the correct size of gloves when caring for residents. Proceed to Activity # 3 Gloves, Gloves, Gloves.

ACTIVITY #3

Instructions for Gloves, Gloves, Gloves

Preparation

Before class begins, gather boxes of sizes of gloves.

Instructions to Students

“Now that you understand the importance of choosing gloves that are the correct size, I would like for each of you to choose the correct size of gloves that you would wear and put them on.”

Explanation of Activity

Ask students to determine which size gloves they need. Ask each student to put on a pair of gloves in the appropriate size. After they have put on their gloves, drop a dollop of chocolate pudding on one glove of each student with a small plastic spoon.

Instructions to Students

“Rub your gloved hands together so you can spread pudding on both gloves – top and bottom. The pudding represents stool. Now, I want you to remove the gloves without getting the stool on your skin or clothes and throw away in the trashcan.”

Wrap-up

Ask everyone if they can explain the importance of proper removal of dirty gloves. Ask if anyone got the fake stool on their hands and if so, how did they feel?

ACTIVITY #4A

Medication Administration Record (MAR) Worksheet

1. Turn to page 2 or back of MAR and print your initial to your first name and initial to your last name on page 2 of the Medication Administration Record (MAR).
2. On page 2 of the MAR write your first and last name in the blank block in the Nurse's Signature area.
3. Mrs. Burns' MAR includes medications administered during what month?
4. Why did Mrs. Burns receive a dose of Hydrocodone 10/325 on the 3rd of January?
5. Why didn't Mrs. Burns receive three doses of Amoxicillin on the 22nd of January?
6. What times did Mrs. Burns receive 25 mg of Capoten on January 2nd?
7. Why was Mrs. Burns' Coumadin dose circled on January 7th?
8. Where was Mrs. Burns' Nitro-dur patch placed on January 10th?
9. What time does Mrs. Burns have her Nitro-dur patch removed?
10. Who is Mrs. Burns' physician?
11. It is 11 PM on January 9. Mrs. Burns has asked for something for pain. Can Mrs. Burns receive something for pain?
12. Does Mrs. Burns have allergies?

ACTIVITY #4A - Continued
Medication Administration Record (MAR) Worksheet

13. How much Lasix did Mrs. Burns receive at 4 PM on January 18th?
14. It is 8 AM on January 30th. You have just administered one tablet of Lasix 40 mg to Mrs. Burns. Document that you gave the Lasix on Mrs. Burns' MAR.
15. It is 4 PM on January 31st. Mrs. Burns would like something for pain in her right leg. Can Mrs. Burns receive something for pain? If so, administer the appropriate medication and document on Mrs. Burns' MAR.
16. It is 8 AM and time for Mrs. Burns to receive her Lanoxin. What must you do prior to administering the Lanoxin?
17. What are Mrs. Burns' diagnoses?
18. What are the 6 Rights of medication administration?
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.]
19. How many days was Mrs. Burns supposed to receive Amoxicillin?
20. Why is there a zero in front of the decimal on Lanoxin 0.125 mg?

ACTIVITY #4B

MEDICATION ADMINISTRATION RECORD

Medications	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Hydrocodone 10/325 Take 1 tablet by mouth every 4 hours as needed for pain.	P																																
	R			TK							CJ																						
	N																																
LASIX 40mg. Take 1 tablet by mouth once every day.	8AM	TK	TK	TK	TK	TK	JU	JU	JU	JU																							
		Discontinued 2-9-00 order changed, see below JU																															
COUMADIN 5mg. Take 1 tablet by mouth every other day. 2/08/00	6PM																																
Lanoxin 0.125 mg. Take 1 tablet by mouth daily. Check pulse before giving and hold if pulse is less than 60 beats/min	8AM	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU	(H)		
	Pulse	64	68	72	74	80	84	80	64	60	66	64	72	83	83	88	72	80	80	72	76	60	64	66	68	68	72	80	82	84	54		
AMOXICILLIN 250mg Take 1 capsule by mouth 3 times daily for 10 days. 2/03/00	8AM																																
	2PM																																
	8PM																																
NITRO-DUR 0.4mg/hr PATCH ----Apply 1 patch every morning and remove at bedtime	8AM	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU	JU	TK	TK	TK	TK	TK	JU	JU	JU	JU			
	Site	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC	LC	RB	LB	RC			
	Remove 8PM	DB	DB	DB	DB	DB	CJ	CJ	CJ	CJ	CJ	DB	DB	DB	DB	DB	CJ	CJ	CJ	CJ	CJ	DB	DB	DB	DB	DB	DB	CJ	CJ	CJ	CJ		
CAPOTEN 25mg Take 1 tablet by mouth 3 times daily.	8AM	TK	TK	TK	TK	TK	JU	JU	JU																								
	2PM	TK	TK	TK	TK	TK	JU	JU	JU																								
	8PM	DB	DB	DB	DB	DB	CJ	CJ																									
CAPOTEN 50mg Take 1 tablet by mouth 3 times daily . (Give 2-25mg tablets) 2/08/00	8AM																																
	2PM																																
	8PM																																
LASIX 40mg Take 1 tablet by mouth twice daily. 2/09/00	8AM																																
	4PM																																

Charting for the month of: **1/1/13** through **1/31/13**

Physician: Dr. Moses	Telephone # 919-555-1212	Medical Record #:
Alt. Physician:	Alt. Physician Telephone #:	
Allergies: NKA	Rehabilitation Potential:	
Diagnosis: Congestive Heart Failure, Hypertension	Admission Date: 5/03/09	
Resident: Jo Burns	Date of Birth: 10/17/30	Room / bed #: 123-2

ACTIVITY #4C

Medication Administration Record (MAR) Worksheet Answers

1. Turn to page 2 or back of MAR and print your initial to your first name and initial to your last name on page 2 of the Medication Administration Record (MAR). [Check individual documentation]
2. On page 2 of the MAR write your first and last name in the blank block in the Nurse's Signature area. [Check individual documentation]
3. Mrs. Burns' MAR includes medications administered during what month? [January]
4. Why did Mrs. Burns receive a dose of Hydrocodone 10/325 on the 3rd of January? [Mrs. Burns had pain in her right leg.]
5. Why didn't Mrs. Burns receive three doses of Amoxicillin on the 22nd of January? [She was only supposed to receive Amoxicillin for ten days and the ten days had passed; the Amoxicillin had been discontinued.]
6. What times did Mrs. Burns receive 25 mg of Capoten on January 2nd? [8 AM, 2 PM, and 8 PM]
7. Why was Mrs. Burns' Coumadin dose circled on January 7th? [The dose of Coumadin was not available to administer.]
8. Where was Mrs. Burns' Nitro-dur patch placed on January 10th? [On the left side of Mrs. Burns' chest.]
9. What time does Mrs. Burns have her Nitro-dur patch removed? [8 PM]
10. Who is Mrs. Burns' physician? [Dr. Moses]
11. It is 11 PM on January 9. Mrs. Burns has asked for something for pain. Can Mrs. Burns receive something for pain? [No, because Mrs. Burns had a dose of Hydrocodone 10/325 at 10 PM and can only have it every 4 hours.] If so, administer the appropriate medication and document on Mrs. Burns' MAR. [No documentation should occur.]

ACTIVITY #4C - Continued

Medication Administration Record (MAR) Worksheet Answers

12. Does Mrs. Burns have allergies? [No]
13. How much Lasix did Mrs. Burns receive at 4 PM on January 18th? [40 mg.]
14. It is 8 AM on January 30th. You have just administered one tablet of Lasix 40 mg to Mrs. Burns. Document that you gave the Lasix on Mrs. Burns' MAR. [Check individual documentation]
15. It is 4 PM on January 31st. Mrs. Burns would like something for pain in her right leg. Can Mrs. Burns receive something for pain? [Yes] If so, administer the appropriate medication and document on Mrs. Burns' MAR. [Check individual documentation]
16. It is 8 AM and time for Mrs. Burns to receive her Lanoxin. What must you do prior to administering the Lanoxin? [Check Mrs. Burns' pulse rate.]
17. What are Mrs. Burns' diagnoses? [Congestive heart failure and hypertension]
18. What are the 6 Rights of medication administration?
 - a. Right resident
 - b. Right medication
 - c. Right dose
 - d. Right route
 - e. Right time
 - f. Right documentation]
19. How many days was Mrs. Burns supposed to receive Amoxicillin? [10]
20. Why is there a zero in front of the decimal on Lanoxin 0.125 mg? [To help prevent medication dosing errors, a zero (0) should always precede a decimal but should not follow a decimal. For example, if the 0 is not present in the Lanoxin 0.125 mg, the decimal might be missed and instead of giving 0.125 mg. of Lanoxin it might incorrectly be read as 125 mg of Lanoxin which would be deadly.]

Medication Course Test

For Initial Testing

Name _____

Facility _____

Part 1: Match the term or phrase on the right with the abbreviation or term on the left by placing the correct letter on the appropriate line.

- | | |
|-----------------------|---------------------------------------|
| _____ 1. PRN | a. milligram |
| _____ 2. ac | b. at bedtime |
| _____ 3. stat | c. Medication Administration Record |
| _____ 4. SL | d. over the counter |
| _____ 5. MAR | e. before meals |
| _____ 6. mg | f. tablespoonful |
| _____ 7. pc | g. placed and affixed to the skin |
| _____ 8. OTC | h. teaspoonful |
| _____ 9. Subcutaneous | i. milliliter |
| _____ 10. po | j. immediately |
| _____ 11. qhs | k. sublingual |
| _____ 12. tbsp | l. placed under the tongue |
| _____ 13. transdermal | m. after meals |
| _____ 14. ml | n. by mouth |
| _____ 15. gm | o. gram |
| _____ 16. QOD | p. as needed |
| _____ 17. tsp | q. every other day |
| _____ 18. sublingual | r. inject into the fat with a syringe |

Part 2: Fill in the blank with the appropriate word or term. You may choose to use the word bank below.

- 19. A heart tablet taken by the mouth and swallowed is an example of a medication taken by the _____ route.
- 20. A medication that is inserted into the rectum is given using the _____ route.
- 21. A _____ medication is applied directly to the skin surface.
- 22. A suspension must be _____ before measuring and administering the medication.
- 23. A medication _____ is a reaction that occurs because of an unusual sensitivity to a medication or other substance.
- 24. A medication _____ occurs when a medication is not administered as prescribed by the doctor or practitioner.
- 25. A hard, compressed medication in a round, oval, or square shape is called a _____.
- 26. When placing an ear drop into the right ear, the proxy caregiver should pull the external ear _____ and back.
- 27. Crushed medications may be placed in food such as applesauce or _____.
- 28. _____ must be worn when there is a chance of contact with mucus membranes.
- 29. A fine, ground form of medication that may be used on the skin for rashes is called _____.
- 30. A device that is placed and affixed to the skin is given by the _____ route.

Word Bank:

Powder	Gloves	Pudding	Shaken	Error	Restraint
Oral	Up	Tablet	Transdermal	A lemon	Rectal
Down	Capsule	Refuse	Allergy	Chemical	Topical

Part 3: List 5 of the 6 rights of medication administration.

- 31. _____
- 32. _____
- 33. _____
- 34. _____
- 35. _____

Medication Test Answers

Name _____

Facility _____

Part 1: Match the term or phrase on the right with the abbreviation or term on the left by placing the correct letter on the appropriate line.

- | | |
|---------------------------|---------------------------------------|
| _____ 1. PRN (p) | a. milligram |
| _____ 2. ac (e) | b. at bedtime |
| _____ 3. stat (j) | c. Medication Administration Record |
| _____ 4. SL (k) | d. over the counter |
| _____ 5. MAR (c) | e. before meals |
| _____ 6. mg (a) | f. tablespoonful |
| _____ 7. pc (m) | g. placed and affixed to the skin |
| _____ 8. OTC (d) | h. teaspoonful |
| _____ 9. Subcutaneous (r) | i. milliliter |
| _____ 10. po (n) | j. immediately |
| _____ 11. qhs (b) | k. sublingual |
| _____ 12. tbsp (f) | l. placed under the tongue |
| _____ 13. transdermal (g) | m. after meals |
| _____ 14. ml (i) | n. by mouth |
| _____ 15. gm (o) | o. gram |
| _____ 16. QOD (q) | p. as needed |
| _____ 17. tsp (h) | q. every other day |
| _____ 18. sublingual (l) | r. inject into the fat with a syringe |

Part 2: Fill in the blank with the appropriate word or term. You may choose to use the word bank below.

19. A heart tablet taken by mouth and swallowed is an example of a medication taken by the oral route.
20. A medication that is inserted into the rectum is given using the rectal route.
21. A topical medication is applied directly to the skin surface.
22. A suspension must be shaken before measuring and administering the medication.
23. A medication allergy is a reaction that occurs because of an unusual sensitivity to a medication or other substance.
24. A medication error occurs when a medication is not administered as prescribed by the doctor or practitioner.
25. A hard, compressed medication in a round, oval, or square shape is called a tablet.
26. When placing an ear drop into the right ear, the proxy caregiver should pull the external ear up and back.
27. Crushed medications may be placed in food such as applesauce or pudding.
28. Gloves must be worn when there is a chance of contact with mucus membranes.
29. A fine, ground form of medication that may be used on the skin for rashes is called refuse.
30. A device that is placed and affixed to the skin is given by the transdermal route.

Word Bank:

Powder	Gloves	Pudding	Shaken	Error	Restraint
Oral	Up	Tablet	Transdermal	A lemon	Rectal
Down	Capsule	Refuse	Allergy	Chemical	Topical

31 - 35

Right resident
Right medication
Right dose
Right route
Right time
Right documentation