TRAINER MANUAL

A RESOURCE GUIDE

FOR MEDICATION ADMINISTRATION

TO PREPARE

PERSONAL CARE ASSISTANTS

HOMEMAKER HOME HEALTH AIDES

AND NURSE AIDES

TO ADMINISTER MEDICATIONS

In

ASSISTED LIVING RESIDENCES AND
COMPREHENSIVE PERSONAL
CARE HOMES
OR
ASSISTED LIVING PROGRAMS

Revised June 2014

ACKNOWLEDGMENT

We would like to express our appreciation to the following individuals of the New Jersey Department of Health, who contributed their time, knowledge and talents to the development and revisions of this manual. Without their cooperation, creation of this trainer manual would not have been possible.

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INTRODUCTION

This Resource Guide for Medication Administration is designed to assist Facility Trainers/Instructors in preparing selected, qualified Personal Care Assistants (PCAs) Nurse Aids (NA) & Homemaker Home Health Aids (HHA) for the responsibility of administering medications, under the circumstances when a RN delegates this task. For brevity, use of Personal Care Assistant (PCA) shall include NA and HHA throughout this manual.

Delegation of the medication administration task to a PCA who has earned the Certified Medication Aide (CMA) Credential may occur in Assisted Living Residences and Comprehensive Personal Care Homes, or as part of an Assisted Living Program. The New Jersey Department of Health (Department) licenses these facilities. Problems or questions regarding the administration of medications by Certified Medication Aides in these settings should be referred to the Department at 609-633-8990.

In accordance with N.J.A.C. 13:37-6.2, only a Registered Professional Nurse may delegate the medication administration task. Licensed Practical Nurses are **not** authorized to delegate this task.

Assistance with Self-Administration versus Direct Administration of Medications

An essential element of assisted living is that residents should be encouraged to maintain their autonomy and to participate in self-care. To the extent that they are capable, residents in assisted living settings should self-administer their medications. Whenever possible, they should keep their supply of medications in their own apartment/room. For residents who are unable to independently self-administer medications, supervision and assistance with taking medications should be provided.

This training course will give PCAs who have earned the Certified Medication Aide credential, the knowledge they require to assist residents with self-administration. However, a heavy emphasis is placed on procedures for direct administration of medications for those residents who are not able to self-administer, due to the greater complexity of responsibility that is involved in performing this task under the RN's delegation. It remains the RN's duty to assess residents' capabilities, encourage self-administration of medications whenever possible and determine which individuals require direct administration of medications.

When residents require direct administration of medications, the regulations necessitate that medications be administered by the Certified Medication Aide (CMA) in their unit-of-use or unit dose medication distribution system. If CMAs are to administer medications, facilities must make appropriate arrangements with a provider pharmacy to ensure unit-of-use or unit dose packaging. This training course requires that **all prescription** medications will be administered by the CMA in this manner. The exceptions to this rule are - Over-the–counter medications **do not require** unit dose and liquid medications (both over-the counter and prescription) **do not require** unit of use packaging.

Communication Between the Nurse, Physician, Pharmacist and CMA

In training the Personal Care Assistant (PCA) to administer medications as a CMA, this course emphasizes that the CMA and the delegating RN must maintain frequent close communication. Numerous professional judgments and decisions must be made in relation to the medication administration task. Only the RN has the expertise and **authority** to make such judgments and decisions, in consultation with the resident's physician and pharmacist.

The RN maintains full responsibility for communicating with residents' physicians and pharmacists concerning medication issues and, when delegating the medication administration task, for conveying necessary instructions to the CMA. Throughout this training course, Personal Care Assistants are advised to communicate exclusively with the delegating RN regarding all medication matters. **The CMA is not trained to follow orders from, take directions from or otherwise interact with residents' physicians or pharmacists.**

In assisted living facilities where medications will be administered by the CMA, it is essential that the delegating RN, including alternates and on-call RNs, be readily accessible to the CMA at **all** times. This course instructs the CMA to notify the facility administrator in those rare instances when the delegating RN cannot be reached for medication problems. It is the facility administrator's responsibility to assure adequate, on-call registered professional nursing coverage so that the RN may address any questions or problems experienced by the CMA administering medications.

Pharmacy questions regarding the Trainer Manual may be directed to:

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CMA/Nursing questions regarding the Trainer Manual may be directed to:

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QUALIFICATIONS AND REQUIREMENTS FOR TRAINERS AND TRAINEES

TRAINER/INSTRUCTOR:

Refers to the individual(s) responsible for teaching the course in medication administration.

Requirements:

1. Current Licensure as a Registered Professional Nurse in good standing.

2. At least 24 months of clinical experience including medication administration responsibilities, or at least two years experience teaching nursing courses, within the past five years.

3. Consultation/collaboration with a registered pharmacist. The pharmacist's credentials must be submitted at the time that the RN applies to the Department of Health (Department) to become a Trainer/Instructor.

4. Completion of a Department-approved, one-day orientation course or workshop regarding use of this Resource Guide.

5. The New Jersey Registered Pharmacist shall also be required to complete the one-day orientation course.

6. Individuals who are interested in becoming Trainers/Instructors and taking the orientation course or workshop must first submit to the Department or agency authorized by the Department to conduct the training all documentation of required credentials and professional experience. Only those individuals who have been approved will be eligible to take the orientation course and to become Trainers/Instructors.

PERSONAL CARE ASSISTANT MEDICATION ADMINISTRATION TRAINEE:

Refers to an individual who receives training to administer medications under the RN’s delegation in either an Assisted Living Residence or Comprehensive Personal Care Home, or as part of an Assisted Living Program

Requirements:

1. Current certification in good standing as a Nurse Aide, Homemaker Home Health Aide or Personal Care Assistant (having completed a Department-approved course).

2. Must be able to satisfactorily read, write and comprehend English and demonstrate arithmetic skills.

3. Successful completion of the medication administration training course, skills evaluation, and a statewide, standardized, written competency test.

4. Documentation of successful course completion with a certificate/letter from an approved Facility Trainer/Instructor maintained on file at the facility.

HOW TO TRAIN PERSONAL CARE ASSISTANTS FOR MEDICATION ADMINISTRATION

In order for the RN to delegate medication administration, Personal Care Assistants must have "received verifiable education and demonstrated the adequacy of their knowledge, skill and competency to perform the task being delegated" (N.J.A.C. 13:37-6.2(d)). This Resource Guide for Medication Administration contains a curriculum that must be mastered by the Personal Care Assistant in order to fulfill the educational requirement. Demonstration of "knowledge, skill and competency" by the Certified Medication Aide will occur in the following ways:

1. Successful completion of all "Evaluation" exercises contained within the Resource Guide.

2. Successful passage of a statewide, standardized, written test (trainees will receive a picture certificate and laminated picture wallet size card to show that they have passed the examination).

3. Quarterly, direct observation and supervision of the medication administration task by the delegating RN.

It is the Trainer/Instructor's responsibility to assure that Personal Care Assistants are qualified to take the medication administration training course. The Personal Care Assistant must have either:

1. Completed a nurse aide training course approved by the New Jersey State Department of Health and shall have passed the New Jersey Nurse Aide Certification Examination and be currently certified; **or**

2. Completed a Homemaker-Home Health Aide training program approved by the New Jersey Board of Nursing and shall be so certified by the Board and be currently certified; **or**

3. Completed a Department of Health approved course for the PCA that emphasizes the concepts of assisted living and be currently certified.

In addition to meeting the qualifications listed above, the candidate must be able to read and write English and demonstrate arithmetic skills. The Trainer/Instructor should verify that prospective trainees have these basic skills, which are essential to the medication administration task.

After selecting qualified trainees, the Trainer/Instructor should implement the curriculum in this Resource Guide.

HOW TO USE THE RESOURCE GUIDE AND COMPLETE MEDICATION ADMINISTRATION TRAINING

The Resource Guide is divided into two parts. **PART 1** contains duty areas aimed at preparing the Personal Care Assistant to function effectively in administering medications. **PART 2** concerns the administration of injections and prepared treatments and instillations. The Resource Guide is further organized around a series of "duty areas" that are facets of medication administration. Each duty area includes:

1. Objectives;
2. Topical Outline and Activities;
3. Evaluation exercises;
4. Instructor materials and/or
5. Trainee handouts.

NOTE: Instruction regarding insulin injection is an integral part of the medication training course. More information on diabetes and injection devices may be obtained through:

- The National Diabetes Education Program at < **http://ndep.nih.gov/>;**
- Eli Lilly & Company at 800-545-5979 or <**http://www.lillydiabetes.com/Pages/index.aspx**>;
- Novo Nordisk Pharmaceuticals, Inc. at 609-987-5800 or **<www.novonordisk-us.com>;**
- Meredith Corporation at **<http://www.diabeticlivingonline.com/medication/insulin/how-to-use-insulin-pen>;**
- Sanofi-Aventis at 1-800-981-2491 or **<www.sanofi-aventis.us> or**
- From your provider pharmacy or pharmacist consultant.

As stipulated in the requirements for Trainers/Instructors, the registered professional nurse (RN) shall collaborate/consult with the consultant or facility pharmacist in teaching the course. There are portions of the curriculum that are best taught by the pharmacist, In any case, the RN Trainer/Instructor and pharmacist should review the curriculum together and determine how, when, and where material should be presented, as well as identifying how facility-specific procedures and policies regarding medication administration should be incorporated.

The curriculum must take a minimum of 30 hours to complete. Competency training is spread over several weeks to allow additional time for practice and the **recommended minimum of three directly supervised medication passes** prior to determining candidate eligibility for the written examination.

A "Trainee Task Record" (see pages 14-16) should be completed for each individual. The Trainer/Instructor is responsible for keeping these records and must give a signed copy to the PCA at completion of the course. The Trainer/Instructor should inform students of the testing locations and any other pertinent information about the examination process (this can be obtained from the Department).

It is important for the Trainer/Instructors to provide carefully supervised practice opportunities for the Personal Care Assistant to administer medications in the facility. This is a critical part of the learning process for trainees, as well as a mechanism for the Trainer to evaluate task competency. However, it is **not** permissible for the Personal Care Assistant to administer medications **without** direct, one-on-one supervision and assistance by a RN, until after the trainee has passed the statewide examination and received her/his certification for medication administration.

Subsequent to the Personal Care Assistant's certification for medication administration, the RN shall directly observe the individual administering medications. To promote and verify task competency, the Department of Health **recommends that this supervision occur at least weekly during the first month after certification**. This supervision shall be documented and a record maintained in the CMA's file. In addition, all CMAs shall be observed at least quarterly on an on- going basis and the results documented and maintained in the CMA's file. Quarterly medication administrations may be observed by either the RN or pharmacist, with the completion of the appropriate documentation of competency.

PERSONAL CARE ASSISTANT MEDICATION ADMINISTRATION TRAINING PROGRAM

Task-Oriented Outline of Program Content

PART 1:

Preparing to function effectively in administering medications and assisting residents with self-administration of medications.

Duty Areas:

1. Understand the Certified Medication Aide's scope and limits of responsibility in administering medications, in relation to Department of Health Licensing regulations and the New Jersey Nurse Practice Act.
2. Identify medication terminology and abbreviations.
3. Identify classes of medications.
4. Recognize medication purposes and effects.
5. Pharmacy container or package labels.
6. Use Medication Administration Records (MAR) and other medication forms.
7. Demonstrate the "five rights" of medication administration.
8. Organize to administer medications to one or more residents.
9. Measure and record vital signs prior to medication administration, if required.
10. Administer oral medications correctly.
11. Report and document a resident refusal to take medication.
12. Document medication errors.
13. Dispose of medications.
14. Store and secure all medications.
15. Maintain an inventory of medications.
16. Administration of medications via gastrostomy tube.

PART II:

Administering and assisting the resident with self-administration of prepared instillations, treatments, and pen injections.

Duty Areas:

2.1 & 2.1(a) Assist resident or administer diabetes and other medications and pre-drawn insulin or other injections.
2.2 Administer medication via gastrostomy tube
2.3 Assist resident or administer eye medications.
2.4 Assist resident or administer ear medications.
2.5 Assist resident or administer nasal medications.
2.6 Assist resident or administer topical medications.
2.7 Assist resident or administer vaginal medications.
2.8 Assist resident or administer rectal medications.
2.9 Assist resident or administer inhalation medications.

TRAINER/INSTRUCTOR ORIENTATION REGARDING MEDICATION ADMINISTRATION COURSE

Topical Outline of Program Content

All Trainers/Instructors shall have orientation in program content as outlined below

Purpose:

Persons designated as Trainers/Instructors will receive orientation in instructional practices in order to enhance the effectiveness of the training they provide to Personal Care Assistants regarding the delegation of medication administration.

Objectives:

Upon successful completion of the orientation, Trainers/Instructors will be able to:

- Manage the Personal Care Assistant medication administration training programs at her/his facility;
- Understand the role of the registered pharmacist in providing consultation/ collaboration;
- Understand her/his role as a Trainer/Instructor;
- Identify characteristics of the adult learner; and
- Implement a competency-based approach to training using the Resource Guide for Medication Administration.

Content:

I. Getting ready to train adult learners

A. The adult learner

1. Characteristics and needs of the adult learner
2. Learning styles of the adult learner
3. Principles of teaching the adult learner

II. Overviews of the Resource Guide for Medication Administration

A. Instructor's Manual

B. Trainee's Manual

C. Evaluation of Competency and use of "Trainee Task Record"

III. Update on Medications

A. Diabetes Medications

B. New Medications

C. Current Issues Regarding Medication Administration in Assisted Living settings

TRAINEE TASK RECORD

Certified Medication Aide Training Program

Trainee Name: ______________________________

Facility: ______________________________

Place a check beside the task to indicate that the trainee has performed the task in an acceptable manner; that is, achieving an acceptable rating on each component of a rating sheet or checklist, or achieving the accuracy standard designated for a written evaluation. The instructor's initials and the date should be placed beside the check.

Check for acceptable task performance.

TASKS	Instructor's Initials	Date
DUTY AREA 1: Preparing to Function Effectively in Administering Medications and Assisting with self-administration of Medications		
1. Understand the Certified Medication Aide's scope and limits of responsibility in administering medications, in relation to Department of Health Licensing regulations and the New Jersey Nurse Practice Act.	________	______
2. Identify medication terminology and abbreviations.	________	______
3. Identify classes of medications.	________	______
4. Recognize medication purposes and effects.	________	______
5. Pharmacy container or package labels.	________	______
6. Use Medication Administration Records (MAR) and other medication forms.	________	______
7. Demonstrate the "five rights" of medication administration.	________	______
8. Organize to administer medications to one or more residents.	________	______
9. Measure and record vital signs prior to medication administration, if required.	________	______

TASKS	Instructor's Initials	Date
10. Administer oral medications correctly.	________	_______
11. Report and document a resident refusal to take medication.	________	_______
12. Document medication errors.	________	_______
13. Dispose of medications.	________	_______
14. Store and secure all medications.	________	_______
15. Maintain an inventory of medications.	________	_______
16. Administration of Medication via gastrostomy tube	________	_______
Part II: Administering and Assisting the Resident with Self-administration of Prepared Installations, Treatments, and Insulin Injections		
2.1 Identify diabetes medications, demonstrate proper injection technique, and identify and respond to reactions symptoms of hypoglycemia.	________	_______
2.1(a) Demo proper technique with non-insulin pens. **(with waiver approved injectable products)**	________	_______
2.2 Administer medications via gastrostomy tube.	________	_______
2.3 Assist resident to administer eye medications.	________	_______
2.4 Assist resident to administer ear medications.	________	_______
2.5 Assist resident to administer nasal drops and nasal medications.	________	_______
2.6 Assist resident to administer topical medications.	________	_______
2.7 Assist resident to administer vaginal medications.	________	_______
2.8 Assist resident to administer rectal medications.	________	_______
2.9 Assist resident with inhalation medications.	________	_______

I understand these task and procedures and feel comfortable performing them.

Student Comments:

Student: ______________________________ ______________

Signature **Date**

Instructor comments:

Instructor: ______________________________ ______________

Signature **Date**

PART I

Preparing to function effectively in administering medications and assisting with self-administration of medications

DUTY AREA 1

Understand the Certified Medication Aide's scope and limits of responsibility in administering medications, in relation to Department of Health Licensing regulations and the New Jersey Nurse Practice Act.

Performance Objective:

Explain the meaning of "delegation."

Identify the circumstances under which the Certified Medication Aide may administer medications.

Identify the types/routes of medication administration that may be delegated by the RN to the Certified Medication Aide.

TOPICAL OUTLINE

I. Reviewing Licensing and Nurse Practice regulations that govern medication administration and delegation of nursing functions

A. Board of Nursing :N.J.A.C. 13:37-6.2
<http://www.state.nj.us/lps/ca/laws/nursingregs.pdf>

B. Department of Health: N.J.A.C. 8:36-11.5 – Administration of Medications
<http://www.state.nj.us/health/healthfacilities/documents/ltc/regnjac836.pdf>

ACTIVITIES

Provide trainees with handout of regulations. Discuss their meaning.

Explain consequences of administering medications without delegation by RN.

Describe the facility's procedure for nursing delegation of medication administration function to the Certified Medication Aide.

1. What is a "regulation"? How does it guide what actions you can perform in administering medications?

2. What does "nursing delegation" mean? How will you know that the RN has delegated the task of medication administration to you?

3. Give an example of a situation where you should **not** administer medications.

4. Using a picture of a person, point to and briefly describe the following routes of medication administration that are permitted under the licensing regulations:

   a. oral (including sublingual tablet and/or sprays)

   b. ophthalmic

   c. otic

   d. inhalant

   e. nasal

   f. rectal

   g. vaginal

   h. topical

   i. subcutaneous injection (**only** pre-drawn insulin and waiver approved injectable products)

   j. gastrostomy tube

Board of Nursing Regulations

N.J.A.C. 13:37-6.2
Delegation of Selected Nursing Tasks

A. The RN is responsible for the nature and quality of all nursing care including the assessment of the nursing needs, the plan of nursing care, the implementation and the monitoring and evaluation of the plan. The RN may delegate selected nursing tasks in the implementation of the nursing regimen to licensed practical nurses and ancillary nursing personnel. Ancillary nursing personnel shall include but not limited to aides, assistants, attendants and technicians.

B. In delegating selected nursing tasks to licensed practical nurses or ancillary nursing personnel, the RN shall be responsible for exercising that degree of judgment and knowledge reasonably expected to assure that an appropriate delegation has been made. A RN may not delegate the performance of a nursing task to persons who have not been adequately prepared by verifiable training and education. No task may be delegated which is within the scope of nursing practice and requires:

   1. The substantial knowledge and skill derived from completion of a nursing education program and the specialized skill, judgment and knowledge of a RN and

   2. An understanding of nursing principles necessary to recognize and manage complications, which may result in harm to the health and safety of the patient.

C. The RN shall be responsible for the proper supervision of licensed practical nurses and ancillary nursing personnel to whom such delegation is made. The degree of supervision exercised over licensed practical nurses and ancillary nursing personnel shall be determined by the RN based on an evaluation of all factors including:

   1. The condition of the resident;

   2. The education, skill and training of the licensed practical nurse and ancillary nursing personnel to whom delegation is being made;

   3. The nature of the tasks and the activities being delegated;

   4. Supervision may require the direct continuing presence or the intermittent observation, direction and occasional physical presence of a RN. In all cases, the RN shall be available for on-site supervision.

D. A RN shall not delegate the performance of a selected nursing task to any licensed practical nurse that does not hold a current valid license to practice nursing in the State of New Jersey. A RN shall not delegate the performance of a selected nursing task to ancillary nursing personnel who have not received verifiable education and have not demonstrated the adequacy of their knowledge, skill and competency to perform the task being delegated.

E. Nothing contained in this rule is intended to limit the current scope of nursing practice.

F. Nothing contained in this rule shall limit the authority of a duly licensed physician acting in accordance with N.J.S.A. 45:9-1 et seq.

* *

Department of Health and Senior-Licensing Standards for Assisted Living Residences, Comprehensive Personal Care Homes and Assisted Living Programs

N.J.A.C. 8:36-Sub-chapter 11
Administration of Medications

DUTY AREA 2

Identify medication terminology and abbreviations.

Performance Objective:

Given a list of medication terms and abbreviations, match the term and the correct abbreviation as required. This must be done with 90% accuracy.

TOPICAL OUTLINE

I. Identify medication terminology and abbreviations.

A. Common medication terms and their abbreviations.

	Term	Abbreviation
1.	Before meals	ac
2.	Twice a day	BID
3.	With	c
4.	Without	s* or ¢
5.	Capsule	cap
6.	Elixir	Elix
7.	Gram	gm or Gm
8.	Grain	gr
9.	Drop	gtt
10.	Hour of sleep or bedtime	HS
11.	One (1)	i
12.	Intramuscular	IM
13.	Intravenous	IV
14.	Milligram	mg or MG
15.	After meals	pc
16.	By or through	per
17.	When necessary or as occasion requires	prn
18.	Every	q
19.	Once a day or every day	qd*
20.	Every hour	q1H
21.	Every 4 hours	q4H
22.	4 times a day	qid
23.	Every other day	qod*
24.	Label or let it be marked	Sig
25.	Solution	sol
26.	Immediately	Stat
27.	Tablet	tab
28.	Ointment	ung
29.	Blood pressure	BP
30.	Temperature	temp.
31.	Subcutaneous	sc or sub q*
32.	Sublingual	sl

ACTIVITIES

Review handouts on medication terms and abbreviations included in this unit.

Explain each term and the abbreviation.

Use terms in subsequent training units to reinforce learning.

Use situations that typically occur in facilities to give trainees the opportunity to practice using the terminology and interpreting the abbreviations. Examples: Mr. Brown receives his cap Q.I.D. and steroid ointment
p r n. Ms. Green needs assistance Stat.

In facility settings, use terms and abbreviations that occur most frequently.

Dram is an old term, but occasionally seen on prescriptions. If in the service setting dram is used, teach students the following equivalency:
one (1) dram = 5cc = 5ml = 1 tsp.

Allow adequate time for the trainees to review the terms and abbreviations and to practice using them on the job.

Use flash cards or gram format to review. Provide additional explanation as necessary.

TOPICAL OUTLINE

33.	Respiration (breathing)	resp.
34.	Gastrointestinal Tract	GI tract
35.	Bowel movement	BM
36.	Pass water (urinate)	Void (not an abbr.)
37.	Heart beat	apical pulse or radial pulse
38.	Shortness of breath	SOB
39.	Both eyes	ou
40.	Right eyes	od*
41.	Left	os*
42.	Around-the-Clock	RTC or ATC
43.	Medication Administration Record	MAR
44.	Treatment Administration Record	TAR
45.	Milliliter	ml
46.	Cubic Centimeter	cc (equals ml)
47.	Three times a day	TID
48.	By mouth	po
49.	Physician's Order Sheet	POS
50.	By gastrostomy tube or G-tube or g-tube	GT or gt
51.	Apical Pulse	AP
52.	Radial Pulse	RP
53.	Injection	inj

*** indicates dangerous abbreviations that have been interpreted to have more than one meaning or have been mistaken for another abbreviation.**

B. Measurement terms used in medication and their equivalents.

1.	1 quart	1000 ml or cc
2.	1 fluid ounce	30 ml or cc or 2 tablespoons
3.	1 ounce	30 gm
4.	15 grains	1 gm
5.	1 grain	60 mg
6.	1/2 fluid ounce	1 tablespoon
7.	1 teaspoon	5 ml or 5cc

ACTIVITIES

EVALUATION:

Give a test that requires trainees to identify medication terminology and abbreviations. A test is included in this unit.

Check trainees completed tests according to topical outline. Require 90% accuracy. Provide additional instruction for those who fail to meet accuracy standard.

Identifying Medication Terms and Abbreviations

PART A:

Match each term to its abbreviation by placing the number of each term in the blank beside its abbreviation.

TERM		ABBREVIATION
1. Before meals	_______________	qd*
2. After meals	_______________	q1h
3. Every day	_______________	ac
4. Every hour	_______________	BID
5. Every 4 hours	_______________	qod*
6. Four times a day	_______________	pc
7. Twice a day	_______________	qid
8. Every other day	_______________	TID
9. Three times a day	_______________	p r n
10. When necessary (as needed)	_______________	q4h

***indicates dangerous abbreviations that have been interpreted to have more than one meaning or have been mistaken for another abbreviation.**

PART B:

Match each term to its abbreviation by placing the number of each term in the blank beside its abbreviation.

TERM		ABBREVIATION	
1.	Milligram	_______________	c
2.	With	_______________	gtt
3.	Solution	_______________	sol
4.	Drop	_______________	mg
5.	Temperature	_______________	Sig
6.	Bowel movement	_______________	Stat
7.	Respiration (breathing)	_______________	BP
8.	Immediately	_______________	resp.
9.	Blood pressure	_______________	temp.
10.	Label	_______________	BM

PART C:

Match each term to the equivalent measurement by placing the number of each term in the blank beside its equivalent measurement.

TERM		EQUIVALENT MEDICATION MEASUREMENT TERM	
1.	1 fluid ounce	_______________	1 teaspoonful
2.	1000 ml	_______________	30 ml or 2 tbsp
3.	5 cc or 5 ml	_______________	1 quart
4.	15 ml	_______________	1 tablespoonful

Identifying Medical Terminology and Abbreviations

TERM	ABBREVIATION
Before meals	ac
Twice a day	BID
With	c
Without	s* or ¢
Cubic centimeter (also milliliter)	cc
Capsule	cap
Elixir (drug dissolved in syrup containing alcohol)	elix
By gastrostomy tube or g-tube	GT or gt
Gram	gm or Gm
Grain	gr
Drop	gtt
Hour of sleep or bedtime	HS
One (1)	i
Injection	inj
Intramuscular	IM
Intravenous	IV
Medication Administration Record	MAR
Milligram	mg
After meals	pc
By or through	per
When necessary or as occasion requires	p r n
Every	q
Every day	qd*
Every hour	qh
Every four hours	q4h
Four times a day	qid
Every other day	qod*
Label or let it be marked	Sig
Solution	sol
Immediately	stat
Tablet	tab
Three times a day	TID
Ointment	Ung
Both eyes	ou
Right eye	od*
Left eye	os*
By mouth	po

- *** indicates dangerous abbreviations that have been interpreted to have more than one meaning or have been mistaken for another abbreviation. Refer to pages 107-109.**

MEASUREMENT CHART

1000	ml	=	1	quart	2	tbsp	=	1	fluid ounce = 30 ml
30	ml	=	2	tablespoonfuls	1	tbsp	=	1/2	fluid ounce = 15 ml
30	gm	=	1	ounce	1	tsp	=	5	ml
1	gm	=	15	grains	30	ml	=	1	fluid ounce
60 or 65	mg	=	1	grain	3	tsp	=	1	tablespoonful=15 ml

milliliters or centimeters = fluid measure

grams or grains = solid measure

Grains, ounce and fluid ounce are units of the Apothecary System of measurement. Milliliters, grams and milligrams are units of the Metric System of measurement. Current professionally acceptable practices in pharmacy only utilize the Metric System. Apothecary is only included for comparison purposes.

PHYSICAL ASSESSMENT TERMS

TERM		ABBREVIATION
Blood pressure	=	BP or B/P or b/p
Temperature	=	temp
Respiration (breathing)	=	resp
Gastrointestinal (tract)	=	GI
Bowel movement	=	BM or bm
Urinate (pass water)	=	void
Heartbeat felt at arteries	=	pulse
Apical Pulse	=	AP
Radial Pulse	=	RP
Shortness of Breath	=	SOB
Subcutaneous (beneath the skin into the fat)	=	sc or sub q*

DUTY AREA 3

Identify classes of medications

Performance Objective:

Given discussion and practice activities related to the classes of medications, complete with 90% accuracy, a test requiring identification of common classes of medications. Generic medications appear in lower case, while branded or trade name medications are capitalized. Examples provided which are not all inclusive.

TOPICAL OUTLINE

A. Classes of medications with examples

1. Anti-Infectives

   a. Fluoroquinolones : ciprofloxacin, levofloxacin, moxifloxacin
   b. Cephalosporins: cefaclor, cefdinir, cefprozil, cephalexin, cefadroxil, cefepime, cefpodoxime, cefprozil, ceftriaxone, cefuroxime
   c. Penicillins: ampicillin, amoxicillin, amoxicillin-clavulanate, dicloxacillin
   d. Macrolides: erythromycin, azithromycin, clarithromycin
   e. Tetracyclines: minocycline, doxycycline
   f. Oxazolidinones: linezolid
   g. Glycopeptide: vancomycin
   h. Influenza: rimantadine, zanamivir, amantadine, oseltamivir
   i. Rx Ophthalmics: ciprofloxacin, gentamicin, tobramycin
   j. Topical: mupirocin, neomycin, bacitracin

2. Cardiovascular Agents

   a. Vasodilators: isosorbide mononitrate, isosorbide dinitrate, nitroglycerin
   b. Cardiac glycosides: digoxin
   c. Beta Blockers: propranolol, metoprolol, atenolol, carvedilol, bisoprolol, nebivolol
   d. Calcium Channel Blockers: diltiazem, amlodipine, nifedipine, verapamil
   e. ACE inhibitors and Angiotensin receptor blockers (ARB's): quinapril, captopril, lisinopril, enalapril, ramipril, candesartan, irbesartan, olmesartan, losartan, valsartan, telmisartan
   f. Diuretics: spironolactone, bumetanide, torsemide, hydrochlorothiazide, furosemide, metolazone
   g. Antiarrhythmics: amiodarone, disopyramide, flecainide
   h. Platelet aggregation inhibitors: tirofiban, dipyridamole with aspirin, clopidogrel, rivaroxaban, prasugrel, pentoxifylline
   i. Pulmonary Arterial Hypertension: bosentan, sildenafil

3. Respiratory Agents

   a. Theophylline
   b. Beta 2-agonist Inhalers: metaproterenol, formoterol, pirbuterol, salmeterol, albuterol, levalbuterol
   c. Steroid Inhalers: flunisolide, beclomethasone, fluticasone, budesonide
   d. Leukotriene inhibitors: zafirlukast, montelukast, zileuton
   e. Other: cromolyn
   f. Intranasal: beclomethasone, fluticasone, triamcinolone, mometasone

g. Combination steroid and bronchodilator inhalers: fluticasone/salmeterol, budesonide/formoterol
h. Anticholinergic: ipratropium, tiotropium

4. Gastrointestinal Tract Agents (OTC name in parenthesis)

   a. H2 blockers: ranitidine, nizatidine, cimetidine, famotidine
   b. Antacids: aluminum hydroxide/magnesium hydroxide with or without simethicone
   c. Proton pump inhibitos: rabeprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, dexlansoprazole
   d. Anticholinergic agents: hyoscyamine, dicyclomine, scopalamine
   e. Antiinflamatory: mesalamine, sulfasalazine, balsalazide, olsalazine, budesonide, adalimumab

5. Hormonal Agents

   a. Estrogens/Progestins: estradiol, conjugated estrogen, conjugated estrogen/medroxyprogesterone, medroxyprogesterone
   b. Estrogen receptor modulator: raloxifene
   c. Androgens: oxandrolone, testosterone
   d. Androgen Inhibitor: dutasteride, finasteride
   e. Corticosteroids: beclomethasone, betamethasone, budesonide, dexamethasone, fludrocortisone, fluticasone, hydrocortisone, methylprednisolone, prednisone, triamcinolone
   f. Thyroid: liothyronine, levothyroxine
   g. Anti-thyroid: methimazole, propylthiouracil
   h. Osteoporosis: risedronate, calcitonin, etidronate, alendronate, teriparatide

6. Anticancer Agents

   a. Dexamethisone, prednisone
   b. Alkylating agent: cyclophosphamide, Ifosfamide, bendasmutine, carboplatin, dacarbazine, melphalan, oxaliplatin, temozolomide, thiotepa, cisplatin
   c. Antimetabolite, antineoplastics: capecitabine, cytarabine, fludarabine, hydroxyurea, mercaptopurine, methotrexate, paclitaxel, fluorouracil
   d. Antibiotic antineoplastics: bleomycin, daunorubicin, doxorubicin, epirubicin, mitomycin

7. Anticonvulsants

   a. Hydantoins: fosphenytoin, phenytoin
   b. Benzodiazepines: clonazepam, diazepam, lorazepam, clobazam
   c. valproic acid, felbamate, tiagabine, levetiracetam, lamotrigine, gabapentin, topiramate, ethosuximide, zonisamide, asenapine, ezogabine, oxcarbazepine, primidone, phenobarbital, carbamazepine

8. Antipsychotic Agents

   a. Phenothiazine: chlorpromazine, thioridazine, fluphenazine, trifluperazine
   b. Thiothixene, haloperidol
   c. clozapine, loxapine, olanzapine
   d. quetiapine, risperidone, aripiprazole, ziprasidone
      lithium

9. Antidepressants

   a. Tricyclic antidepressants: amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline,

b. Tetracyclic antidepressant: mirtazapine
c. bupropion, trazodone
d. SSNRI: venlafaxine, duloxetine
e. SSRI: citalopram, escitalopram, fluvoxamine, paroxetine, fluoxetine, sertraline

10. Antiparkinson Agents

a. Anticholinergic: trihexphenidyl, benztropine, diphenhydramine
b. amantadine
c. Dopamine agonist: bromocriptine, levodopa, carbidopa, carbidopa/levodopa
d. MAOI: rasagiline, selegiline
e. Tolcapone, entacapone
f. Non ergot dopamine agonist: pramipexole, ropinirole

11. Anticoagulants

a. Anticoagulant: heparin, warfain
b. Low molecular weight heparins: enoxaparin, dalteparin
c. Selective factor Xa inhibitors: rivaroxaban, fondaparinux
d. Thrombin inhibitors: bivalirudin, dabigatran
e. Platelet aggregation inhibitor: clopidogrel, prasugrel, cilostazol, dipyridamole

12. Antidiabetic Agents

a. Long acting insulin: insulin detemir, insulin glargine
b. Rapid onset insulin: insulin glulisine, insulin aspart, insulin lispro
c. Short acting insulin: Regular insulin
d. Intermediate acting insulin: Insulin NPH
e. chlorpropamide, tolazamide, tolbutamide,
f. Sulfonyurea: glipizide, glyburide, glimepiride, repaglinide, nateglinide
g. miglitol, acarbose
h. dapagliflozin, canagliflozin
i. Insulin sensitizer: metformin, pioglitazone, rosiglitazone

13. Analgesics - Narcotic

a. Schedule II: morphine, hydrocodone combinations (as of 10/14), oxycodone (alone and in combination), fentanyl, hydromorphone, methadone, codeine
b. Schedule III combinations acetaminophen with codeine,
c. Schedule IV: tramadol (as of 8/14)
d. Schedule V: pregabalin

14. Analgesics: Migraine

a. Selective serotonin agonists: naratriptan, almotriptan, frovatriptan, sumatriptan, rizatriptan, zolmitriptan
b. Ergot: dihydroergotamine

15. Analgesics - **N**on-**S**teroidal **A**nti-**I**nflammatory **D**rug**s** (**NSAIDs**)

a. COX 1 inhibitor: celecoxib
b. Diclofenac/misoprostol
c. Flubipofen, oxaprozin, etodolac, ibuprofen, nabumetone, ketorolac, diclofenac, meloxicam, indomethacin, naproxen

16. Analgesics - Over-The-Counter or OTC

a. NSAIDSs (naproxen, ibuprofen)

b. Acetaminophen
c. Aspirin
d. Combinations (Ascriptin, Alka-Seltzer, Bufferin)

17. Antihistamines

a. fexafenadine, desloratadine, loratadine, cetirizine, levocetirizine
b. diphenhydramine, chlorpheniramine
c. cyproheptadine
d. hydroxyzine, promethazine, clemastine
e. Rx ophthalmics: emedastine, olopatadine

18. Antihyperlipidemic (AntiCholesterol) Agents

a. Statins: fluvastatin, atorvastatin, lovastatin, pravastatin, simvastatin, rosuvastatin, pitavastatin
b. Bile acid sequestrants: cholestyramine, colesevelam
c. Gemfibrozil, fenofibrate
d. Niacin
e. Ezetimibe

19. Alzheimer's Agents-Cognitive Enhancers

a. Memantine
b. Acetylcholinesterase Inhibitors: donepezil, rivastigmine, galantamine

20. Antianxiety Agents

a. Benzodiazepines: lorazepam, clorazepaam, chlordiazepoxide, oxazepam, diazepam, alprazolam
b. Buspirone, doxepin, paroxetine, escitalopram

21. Hypnotic (Sleep) Agents

a. Zolpidem, eszopiclone, zaleplon
b. Benzodiazepines: flurazepam, triazolam, temazepam
c. Zaleplon

22. Medications Used in End Stage Renal Disease (ESRD)

a. Hypoparathyroidism: calcitriol
b. Hyperparathyroidism: paricalcitol, cinacalcet
c. Carnitor (l-carnitine)
d. Iron dextran, sodium ferric gluconate, iron polysaccharide
e. Hematopoietic agents: epoetin alfa, darbepoetin alfa
f. Phosphate binder: sevelamer, calcium acetate

23. Ophthalmics/Otics

a. Glaucoma: brinzolamide, levobunolol, betaxolol, bimatoprost, pilocarpine, timolol, tavoprost
b. Otic: antipyrine/benzocaine, ciprofloxacin, colistimethate, neomycin/polymyxin/hydrocortisone, carbamide peroxide
c. NSAIDs: ketorolac, flurbiprofen, diclofenac

24. Laxatives

a. Osmotic: polyethylene glycol, magnesium citrate, magnesium hydroxide, magnesium sulfate, sodium phosphate, glycerin, lactulose
b. Bulk: calcium polycarbophil, psyllium
c. Fecal softeners: docusate calcium, docusate sodium
d. Stimulants: cascara, castor oil, bisacodyl, senna
e. Prescription: linaclotide, lubiprostone, lactulose

25. Urinary Tract Agents

a. Urinary pH modifiers: sodium citrate, potassium phosphate, potassium citrate
b. Anticholinergics: solifenacin, flavoxate, tolterodine, oxybutinin
c. Impotence Agents: alprostadil, sildenafil, tadalafil, yohimbine, vardenafil

26. Nutrients and Nutritional Agents

a. Vitamins: A, D, E, K, B1, B2, B6, B12, C, Folic Acid
b. Minerals: Calcium, Phosphorus, Magnesium
c. Trace elements: Fluoride, Iron, Zinc
d. Electrolytes: Potassium, Sodium
e. Amino Acids: Glutamic Acid, L-Lysine, L-Tryptophan, Methionine
f. Enterals: Compleat, Ensure, Isocal, Pulmocare, Glucerna, Nutren, Osmolyte, Fibersource, Jevity, Nutren, TwoCal, Isosource, Nepro

27. Topicals

a. Creams, Gels, Lotions, Ointments, Soaps, Solutions, Sprays,
b. Antiseptics/Germicides: povidone iodine, glutaraldehyde, chlorhexidine, hexochlorophene
c. Shampoos (Rx and OTC)
d. Topical antifungal agents: Ciclopirox, miconazole, clotrimazole, ketoconazole, efinaconazole

This list is NOT all inclusive

B. Types of dispensed medications

1. Prescription medications

   a. Controlled or Scheduled drugs

      (1) Designated as accountable substances
      (2) Considered to have a high potential for abuse and diversion
      (3) May require special storage conditions and/or reporting procedures

   b. Non-controlled drugs

      All prescription medications that are **not** controlled or scheduled substances

2. Over-the-counter (OTC) medications

   a. May be purchased without a prescription
   b. May produce unwanted effects or adverse drug reactions
   c. May be former prescription drugs (e.g. Zantac, Allegra, Imodium)
   d. May interact with prescription drugs and/or foods and/or herbal medicines

ACTIVITIES

Review the handout on classes of medications that is provided in this unit.

Explain each class, giving examples that the trainees are likely to encounter at their facility. Have trainees write these examples on the handout.

Make reference books available to trainees at the facility. The recommended reference is, Advice for the Patient: Drug Information in Lay Language, Vol. II, USPDI, published yearly by Micromedex <**www.micromedex.com**>. Similar publications are available from Consumer Reports as the Consumer Drug Reference <www.consumerreports.org/books> or 1-800-500-9760 or from MedlinePlus <**http://www.nlm.nih.gov/medlineplus/>**.

Explain the categories used to dispense these medications – prescription (controlled and non-controlled) and over-the-counter (OTC). Emphasize that medications in the OTC category should not be considered harmless. These medications may have unwanted or adverse effects, especially in the elderly population.

Guide trainees in determining whether each of the medication examples on the handout is:
(a) prescription controlled, (b) prescription non-controlled, or (c) over-the-counter.

Give trainees a list of medications being used by residents at the facility and have them identify the class of each medication. Then have the trainees determine if each drug is: prescription controlled; prescription non-controlled or over-the-counter.

Direct trainees to practice identifying the class and category of the medications they assist residents with during the next several days. Provide additional explanation as necessary.

EVALUATION

Give a test which requires trainees to identify the common classes of medications. (A test is included in this unit.)

Check trainee's completed tests using the unit topical outline. Require 90% accuracy. Each question counts 10 points for a total of 100 points. Provide additional instruction to those who do not achieve the accuracy standard.

27 COMMON CLASSES OF MEDICATIONS AND EXAMPLES OF EACH

1. Anti-Infectives

   a. Fluoroquinolones : ciprofloxacin, levofloxacin, moxifloxacin
   b. Cephalosporins: cefaclor, cefdinir, cefprozil, cephalexin, cefadroxil, cefepime, cefpodoxime, cefprozil, ceftriaxone, cefuroxime
   c. Penicillins: ampicillin, amoxicillin, amoxicillin-clavulanate, dicloxacillin
   d. Macrolides: erythromycin, azithromycin, clarithromycin
   e. Tetracyclines: minocycline, doxycycline
   f. Oxazolidinones: linezolid
   g. Glycopeptide: vancomycin
   h. Influenza: rimantadine, zanamivir, amantadine, oseltamivir
   i. Rx Ophthalmics: ciprofloxacin, gentamicin, tobramycin
   j. Topical: mupirocin, neomycin, bacitracin
   k. Other examples:____

2. Cardiovascular Agents

   a. Vasodilators: isosorbide mononitrate, isosorbide dinitrate, nitroglycerin
   b. Cardiac glycosides: digoxin
   c. Beta Blockers: propranolol, metoprolol, atenolol, carvedilol, bisoprolol, nebivolol
   d. Calcium Channel Blockers: diltiazem, amlodipine, nifedipine, verapamil
   e. ACE inhibitors and Angiotensin receptor blockers (ARB's): quinapril, captopril, lisinopril, enalapril, ramipril, candesartan, irbesartan, olmesartan, losartan, valsartan, telmisartan
   f. Diuretics: spironolactone, bumetanide, torsemide, hydrochlorothiazide, furosemide, metolazone
   g. Antiarrhythmics: amiodarone, disopyramide, flecainide
   h. Platelet aggregation inhibitors: tirofiban, dipyridamole with aspirin, clopidogrel, rivaroxaban, prasugrel, pentoxifylline
   i. Pulmonary Arterial Hypertension: bosentan, sildenafil
   j. Other examples: ____

3. Respiratory Agents
   a. Theophylline
   b. Beta 2-agonist Inhalers: metaproterenol, formoterol, pirbuterol, salmeterol, albuterol, levalbuterol
   c. Steroid Inhalers: flunisolide, beclomethasone, fluticasone, budesonide
   d. Leukotriene inhibitors: zafirlukast, montelukast, zileuton
   e. Other: cromolyn
   f. Intranasal: beclomethasone, fluticasone, triamcinolone, mometasone
   g. Combination steroid and bronchodilator inhalers: fluticasone/salmeterol, budesonide/formoterol
   h. Anticholinergic: ipratropium, tiotropium
   i. Other exexamples: ____

4. Gastrointestinal Tract Agents (OTC name in parenthesis)

   a. H2 blockers: ranitidine, nizatidine, cimetidine, famotidine
   b. Antacids: aluminum hydroxide/magnesium hydroxide with or without simethicone
   c. Proton pump inhibitos: rabeprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, dexlansoprazole
   d. Anticholinergic agents: hyoscyamine, dicyclomine, scopalamine
   e. Antiinflamatory: mesalamine, sulfasalazine, balsalazide, olsalazine, budesonide, adalimumab
   f. Other examples: ____

5. Hormonal Agents

a. Estrogens/Progestins: estradiol, conjugated estrogen, conjugated estrogen/medroxyprogesterone, medroxyprogesterone
b. Estrogen receptor modulator: raloxifene
c. Androgens: oxandrolone, testosterone
d. Androgen Inhibitor: dutasteride, finasteride
e. Corticosteroids: beclomethasone, betamethasone, budesonide, dexamethasone, fludrocortisone, fluticasone, hydrocortisone, methylprednisolone, prednisone, triamcinolone
f. Thyroid: liothyronine, levothyroxine
g. Anti-thyroid: methimazole, propylthiouracil
h. Osteoporosis: risedronate, calcitonin, etidronate, alendronate, teriparatide
i. Other examples: ____

6. Anticancer Agents

a. Dexamethisone, prednisone
b. Alkylating agent: cyclophosphamide, Ifosfamide, bendasmutine, carboplatin, dacarbazine, melphalan, oxaliplatin, temozolomide, thiotepa, cisplatin
c. Antimetabolite, antineoplastics: capecitabine, cytarabine, fludarabine, hydroxyurea, mercaptopurine, methotrexate, paclitaxel, fluorouracil
d. Antibiotic antineoplastics: bleomycin, daunorubicin, doxorubicin, epirubicin, mitomycin
e. Other examples: ____

7. Anticonvulsants

a. Hydantoins: fosphenytoin, phenytoin
b. Benzodiazepines: clonazepam, diazepam, lorazepam, clobazam
c. valproic acid, felbamate, tiagabine, levetiracetam, lamotrigine, gabapentin, topiramate, ethosuximide, zonisamide, asenapine, ezogabine, oxcarbazepine, primidone, phenobarbital, carbamazepine
d. Other examples: ____

8. Antipsychotic Agents

a. Phenothiazine: chlorpromazine, thioridazine, fluphenazine, trifluperazine
b. Thiothixene, haloperidol
c. clozapine, loxapine, olanzapine
d. quetiapine, risperidone, aripiprazole, ziprasidone
e. lithium
f. Other examples: ____

9. Antidepressants

a. Tricyclic antidepressants: amitriptyline, clomipramine, desipramine, doxepin, imipramine, nortriptyline,
b. Tetracyclic antidepressant: mirtazapine
c. bupropion, trazodone
d. SSNRI: venlafaxine, duloxetine
e. SSRI: citalopram, escitalopram, fluvoxamine, paroxetine, fluoxetine, sertraline
f. Other examples: ____

10. Antiparkinson Agents

    a. Anticholinergic: trihexphenidyl, benztropine, diphenhydramine
    b. amantadine
    c. Dopamine agonist: bromocriptine, levodopa, carbidopa, carbidopa/levodopa
    d. MAOI: rasagiline, selegiline
    e. Tolcapone, entacapone
    f. Non ergot dopamine agonist: pramipexole, ropinirole
    g. Other examples: ____

11. Anticoagulants

    a. Anticoagulant: heparin, warfain
    b. Low molecular weight heparins: enoxaparin, dalteparin
    c. Selective factor Xa inhibitors: rivaroxaban, fondaparinux
    d. Thrombin inhibitors: bivalirudin, dabigatran
    e. Platelet aggregation inhibitor: clopidogrel, prasugrel, cilostazol, dipyridamole
    f. Other examples: ____

12. Antidiabetic Agents

    a. Long acting insulin: insulin detemir, insulin glargine
    b. Rapid onset insulin: insulin glulisine, insulin aspart, insulin lispro
    c. Short acting insulin: Regular insulin
    d. Intermediate acting insulin: Insulin NPH
    e. chlorpropamide, tolazamide, tolbutamide,
    f. Sulfonyurea: glipizide, glyburide, glimepiride, repaglinide, nateglinide
    g. miglitol, acarbose
    h. dapagliflozin, canagliflozin
    i. Insulin sensitizer: metformin, pioglitazone, rosiglitazone
    j. Other examples: ____

13. Analgesics - Narcotic

    a. Schedule II: morphine, hydrocodone combinations (as of 10/14), oxycodone (alone and in combination), fentanyl, hydromorphone, methadone, codeine
    b. Schedule III combinations acetaminophen with codeine,
    c. Schedule IV: tramadol (as of 8/14)
    d. Schedule V: pregabalin
    e. Other examples: ____

14. Analgesics: Migraine

    a. Selective serotonin agonists: naratriptan, almotriptan, frovatriptan, sumatriptan, rizatriptan, zolmitriptan
    b. Ergot: dihydroergotamine
    c. Other examples: ____

15. Analgesics - **N**on-**S**teroidal **A**nti-**I**nflammatory **D**rug**s** (**NSAIDs**)

    a. COX 1 inhibitor: celecoxib
    b. Diclofenac/misoprostol
    c. Flubipofen, oxaprozin, etodolac, ibuprofen, nabumetone, ketorolac, diclofenac, meloxicam, indomethacin, naproxen
    d. Other examples: ____

16. Analgesics - Over-The-Counter or OTC

    a. NSAIDSs (naproxen, ibuprofen)
    b. Acetaminophen
    c. Aspirin
    d. Combinations (Ascriptin, Alka-Seltzer, Bufferin)
    e. Other examples: ____

17. Antihistamines

    a. fexafenadine, desloratadine, loratadine, cetirizine, levocetirizine
    b. diphenhydramine, chlorpheniramine
    c. cyproheptadine
    d. hydroxyzine, promethazine, clemastine
    e. Rx ophthalmics: emedastine, olopatadine
    f. Other examples: ____

18. Antihyperlipidemic (AntiCholesterol) Agents

    a. Statins: fluvastatin, atorvastatin, lovastatin, pravastatin, simvastatin, rosuvastatin, pitavastatin
    b. Bile acid sequestrants: cholestyramine, colesevelam
    c. Gemfibrozil, fenofibrate
    d. Niacin
    e. Ezetimibe
    f. Other examples: ____

19. Alzheimer's Agents-Cognitive Enhancers

    a. Memantine
    b. Acetylcholinesterase Inhibitors: donepezil, rivastigmine, galantamine
    c. Other examples: ____

20. Antianxiety Agents

    a. Benzodiazepines: lorazepam, clorazepaam, chlordiazepoxide, oxazepam, diazepam, alprazolam
    b. Buspirone, doxepin, paroxetine, escitalopram
    c. Other examples: ____

21. Hypnotic (Sleep) Agents

    a. Zolpidem, eszopiclone, zaleplon
    b. Benzodiazepines: flurazepam, triazolam, temazepam
    c. Zaleplon
    d. Other examples: ____

22. Medications Used in End Stage Renal Disease (ESRD)

    a. Hypoparathyroidism: calcitriol
    b. Hyperparathyroidism: paricalcitol, cinacalcet
    c. Carnitor (l-carnitine)
    d. Iron dextran, sodium ferric gluconate, iron polysaccharide
    e. Hematopoietic agents: epoetin alfa, darbepoetin alfa
    f. Phosphate binder: sevelamer, calcium acetate
    g. Other examples: ____

23. Ophthalmics/Otics

a. Glaucoma: brinzolamide, levobunolol, betaxolol, bimatoprost, pilocarpine, timolol, tavoprost
b. Otic: antipyrine/benzocaine, ciprofloxacin, colistimethate, neomycin/polymyxin/hydrocortisone, carbamide peroxide
c. NSAIDs: ketorolac, flurbiprofen, diclofenac
d. Other examples: ____

24. Laxatives

a. Osmotic: polyethylene glycol, magnesium citrate, magnesium hydroxide, magnesium sulfate, sodium phosphate, glycerin, lactulose
b. Bulk: calcium polycarbophil, psyllium
c. Fecal softeners: docusate calcium, docusate sodium
d. Stimulants: cascara, castor oil, bisacodyl, senna
e. Prescription: linaclotide, lubiprostone, lactulose
f. Other examples: ____

25. Urinary Tract Agents

a. Urinary pH modifiers: sodium citrate, potassium phosphate, potassium citrate
b. Anticholinergics: solifenacin, flavoxate, tolterodine, oxybutinin
c. Impotence Agents: alprostadil, sildenafil, tadalafil, yohimbine, vardenafil
d. Other examples: ____

26. Nutrients and Nutritional Agents

a. Vitamins: A, D, E, K, B1, B2, B6, B12, C, Folic Acid
b. Minerals: Calcium, Phosphorus, Magnesium
c. Trace elements: Fluoride, Iron, Zinc
d. Electrolytes: Potassium, Sodium
e. Amino Acids: Glutamic Acid, L-Lysine, L-Tryptophan, Methionine
f. Enterals: Compleat, Ensure, Isocal, Pulmocare, Glucerna, Nutren, Osmolyte, Fibersource, Jevity, Nutren, TwoCal, Isosource, Nepro
g. Other examples: ____

27. Topicals

a. Creams, Gels, Lotions, Ointments, Soaps, Solutions, Sprays,
b. Antiseptics/Germicides: povidone iodine, glutaraldehyde, chlorhexidine, hexochlorophene
c. Shampoos (Rx and OTC)
d. Topical antifungal agents: Ciclopirox, miconazole, clotrimazole, ketoconazole, efinaconazole
e. Other examples: ____

This list is NOT all inclusive

Two categories are used to differentiate the various classes of medications

Prescription drugs and over-the-counter (OTC) medications

Prescription medications are designated as:

1. Controlled or Scheduled

    a. Designated as a controlled substance
    b. Have a high potential for abuse
    c. Require special storage and reporting procedures
    d. Cannot be dispensed without a duly authorized prescription (In some states, Schedule V controlled substances may be purchased without a prescription, but the patient must sign the pharmacist's register. An example is Robitussin-AC).
    e. Scheduled II medications can be administered by the Certified Medication Aide, with the assessment of the facility RN every 7 days to evaluate resident response.

2. Non-controlled

    All prescription drugs not on the controlled substance list.

Over-The-Counter Drugs (OTC):

a. Can be purchased by the consumer without a prescription and the sealed package provided to the facility.
b. Cannot be administered by the CMA without delegation by a registered nurse
c. Can produce unwanted effects
d. May interact with prescription drugs or foods

For reference see, National Institutes of Health MedlinePlus (www.nlm.nih.gov/medlineplus/) Advice for the Patient: Drug Information in Lay Language, Vol. II, USPDI, published yearly by Micromedex <www.micromedex.com>. A similar publication is available from Consumer Reports as the Consumer Drug Reference (<www.consumerreports.org/books> or 1-800-500-9760).

Use your facility's drug reference materials to look up medications you have seen used frequently for your residents. Additional reference materials are available from the pharmacist, pharmaceutical manufacturers and through the Internet. Discuss any questions you have about the drugs that you read about with the registered nurse.

HERBAL MEDICINES

Herbs in the United States are considered dietary supplements. Many medications in use today are derived from higher plants and many imitate actual plant constituents. The following Web sites and herbal products are not inclusive, either in content or in usage, and are only intended as informational.

American Botanical Council (http://www.herbalgram.org)
American Herbal Products Association (http://www.ahpa.org)
Center for Science in the Public Interest (http://www.cspinet.org)
Herbal Medicine Databases (http://www.holisticmed.com/www/herbdb.html)
Herbal Research Foundation (http://www.herbs.org)
HerbMed (http://herbmed.org)
National Center for Complementary and Alternative Medicine Clearinghouse (http://nccam.nih.gov/htdig/search.html)
National Institutes of Health MedlinePlus (http://www.nlm.nih.gov/medlineplus/)
National Institutes of Health's International Bibliographic Information on Dietary Supplements (IBIDS) (http://ods.od.nih.gov/Health_Information/IBIDS.aspx)
Native American Ethnobotany Database (http://herb.umd.umich.edu/)
Medicinal Herbs by Botanical Names (http://www.nnlm.nlm.nih.gov/pnr/uwmhg/botnames.html)
Phytochemical/Ethnobotanical Databases (http://www.ars-grin.gov/duke/index.html)
PubMed (http://www.ncbi.nlm.nih.gov/PubMed/)
Quackwatch (http://quackwatch.com)
Traditional Chinese and Western Herbal Medicine (http://homepage.eircom.net/~progers/herblink.htm)
US Food and Drug Administration (http://www.cfsan.fda.gov/~dms/supplmnt.html)
U.S. Pharmacopeia (http://www.usp.org/USPVerified/dietarySupplements/)

Note: Many of the agents listed below are associated with adverse reactions and/or drug-herb interactions when combined with prescription and/or non-prescription medications. Consult your pharmacist provider and/or pharmacist consultant when using such agents.

Herb	Use
Astragalus	improves endurance; decreases blood pressure; prolonged diuresis
Bilberry	macular degeneration; diabetes; inflammation; dysmenorrhea
Black Cohosh	antispasmodic; sedative; nervine; tonic; alternative
Capsicum	carminative; laxative; rubifacient; reduced sensitivity to pain
Dong Quai Root	antispasmodic; vasodilatory; CNS stimulant; anti-inflammatory
Echinacea	stimulates immune system; antipyretic; appetizer; diuretic
Evening Primrose Oil	anti-cholesterol; anti-platelet; rheumatoid arthritis; MS
Feverfew	Rheumatoid Arthritis; smooth muscle relaxant; vasoconstrictor
Fo Ti	purgative; anti-viral; CNS stimulant; anti-lipidemic
Garlic	anti-microbial; antiviral; anti-inflammatory; antioxidant
Ginger	anti-oxidant; cholesterol lowering; cardiotonic effects; GI actions
Gingko Biloba	organic brain syndrome (e.g. dementia, memory deficits)
Ginseng	cardiotonic; increases concentration; longevity; fights fatigue
Goldenseal	conditions of upper respiratory tract e.g. cold, influenza
Gotu Kola	improved memory; stress; fatigue; mental confusion; digestant
Grapeseed	anti-inflammatory; capillary fragility; varicose veins; retinopathy
Green Tea	hypercholesterolemia; anti-oxidant; chemopreventative
Hawthorn	Coronary artery disease; CHF; essential hypertension; angina
Kava-Kava	anxiety; stress; restlessness; sedative; sleep enhancement
Licorice	bronchitis; peptic ulcer; gastritis; arthritis; rheumatism; hepatitis
Milk Thistle	hepatoprotective; anti-hepatotoxic; anti-oxidant;
Passion Flower	analgesic; menstrual cramps; insomnia; nerve pain; tranquilizer
Saw Palmetto	benign prostatic hypertrophy; may lower PSA levels;
St. John's Wort	anti-depressive and psychotropic activity; wound healing; antiviral
Valerian	anxiety; insomnia; carminative

Identifying Classes of Medications Evaluation

Multiple Choice: Circle letter of the correct answer.

1. Amoxicillin is an example of which class of medication?

   a. Hormone
   b. Antibiotic
   c. Cardiovascular
   d. Gastrointestinal tract

2. Estrogen is an example of which class of medication?

   a. Gastrointestinal tract
   b. Antibiotic
   c. Hormone
   d. Antidepressant

3. Nexium or Prevacid are examples of which class of medication?

   a. Respiratory drug
   b. Drug that affects the nervous system
   c. Gastrointestinal tract drug
   d. Analgesics

4. Which medication is an example of a cardiovascular agent?

   a. Methotrexate
   b. Lanoxin
   c. Dilantin
   d. Risperdal

5. Which medication is an example of a respiratory tract agent?

   a. Albuterol
   b. Glucophage
   c. Biaxin
   d. Oxycontin

6. Ensure is an example of:

   a. Cancer medication
   b. Gastrointestinal tract agent
   c. Nutritional supplement
   d. Anticholesterol agent

7. Which is NOT an example of a topical medication?

   a. Cream
   b. Gel
   c. Ointment
   d. Syrup

8. The various classes of medications fall into the categories of prescription drugs and over-the-counter (OTC) drugs. Which of the following statements about **prescription** medications is **false**?

   a. They may be designated as controlled substances
   b. They may be designated as non-controlled substances
   c. They may be dispensed without a doctor's prescription

9. Which of the following statements about over-the-counter medications is **false**?

   a. They may only be dispensed with a doctor's prescription
   b. They may be dispensed without a doctor's prescription
   c. They can produce unwanted effects
   d. May interact with prescription medications, foods and/or herbal products

10. Which of the following statements accurately describes a medication on the controlled substance list?

   a. Can be dispensed without a doctor's prescription or resident's signature
   b. Will not produce unwanted effects
   c. May require special storage and reporting procedures
   d. They may be purchased in stores other than pharmacies

DUTY AREA 4

Recognize medication purposes and effects.

Performance Objectives:

Given information, discussion,and practice activities, identify medication purpose, effects and interactions by orally describing the general purpose and effects of medication and answering at least two questions regarding the unwanted effects/interactions of medication. This must be done with 100% accuracy.

Enabling Objectives:

Describe the importance of knowing the purpose and effects of medications and using available resources for obtaining desired information.

TOPICAL OUTLINE

I. Identifying medication purpose and effects.

A. Importance of understanding purpose and effects of medications.

B. Purpose of medication achieving desired effects (beneficial effects of medication).

1. Promote health.
   Example: nutritional supplement.

2. Eliminate illness. Example: antibiotics.

3. Control a disease. Example: insulin.

4. Reduce symptoms related to illness.
   Example: cough suppressant, acetaminophen

5. Alter behavior. Example: anti-anxiety, anti-depressant, anti-psychotic.

C. Other effects of medication.

1. Unwanted effects, also known as side effects or adverse reactions.

2. No apparent effect.

ACTIVITIES

Give trainees the handout material included in this unit and any other available material related to this task that would be helpful to the trainee.

Explain that the purpose of medication is to achieve the desired or beneficial effect of the medication.

Review the five common desired effects and give examples of the kinds of medications that are used to produce each desired effect.

Explain that the other types of effects are (a) unwanted effect and (b) no apparent effect. Give examples of these effects which trainees are likely to encounter at the facility.

Conduct a discussion of the unwanted effects produced by interactions of two or more drugs taken at the same time.

Emphasize the importance of observing for potential drug interactions and notifying the RN regarding problems.

TOPICAL OUTLINE	ACTIVITIES
D. Unwanted effects from drug interactions. 1. Definition of drug-drug interaction (Unwanted effects which are a result of taking two or more medications at the same time). 2. Type of drug interactions. a. Increase the effects of one or more of the medications. b. Decrease the effects of one or more of the medications. c. Produce new and different unwanted effects. 3. Important points about interactions. a. Greater number of medications taken, greater chance for interaction. E. Examples of unwanted effects: 1. Rashes 2. Diarrhea 3. Vomiting 4. Fainting 5. Lightheadedness 6. Blurred vision 7. Confusion 8. Irritability 9. Agitation 10. Lethargy F. Licensed health care professionals who can provide medication information to residents. 1. Doctors 2. Registered Professional or Advanced Practice Nurses 3. Pharmacists 4. Physician Assistants 5. Dentists 6. Podiatrists 7. Optometrists (limited prescribing rights)	Make resources for medication information available at the facility for use by the personal care assistants. Show trainees how to use these materials. Suggest USP Advice for the Patient: Drug Information in Lay Language, Vol. II. Current Edition. 1-800-227-8772. Examples which may be copied are included in this publication. Medication information may also be accessed through the Internet. Help trainees identify licensed health care professionals who can provide information to residents about specific effects of medications. Provide opportunities for trainees to practice facilitating resident awareness of the purpose and effects of medications. Allow trainees to practice explaining desired effects, unwanted effects including drug interactions, and no apparent effects to a partner or, with supervision, to an actual resident. Observe and provide feedback. Provide additional instruction as necessary. **EVALUATION:** Have each trainee demonstrate his or her knowledge of purpose and effects of medications. Have trainee answer at least two questions about the unwanted effects of medication. Evaluation may be a simulation or take place on-the-job while the trainee cares for a resident at the facility. A case and questions are included in the instructor materials section of this unit for use with a simulation evaluation. Evaluation guidelines are included. Provide additional instruction for trainees who do not achieve 100% accuracy.

NEW JERSEY POISON INFORMATION AND EDUCATION CENTER
201 Lyons Avenue, Newark, NJ 07112
1-800-222-1222

www.AAPCC.org
www.njpies.org

A Non-Profit Organization That Provides Information Concerning Poisons, Drugs, and Targeted Health Issues

EVALUATION GUIDELINES

Trainee may look up doxycycline in a resource provided at the facility to determine common desired and unwanted effects.

Doxycycline is an antibiotic agent that is used to treat various infections.

Increased effects of the infection are considered no desired effect.

An increased effect of the infection due to the co-administration of antacids containing magnesium, aluminum or calcium is likely to be the result of a drug interaction.

Recognizing Purpose and Effects of Medications

Case and Questions:

The following case and questions may be used by the instructor to evaluate trainees on their ability to discuss the general purpose and effects of medication and to answer question about unwanted effects. Have individual trainees respond orally to the case situation and the questions.

Bill Baggins is a resident at the Assisted Living facility where you work as a Certified Medication Aide. He is a responsible person capable of making decisions about his medication and capable of self-administering medication. He received a prescription for doxycycline to treat a sinus infection. He is reluctant to take the medication because he is not sure what the medication is for, and he is worried about unwanted effects.

Mr. Baggins has some specific questions about unwanted effects of doxycycline. Tell him which licensed health care professional(s) can provide him with specific information about unwanted effects of doxycycline

If Mr. Baggins' infection is not affected by the doxycycline after 10 days, is this an unwanted effect or no apparent effect?

Mr. Baggins takes the doxycycline for five days with no unwanted effects. However, he reports extreme nausea and abdominal pain after taking an anti-inflammatory medication (ibuprofen) with his regular dose of doxycycline. What type of unwanted effect might be occurring?

Facilitating Resident Awareness of the Purpose and Effects of Medication

Effects of Medication:

The human body does not always function perfectly. Sometimes a person will take medication to help the body do its job better. Three outcomes may occur when a drug is taken:

1. Desired effect
2. Unwanted effect (sometimes called side effects or adverse drug reactions)
3. No apparent effect

Desired Effects:

Medications are given or prescribed for many reasons. Some examples include:

- nutritional supplements - to promote health
- insulin - to control a disease
- cough suppressants and acetaminophen - to reduce symptoms of an illness
- antibiotics such as amoxicillin - to eliminate an illness
- anti-depressants, anti-anxiety agents, anti-psychotics - to affect mind, mood or mental status

When the prescribed drug is working correctly, we say the medication is producing the desired effect. The desired effect is the beneficial effect we want the drug to accomplish.

Unwanted Effects:

When a medication is taken, there is always the possibility that the resident may not have the response to the drug that was expected to occur. Some of the outcomes can be life- threatening such as a serious reaction to penicillin or penicillin-related antibiotics. There is always the possibility that unwanted effects will occur. Sometimes the unwanted effects are predictable. Often they are called side effects or adverse drug reactions.

Technically, an adverse drug reaction (ADR) is defined as a secondary effect of a drug that is usually undesirable and different from the therapeutic and helpful effects of the drug. A side effect is actually one of five ADR categories, the others being hypersensitivity, idiosyncratic response, toxic reactions and adverse drug interactions.

Drowsiness is an example of an ADR produced by sedating cold medications. Drowsiness may not occur in every person for whom the drug was prescribed, but happens frequently. Constipation is an ADR that may occur when taking iron preparations.

Unwanted effects may be unexpected and unpredictable. Many elderly people become confused when starting on a new drug. Some people are very allergic to a drug such as penicillin and have a reaction that could be fatal. In addition, people may have a reaction to a drug that is chemically similar to another product. This is called cross sensitivity. An example would be penicillin and the group known as the cephalosporins (e.g. Keflex).

Drug Interactions:

When a person is taking two or more drugs at one time, the drugs may interact with each other.

Drug interactions may:

- Increase the effects of one or more of the drugs - called potentiation
- Decrease the effects of one or more of the drugs - called antagonism
- Produce a new and different unwanted effect

THE GREATER THE NUMBER OF DRUGS TAKEN AT ONE TIME, THE GREATER THE POSSIBILITY OF A DRUG INTERACTION.

Looking for Unwanted Effects of Drugs:

Unwanted effects show up in either physical or behavioral change. Any change occurring in the first few days of a new drug is important because it may have been caused by the drug. **YOU** can encourage the resident to report any changes and be observant for complaints. Any behavioral or physical changes that may be drug-related should be reported to the RN.

No Apparent Desired Effect:

Different medications require different amounts of time before their effects are observable. For this reason the RN tells you how long to expect it to take before the expected action can be seen. If the time expected has gone by, and no apparent effect from taking the medication can be seen, the CMA should notify the RN. For example, if acetaminophen (Tylenol) was ordered every four hours for a fever, and 24 hours have gone by and fever remains unchanged, there is no apparent effect.

PRACTICE EXERCISE: UNDERSTANDING DRUG EFFECTS

Medication Ordered:

Lanoxin 0.125mg tablet. #30 dispensed by pharmacy. Take one tablet every morning by mouth.

Uses:

Congestive heart failure or cardiac arrhythmias

Purpose and Desired Effect:

To slow and strengthen heartbeat. Take apical pulse and record before giving. DO NOT ADMINISTER IF PULSE IS LESS THAN 60 BEATS PER MINUTE or according to the RN's instruction. Call the RN to report if the medication is withheld.

How Long Before the Desired Effect will Occur:

One to two days.

Unwanted or Side Effects:

Nausea, diarrhea, vomiting, loss of appetite, pulse too slow, visual hallucinations

Interactions with Other Drugs:

Do not use with Psyllium (e.g. Metamucil) or Kaolin-pectin preparations (Kaopectate).

Controlled Substance:

No.

USING DRUG INFORMATION

Using the drug information sheet from the USP DI VOL II Advice for the Patient: Drug Information in Lay Language, review the information on ibuprofen. (You could use any other recognized drug information resource.)

1. Read the section that identifies purpose and intended effects of the drug.

2. Read the section on side effects. List the side effects on a piece of paper. Think about any resident you know who may be taking ibuprofen (Nuprin, Advil, Motrin Ib), and decide if you can identify any of her or his behaviors or physical complaints that may be related to ibuprofen side effects.

Recommended Medication References:

USP DI VOL II Advice for the Patient: Drug Information in Lay Language
1-800-525-9083 <www.micromedex.com>,

Complete Drug Reference, Consumer Reports Books.
Bookstore version of USP DI Advice for the Patient Volume II;
1-800-500-9760 <www.consumerreports.org>

Additional Available Medication Reference Materials:

1. Facts and Comparisons
   St. Louis, MO
   1-800-223-0554 <www.factsandcomparisons.com>

2. American Hospital Formulary Service Drug Information
   American Society of Hospital Pharmacists, Bethesda, MD
   301-657-4383 <www.ashp.org>

3. American Drug Index
   Published by Facts and Comparisons
   1-800-223-554 <www.factsandcomparisons.com>

4. Physician's Desk Reference/PDR for Nurses, Medical Economics Data, Montvale, NJ
   1-800-232-7379 <www.medecbookstore.com>

5. **Food & Drug Administration**
   <www.fda.gov>

6. National Institutes of Health MedlinePlus
   <www.nlm.nih.gov/medlineplus/>

DUTY AREA 5

Pharmacy container or package labels

Performance Objective:

Given at least three pharmacy labels, interpret with 100% accuracy, the information on each label identifying prescribed dosage, and instructions for when and how to administer the medication. Explain the difference between generic and brand name medications.

TOPICAL OUTLINE

I. Understands pharmacy labels

   A. Information on a pharmacy label

      1. Pharmacy information:

         a. *Name

         b. *Address

         c. *Telephone number

         d. *Pharmacist-in-Charge

      2. *Resident name

      3. Medication information:

         a. *Name

         b. *Strength

         c. *Quantity

         d. *Directions for use

         e. Number of times it may be refilled without a new prescription

         f. *Date of dispensing

         g. *Expiration date if dispensed in any packaging other than the original

         h. Lot number

ACTIVITIES

Refer trainees to the handout included in the unit for Duty Area 2, Identifying Medication Terminology and Abbreviations.

Line by line, go over the label on the handout. Explain the information presented on each line. Point out that while pharmacy labels may vary from pharmacy to pharmacy, all should contain the information presented on the sample.

Have trainees compare the labels in the practice section of the handout.

Review handout of generic versus brand names for common medications. Explain that pharmacists may substitute a generic drug for a brand name in some cases.

Emphasize that CMAs must check with the RN before administering a medication if the drug name is different from what is ordered.

TOPICAL OUTLINE

i. Alternatively, the label may carry both the generic name and the brand name, provided that the brand name is preceded by the words “generic substitute for, …” or similar terminology.

j. *A CDS cautionary label where applicable

k. *Manufacturer’s name if generically substituted

l. *Cautionary or auxiliary labeling as recommended by the manufacturer or as deemed appropriate by the dispensing pharmacist

4. *Prescription number

5. *Prescriber’s name

6. *Initials of dispensing pharmacist

B. Explaining the label

1. Read each line.

2. Understand the abbreviations.

ACTIVITIES

Have trainees interpret the labels included in the practice section of the handout. Provide feedback and further explanation if indicated.

EVALUATION:

Provide each trainee with at least three pharmacy labels and have them read and explain each label for the instructor. Interpretation may be simulated or may take place on-the-job as the trainee helps a resident self-administer medication. Each label must be interpreted with 100% accuracy.

*** Items required by the New Jersey Board of Pharmacy regulations, N.J.A.C. 13:39-5.9 et seq.**

COMPARISON OF
PRESCRIPTION AND PHARMACY LABEL

Written Prescription Sample:

John Adams, M.D.
1776 Liberty Place
Boston, MA 07011
(609) 588-7725

Name of Resident: John Hancock	Age: Adult
Address	Date

Ventolin Inhaler
17 Gm
Sig: 2 puffs QID

Refills 2 Times	Dr.__________________________
__________	____JA_____
Do Not Substitute	Substitution Permissible

Pharmacy Label:

J. Jones, RPh Pharmacist-in-Charge	Community Pharmacy 1960 Main Street Trenton, NJ 08625	609-588-7790 DEA AC 1234567

Rx 540-125 June 12, 2002 JRJ

Hancock, John
Two (2) puffs four times daily -- Shake well before using - separate puffs by one minute - Consult patient package Insert.

Qty: 17 Gms	Refills: 2
Dr. J. Adams	Expires 6/12/03
Ventolin Inhaler	Glaxo Smith Kline

COMPARISON OF PRESCRIPTION AND PHARMACY LABEL

Written Prescription Sample:

H. Theodore Franklin, M.D.
40 Brooks Road
Mt. Laurel, NJ 08054

Name of Resident: John Alden	Age: Adult
Address	Date

Exelon 1.5mg
#60
Sig: One capsule BID in AM and PM

Refills 5 Times	Dr.__________________________________
___HTF______ Do Not Substitute	__________ Substitution Permissible

Pharmacy Label:

S. Feir, RPh Pharmacist-in-Charge	PCPS Pharmacy 600 Clifton Ave. Trenton, NJ 08625	609-588-7789 DEA AP1234567

Rx 549200 June 12, 2002 SF

Alden, John
One capsule every morning and evening with meals- May cause nausea, vomiting, abdominal pain or loss of appetite

Qty: 60 Dr. H. Franklin	Refills: 5 Expires 6/12/2003
Exelon 1.5mg	Novartis

COMPARISON OF PRESCRIPTION AND PHARMACY LABEL

Written Prescription Sample:

Stuart K. Henry, M.D.
300 Whitehead Road
Trenton, N.J. 08625

Name: George Archambault	Age: Adult
Address	Date

Patanol Ophthalmic Drops
5 ml
Sig: 2 gtts OU BID q 6-8 hours for itching

Refills 2 Times   Dr.________________________________

____SKH_____ Do Not Substitute   _________ Substitution Permissible

Pharmacy Label:

H. Kessler, RPh Pharmacist-in-Charge	Health-Rite Pharmacy 501 John Fitch Way Trenton, NJ 8625	609-588-7753 DEA AH1234567

Rx 550550   June 12, 2002 HK

Archambault, George
Instill two drops into each eye, twice daily, every 6-8 hours for itching - Wash hands prior to and after use - Do not allow tip to touch any surface – May cause burning or stinging

Qty: 5 ml   Refills: 2
Dr. S. Henry   Expires 6/12/03

Patanol   Alcon

UNDERSTANDING PHARMACY LABELS

Look closely at the pharmacy label. Dispensed medication labels have the same information because it is required by law. The appearance of the label may be different for different pharmacies.

R. Kubacki, RPh Pharmacist-in-Charge	Golden Crest Pharmacy 40 Olden Avenue Trenton, NJ 08625	609-588-7725 DEA AG1234567

Rx N-660660 June 12, 2002

Donald Underhill

Take one tablet every 12 hours for pain – Swallow whole – Do Not Crush, Chew or Break – May cause constipation, nausea, dizziness, and/or sedation

Qty: 100	Refills: 0
Dr. Pain	Expires 6/12/03
Oxycontin 20mg	Purdue Pharma LP

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for which it was prescribed

According to the NJ Board of Pharmacy law, the label contains:

1. *Name of the registered pharmacist-in-charge;
2. *Pharmacy name, address and telephone number;
3. *Either brand name or generic name of the medication. If the generic name is used, the manufacturer or distributor's name shall also appear
4. *The date of dispensing;
5. *The identifying number under which the prescription is recorded in the pharmacy's files;
6. *Resident or patient name;
7. *The prescriber's name;
8. * Directions for use;
9. *Expiration date, if dispensed in any packaging other than the manufacturer's original Packaging;
10. *"Use By" followed by the product's use by date;

11. *CDS cautionary label where applicable;
12. Quantity of dispensed medication;
13. *Prescription number and
14. Strength of medication dispensed where applicable.

*** Items required by the New Jersey Board of Pharmacy regulations, N.J.A.C. 13:39-5.9 et seq.**

When in the judgment of the dispensing pharmacist, directions to the resident and/or cautionary messages are necessary, for clarification or to ensure proper administration of the medication, the dispensing pharmacist may add such directions or cautionary messages to those indicated by the prescriber on the original prescription.

Not required by law, but may be on the label:

- Number of times the drug may be re-ordered without a new prescription;
- Lot number of dispensed medication and
- Initials of the dispensing pharmacist.

PRACTICE READING THESE PHARMACY LABELS

Duty Area 5 Trainee Handout

J. Jones, RPh Health-Rite Pharmacy 588-7790
501 John Fitch Way
Trenton, NJ 08625

Rx 20150 6-12-02 JRJ

Smith, James
One tablet daily without regard for food – Monitor blood pressure

Qty: 30 Refills: 5
Dr. H. Theodore Expires: 6/12/03
Diovan 80mg Novartis

R. Kubacki, RPh Health-Rite Pharmacy 588-7790
501 John Fitch Way
Trenton, NJ 08625

Rx 20151 6-12-02 RTK

Marx, Chico
One capsule before breakfast – Do not chew or crush. Capsule may be opened and intact granules sprinkled on a tablespoon of applesauce and swallowed

Qty: 30 Refills: 5
Dr. J. Brooks Expires 6/12/03
Prevacid 15mg Tap

EXPLAIN THESE LABELS TO A FELLOW STUDENT

H. Kessler, RPh Health-Rite Pharmacy 588-7790
501 John Fitch Way
Trenton, NJ 08625

Rx 20152 6-12-02 HTK

Fields, W.C.
One tablet daily in evening without regard to meal - Cholesterol lowering diet recommended – May cause photosensitivity – report muscle pain or weakness to doctor.

Qty: 100 Refills: 5
Dr. S. Franklin Expires 6/12/03
Zocor 5mg Merck

H. Kozek, RPh Health-Rite Pharmacy 588-7790
501 John Fitch Way
Trenton, NJ 08625

Rx 20153 6-12-02 HTK

Wittgenstein, Gus
Two tablets in the morning. May take with or without food - Do not use with aspirin products - May cause GI upset.

Qty: 60 Refills: 3
Dr. S. Franklin Expires 6/12/03
Celebrex 200mg Searle

R. Crocker, RPh Health-Rite Pharmacy 588-7790
501 John Fitch Way
Trenton, NJ 08625

Rx 20154 6-12-02 RNC

Hallow, Jason
One tablet three times daily - May cause dry mouth and drowsiness - Do not use with alcohol - Monitor for extra pyramidal symptoms.

Qty: 90 Refills: 5
Dr. S. Freud Expires 6/12/03
Zyprexa 5mg Lilly

COMMONLY PRESCRIBED BRANDED MEDICATIONS AND THEIR GENERIC EQUIVALENTS

A generic drug is a chemically equivalent copy that may be substituted for a brand-name drug whose patent has expired. Generic medications are typically less expensive and manufactured under the generic or "common" name for the drug. Some manufacturers may even designate a brand or trade name for the generic product, a so-called "branded generic." Many managed care organizations and Medicaid programs mandate generic substitution due to the lower cost.

BRAND NAME	GENERIC NAME	DRUG CLASS/USE
Aldactone	spironolactone	diuretic
Amoxil/Wymox	amoxicillin	anti-infective
Antivert	meclizine	anti-emetic/anti-vertigo
Aristocort/Kenalog	triamcinolone acetonide	corticosteroid
Atarax/Vistaril	hydroxyzine	antihistamine/anxiolytic
Ativan	lorazepam	anti-anxiety/sedative
Brethine	terbutaline	bronchodilator
Buspar	buspirone	anti-anxiety
Calan SR/Isoptin SR	verapamil HCI	cardiovascular
Coumadin	warfarin	anti-coagulant
Darvocet-N 100	propoxyphene napsylate/apap	analgesic
Daypro	oxaprosin	anti-inflammatory
Desyrel	trazodone HCI	anti-depressant
Diabeta/Micronase	glyburide	hypoglycemic
Dilantin	phenytoin sodium	anti-convulsant
Ditropan	oxybutynin Cl	anti-spasmodic
Dyazide	triamterene/hydrochlorothiazide	diuretic
Elavil	amitriptyline	anti-depressant/neurogenic pain
Entex PSE	pseudoephedrine/guaifenesin	decongestant/expectorant
Eskalith	lithium carbonate	anti-psychotic
Estrace	estradiol	estrogen replacement
Eulexin	flutamide	anti-neoplastic
Fioricet/Esgic Plus	butalbital/APAP/caffeine	analgesic
Fioricet w/Codeine	butalbital/APAP/caffeine/codeine	analgesic
Flagyl	metronidazole	anti-infective
Flexeril	cyclobenzaprine	muscle relaxant
Glucotrol	glipizide	anti-diabetic
Haldol	haloperidol	anti-psychotic
Hydrodiuril/Esidrix	hydrochlorothiazide	diuretic
Hytone Cream/Ointment	hydrocortisone	corticosteroid topical
Hytrin	terazosin	anti-hypertensive
Inderal	propranolol	cardiovascular
Isordil	isosorbide	anti-anginal
Keflex	cephalexin	anti-infective
Klonopin	clonazepam	anticonvulsant
K-Dur, K-Lor, K-Lyte, Slow-K	potassium chloride	nutritional supplement
Lanoxin	digoxin	cardiovascular
Lasix	furosemide	diuretic
Levsin	L-hyoscyamine sulfate	anti-spasmodic
Lopressor	metoprolol	cardiovascular
Lopid	gemfibrozil	anti-hyperlipidemic
Lorcet/Vicodin/Anexsia	hydrocodone bitartrate/apap	analgesic
Luvox	fluvoxamine	antidepressant

BRAND NAME	GENERIC NAME	DRUG CLASS/USE
Medrol	methylprednisolone	anti-inflammatory
Megace	megestrol acetate	anti-neoplastic; hormone
Mevacor	lovastatin	anti-hyperlipidemic
Micronase/Glynase	glyburide	anti-diabetic
Motrin	ibuprofen	anti-inflammatory
MS Contin/Oxycontin	morphine sulfate	narcotic analgesic
Naprosyn	naproxen	analgesic
Nolvadex	tamoxifen	antineoplastic
Pepcod	famotidine	anti-ulcerative
Percocet/Roxicet/Tylox	oxycodone HCl/acetaminophen	narcotic analgesic
Phenergan	promethazine	anti-histamine/antiemetic
Procardia/Adalat	nifedipine	calcium channel blocker
Prozac	fluoxetine	anti-depressant
Restoril	temazepam	hypnotic
Rheumatrex	methotrexate	Rheumatoid Arthritis
Ritalin	methylphenidate	CNS stimulant
Rocaltrol	calcitriol	anti-hypocalcemic
Sinemet	carbidopa/levodopa	anti-parkinson
Soma	carisoprodol	muscle relaxant
Synthroid/Levoxyl	levothyroxine	hypothyroidism
Tagamet	cimetidine	anti-ulcerative
Tambocor	flecainide	anti-arrhythmic
Tegretol	carbamazepine	anti-convulsant
Tenormin	atenolol	cardiovascular
Timoptic	timolol	glaucoma
Tylenol with Codeine	acetaminophen/codeine	narcotic analgesic
Valium	diazepam	anti-anxiety
Vaseretic	enalapril/hydrochlorothiazide	anti-hypertensive
Vasotec	enalapril	anti-hypertensive
V-Cillin K	penicillin VK	anti-infective
Ventolin/Proventil	albuterol	bronchodilator
Vibramycin	doxycycline	antibiotic
Viroptic	trifluridine	anti-viral ophthalmic
Vistaril /Atarax	hydroxyzine	anti-histamine/sedative
Xanax	alprazolam	anti-anxiety/sedative
Zantac	ranitidine	anti-ulcerative
Zovirax	acyclovir	antiviral
Zyloprim	allopurinol	anti-gout/anti-neoplastic

DUTY AREA 6

Use Medication Administration Records (MAR) and other medication forms

Performance Objective:

Given information about a resident's medication and appropriate forms, amend an existing Medication Administration Record (MAR) with 100% accuracy. Demonstrate correct use of the MAR and other facility forms for recording administered medications.

Enabling Objective:

Determine the type of forms used at facilities to document medication administration.

TOPICAL OUTLINE

I. Complete medication documentation forms according to facility procedure.

   A. Medication Administration Records

      1. Keep a declining inventory sheet for each controlled substance used by each resident.
      2. Use to document each administration of medication by resident.

   B. Document changes in dosage and directions on the MAR; change must be accompanied by a written prescription or a faxed copy from the prescriber. New orders require new entry.

      1. RN must be notified of all medication changes prior to administering new dose.

      2. CMAs **do not** accept telephone orders from prescribers.

      3. Changes made by Certified Medication Aides are documented on **every** MAR and include the CMA's initials and discipline (i.e. CMA).

      4. RN must review and approve in accordance with principles of approved delegation.

   C. Medication information sheet

      Pharmacist may provide an information sheet or package insert for each medication taken by residents.

ACTIVITIES

Explain the importance of immediate and proper documentation of all medication administered at the facility.

Explain and show completed examples of any forms that are required by law.

Review handout material included in this unit and any other appropriate material related to these tasks which would be helpful to trainees.

Explain and demonstrate the correct method of using medication administration records and/or other forms that trainees will use at a facility to document medication administration.

Make sure each trainee has copies of each form he/she will use at a facility.

Provide trainees with medication information for a real or hypothetical resident and guide them in preparing medication documents according to designated procedures. See Instructor Materials for practice activities.

Highlight the most important information on the sheet.

TOPICAL OUTLINE	ACTIVITIES
	Observe trainees as they practice preparing the medication forms. Provide feedback, additional review and practice if needed. **EVALUATION:** Provide each trainee with medication information for a real or hypothetical resident. Information should include a prescriber's order, pharmacy label and any other information (real or simulated) required to amend medication forms used at a facility. Provide each trainee with the forms. Have each trainee amend the medication administration record. Evaluate completed documents. Provide additional instruction for trainees who do not amend the documents with 100% accuracy.

DUTY AREA 6

EVALUATION EXERCISE
USE OF MEDICATION ADMINISTRATION RECORD (MAR)

Instructions:

Give each trainee a simulated resident's MAR, a new pharmacy-delivered medication and the medication prescription. Have the trainee perform the following exercises.

Medication Administration Record:

Identify where each of the following elements of the Medication Administration Record is located:

1. Name of the resident;
2. Name and strength of the medication;
3. Dosage or amount of the medication ordered;
4. Time(s) to be administered;
5. Route of administration;
6. Special instructions for storage or administration;
7. Place for signature/initials of person assisting with administration of medication;
8. Place for noting if medication not administered and
9. Place for noting medication error.

Amending the Medication Administration Record:

Using the sample MAR and a new pharmacy delivered medication, document, according to agency policy, the following information:

1. Name of the resident;
2. Name and strength of medication;
3. Dosage or amount of medication ordered;
4. Time to be administered;
5. Route of administration;
6. Special storage instructions;
7. Special instructions for administering the medication;
8. Note any differences in color, shape, size, etc. of medication if a refill; and
9. Call the RN if there is a problem.
10. When a new order is added to the MAR, the CMA shall initial the MAR to denote the CMA responsible for the entry (e.g. initial in corner of MAR block).
11. If a CMA follows on the shift **after** an LPN has approved a new medication for administration, the CMA must still check with the RN regarding the new order.

How to Use the Medication Administration Record to Document Medication Administration Activity

When You Give a Medication:

Each time you administer medication to a resident, you must **immediately** document the following on the resident's Medication Administration Record (MAR):

- the time
- the date
- dosage
- your name (person administering medication)

Your facility may refer to the MAR by another name. Write in the space below the name your facility uses to identify the form in which the administration of medication is recorded:

____

When Re-fill Medication Arrives (Including Over-The-Counter Drugs):

1. Compare the medication pharmacy label to the resident's Medication Administration Record. The information on the MAR and prescription label should be identical. If it is not, notify the RN.

2. Some facilities have a special form for "logging in" medications from the pharmacy. In other facilities, the person who receives the medication from the pharmacy initials and dates the receipt to indicate that it has been reviewed and is correct. If you have any questions, call the RN. Do not give the medication until your questions are answered by the RN.

3. If the medication is a generic, its color and/or shape, and/or size may be different from what you have seen before. **ALWAYS** check with the RN if you have any questions, then write down the response for other staff who may be administering medications later, according to facility policy.

4. Explain any differences to the resident when the medication first comes from the pharmacy. This will help the resident understand why the medication "looks different." You may want to have the RN explain the change to the resident.

Note: Allow plenty of time for the pharmacy to refill the residents' medications. Certain medications may require the pharmacist to order from other sources, which could delay dispensing time. Have the RN discuss this with the pharmacist.

When a New Medication (or Change in a Medication's Dosage, Frequency, Form of Administration, Route of Administration, or Time) is Prescribed:

1. In some cases, the RN may call to inform you that a new medication has been ordered, or that the dosage, frequency, form of administration, route of administration, or time of administration has been changed on a resident's medication. When this occurs, follow the RN's instructions to amend the resident's MAR, adding the necessary information.

    a. When the new medication or new dosage of a current medication is delivered from the pharmacy, compare the medication pharmacy label to what you have written on the resident's MAR. The information on the MAR and pharmacy label should be identical. If it is not, notify the RN.

2. In some cases, the resident may return from the physician or prescriber's office with a new written prescription or a newly filled prescription. When this happens, locate the resident's MAR, and call the RN.

    a. Report the information from the prescription or pharmacy label to the RN. With the RN's approval, add the information about the new drug to the MAR and to any other master medication list used by your facility. **Caution: Do not attempt to interpret a prescription if it is not clear. In those instances, send the prescription to the pharmacy and request that the RN contact the pharmacy and/or practitioner who issued the prescription.**

    b. If the written prescription must be filled, send it to the pharmacy after you have spoken with the RN and recorded information from the prescription on the MAR.

    c. When a new medication is delivered from the pharmacy, compare the pharmacy medication label to what you have written on the resident's MAR. The information on the MAR and pharmacy label should be identical. If it is not, notify the RN.

3. If the dosage of a resident's medication is changed, it may be necessary to return the current medication to the pharmacy, and if allowable by regulation and/or facility policy, have the pharmacy issue a credit to the resident. In all instances, the certified medication aide should follow the facility policy regarding any discontinued or unused medications.

    a. If there is a discrepancy between the dosage on the pharmacy label and the dosage on the MAR, notify the RN. Do not give a medication if you are uncertain about the correct dosage. **Call** the RN **first**.

When a Medication is Discontinued:

1. In some cases, the RN may call to inform you that a medication has been discontinued; the resident should stop taking the medication. When this occurs, follow the RN's instructions to amend the resident's MAR and any master medication list used by your facility, indicating that the drug is discontinued.

2. In some cases, the resident may return from the physician or prescriber's office with a written prescription stating that a medication should be discontinued. When this happens, locate the resident's MAR and any master medication list used by your facility and call the RN.

   a. Report the information from the prescription label to the RN. With the RN's approval, amend the resident's MAR and your facility's master medication list, indicating that the drug is discontinued.

3. Explain to the resident that the medication has been discontinued. If allowable by regulation and/or facility policy, the RN is to return any unused, discontinued medication to the pharmacy, or arrange with the resident to discard or remove the discontinued medication.

DUTY AREA 6

TRAINEE PRACTICE

Medication Administration Record:

Identify where each of the following elements of the Medication Administration Record is located:

1. Name of the resident;
2. Name and strength of the medication;
3. Amount (dose) of medication ordered;
4. Time to be administered;
5. Route of administration;
6. Special instructions for storage or administration;
7. Place for signature/initials of person assisting with administration of medication;
8. Place for noting if medication refused, unavailable, or not administered and
9. Place for noting medication error.

Amending the Medication Administration Record:

Using the sample of the prescriber's order and medication delivered from the pharmacy, document, according to agency policy, the following information:

1. Name of the resident;
2. Name and strength of the medication;
3. Amount (dose) of medication ordered;
4. Time to be administered;
5. Route of administration;
6. Special instructions for storage;
7. Special instructions for administration;
8. Note any differences in color, shape, size, etc. of drug if a refill; and
9. Call the RN if necessary.
10. When a new order is added to the MAR, the CMA shall initial the MAR to denote the CMA responsible for the entry (e.g. initial in corner of MAR block) and
11. If a CMA follows on the shift **after** an LPN has approved a new medication for administration, the CMA must still check with the RN regarding the new order.

PREPARE TWO DIFFERENT MEDICATIONS FOR RESIDENT ADMINISTRATION USING THE MEDICATION CARDS OR THE MEDICATION ADMINISTRATION RECORD (MAR) AND YOUR FACILITY POLICY.

DUTY AREA 6

Demonstration of the Proper Use of the Medication Administration Record

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Identifies the required elements of information required on a resident medication administration record.			
2. Documents the appropriate information after administering medications.			
3. Documents the appropriate information when a medication is omitted.			
4. Demonstrates the ability to correctly transfer information from a prescription and a verbal order from a RN onto a medication administration record.			
5. Demonstrates the ability to correctly amend the medication administration record when a medication has been discontinued.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

DUTY AREA 7

Demonstrate the five rights of medication administration.

Performance Objective:

Given information and discussion on the right ways to administer medication, demonstrate the five rights while administering medication. Performance must be acceptable according to a rating sheet.

Enabling Objectives:

Identify the five rights of medication administration.

Determine the importance of observing the five rights each time medication is administered.

TOPICAL OUTLINE

I. The five rights of medication administration

  A. The rights

    1. Right resident

    2. Right medication

    3. Right dosage

    4. Right time

    5. Right route

  B. The importance of observing the rights each time medication is administered

  C. Procedures for ensuring the rights

    1. Right resident

      a. Know the residents. Pictures on the MAR should be current and labeled with the resident's name.

      b. Check with other staff if you are not familiar with resident.

ACTIVITIES

Review handout material available in this duty area and any other available and relevant material that would be helpful to this task.

Using a flip chart, chalk board, etc. list the five rights of medication administration.

Discuss the importance of observing these rights **EACH** time medications are administered.

Explain the procedures to follow to ensure each of the five rights.

Note: Instructors may mention that there may be other "rights" of medication administration. Examples of additional "right" are: Right Dosage Form, Right Documentation, Right Response and Right Therapeutic Classification. The pharmacist can explain the therapeutic classification, i.e. Proton Pump Inhibitor vs. Histamine-2 Blocker.

TOPICAL OUTLINE	ACTIVITIES

2. Right medication

   a. Compare Medication Administration Record and pharmacy label.

   b. Double check to make sure the above documents agree. If not, contact the RN.

3. Right dosage.

   a. Compare the Medication Administration Record to the pharmacy label, to ensure that the resident receives the current dosage in accordance with the current prescriber's order(s).

4. Right time

   a. Follow time schedule for the facility or specific time as indicated on prescription label.

   b. Adhere to specific administration instructions on the MAR if different from facility's schedule.

   c. Observe any cautionary or auxiliary warnings on the medication container and on the MAR.

5. Right route

   a. Double check MAR to determine that the medication is in the dosage form ordered by the prescriber.

   b. Review MAR and pharmacy label for special administration directions.

   c. If doubt exists as to whether medication is in correct form or can be administered as ordered, contact the RN.

In the space provided on the unit handout, trainees fill in facility procedure for ensuring the five rights. Encourage trainees to use this as a reference.

Conduct a question and answer session to determine that trainees understand the five rights, the procedures for ensuring the rights, and the importance of following the procedures each time medication is administered.

Explain that documentation, an important follow up to medication administration, will be covered in a subsequent task in the duty area.

Provide opportunities for trainees to practice demonstrating the five rights in simulated or supervised, on-the-job medication administration.

Observe performance and give feedback. Provide additional instruction as needed.

EVALUATION:

Have each trainee demonstrate his or her ability to carry out the procedures for ensuring the five rights of medication administration. Evaluation may be a simulation or take place on-the-job while trainee assists resident with administration of medication. Use a rating sheet to evaluate performance. One is provided in this unit.

Suggest conducting this evaluation in conjunction with evaluations of other tasks dealing with assisting residents to administer medication, especially Duty Areas 8 and 10.

THE FIVE RIGHTS OF MEDICATION ADMINISTRATION

EACH TIME YOU ADMINISTER OR ASSIST WITH THE ADMINISTRATION OF A MEDICATION YOU **MUST BE SURE** YOU HAVE FOLLOWED THE **5 Rights**:

- RIGHT RESIDENT
- RIGHT MEDICATION
- RIGHT DOSAGE
- RIGHT TIME
- RIGHT ROUTE

Registered Professional Nurses have long referred to these factors as the **"five rights"** of medication administration. Each time a medication is administered you should have a system to carefully check for the five rights. Even though many medications are administered for a long period of time, there is always a possibility that a change has been made, you may have accidentally opened the wrong medication or the pharmacist may have filled the prescription incorrectly. **Check all five rights every time you administer a drug.**

Right Resident - Always check by looking for an identification source. Examples include:
a photograph of the resident and asking the person to tell you her/his name if you are not sure. DO NOT ALLOW YOURSELF TO FEEL SILLY WHEN ASKING FOR A NAME. It could prevent you from making an error. Avoid distractions. A lot of activity can cause you to make a mistake, even when you know everyone well.

Right Medication - To make sure you give the right medication, use the following process and your facility policy:

1. Compare the Medication Administration Record and the pharmacy label.
2. **MAKE SURE THEY AGREE**. If they do agree, continue to the next step.
3. If they do not agree, recheck to find out what is different. Contact the nurse immediately for further instructions.

AT YOUR FACILITY, COMPARE THE FOLLOWING:

1.

2.

3.

If the documents do not agree, I should call:

____

Right Dosage – To make sure you give the right dosage, use the following process and your facility policy:

1. Compare the Medication Administration Record with the pharmacy label to make sure they agree.
2. MAKE SURE THEY AGREE. If they do agree, continue to the next step.
3. If they do not agree, recheck to find out what is different. Contact the RN immediately for further instructions.

AT YOUR FACILITY, COMPARE THE FOLLOWING:

1.

2.

3.

If the documents do not agree, I should call:

____

Right Time - The pharmacy label and MAR will tell you how often the medication should be taken. Your facility should have a time schedule for administering medications. Fill in the following information.

Your Facility's Time Schedule for Administering Medications:

Once a day (spell out) ______________________________

Twice a day (B.I.D.) ______________________________

Three times a day (T.I.D.) ______________________________

Four times a day (Q.I.D.) ______________________________

Every six hours (q6H) ______________________________

Every eight hours (q8H) ______________________________

Every Morning (spell out) ______________________________

Every Night at Bedtime (HS) ______________________________

Some medications must be given at very specific times: for example, before meals; one hour after meals; at bedtime. THESE MEDICATIONS SHOULD BE ADMINISTERED AS PRESCRIBED AND NOT TO MEET A GENERAL ADMINISTRATION TIME SCHEDULE.

PRN medications -These medications are written to be administered as needed. The RN will write the reason for administering the medication and the frequency on the MAR. Many pain relievers, laxatives and "sleeping" pills fall in this category. When the resident has difficulty communicating, it may be hard to determine the need for these medications. If there is a health concern that needs PRN medicating, the RN will write very specific instructions for the resident. Orders for pain must be site specific, i.e. Tylenol 500mg every 4 hours PRN for right leg pain. Remember, prescribed PRN medications MUST have a frequency, i.e. Maalox 30ml PRN every hour. Maalox 30 ml PRN is **unacceptable**. Call the RN if there is any question.

If you are unsure about whether to give a PRN medication, contact the RN first.

Write your facility policy for administering PRN medications in the space below:

____

____

____

Right Route - Each medication is prescribed to be taken in a certain form and by a certain route. The oral route (by mouth) is the most common method of medication administration, but there are a number of other routes.

In some cases, the same medication can be administered in several different dosage forms (liquid, capsule, suppository) by several different routes (oral, rectal, topical). It is important for the Certified Medication Aide to know the dosage form and route of administration for each medication. The MAR and pharmacy label will tell you which route to use for administration.

ROUTE	**DOSAGE FORMS**	
Oral (by Mouth)	Capsule Liquid Lozenge Sublingual	Tablet Spray Inhaler Troche
Gastrostomy Tube (g-tube)	Liquid (properly diluted) Capsule (approved to be opened) Capsule with timed-release pellets (approved to be opened) Tablet (approved to be crushed.)	
Topical (on the Skin)	Cream Patch Spray	Ointment Liquid Powder
Parenteral (by Injection)	Subcutaneous Intramuscular*	Intradermal* Intravenous*

- Not approved for administration by CMA; **Only** insulin is approved for subcutaneous use or "pens" with waiver approval.

Ophthalmic (in the Eyes)	Liquid (Drops) Insert	Ointment Gel
Otic (in the Ears)	Liquid (Drops)	Ointment Cream
Nasal (in the Nose)	Spray Ointment	Liquid (Drops) Inhaler
Rectal (in the Rectum)	Suppository Cream Aerosol Foam	Ointment Liquid (Enema) Pads
Vaginal (in the Vagina)	Suppository Cream Tablet Powder	Ointment Liquid (Douche) Gel Jelly

REMEMBER, ONLY WHEN YOU ARE SURE OF THE 5 Rights DO YOU ADMINISTER THE MEDICATION.

- **Right Resident**
- **Right Medication**
- **Right Dosage**
- **Right Time**
- **Right Route**

DUTY AREA 7 EVALUATION

Demonstrating The Five Rights of Medication Administration

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Demonstrates all five rights in each medication administration observed by the instructor.			
2. Identifies the resident to ensure that the medication was administered to the right resident.			
3. Administers the right medication to the right resident			
4. Administers the right dosage according to the prescription label and MAR.			
5. Administers the medication at the right time according to the prescription label and MAR.			
6. Administers the medication to the right resident by the right route according to the prescriber's order and pharmacist's instructions.			
7. Follows facility policy and procedures regarding the "five rights" of medication administration.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

DUTY AREA 8

Organize for medication administration to residents.

Performance Objective:

Given medications in unit-of-use or unit dose packages, and equipment needed for preparing medications, administer medications to residents following proper procedure. All steps of the procedure must be performed acceptably according to a checklist.

TOPICAL OUTLINE

I. Organizing to administer medications to residents

A. General procedure

1. At beginning of work-shift, review all resident's MARs.

2. Plan your time schedule for administering medications to residents who require it.

3. Identify where residents' medications are stored:

a. In residents' apartments/rooms

b. In a central medication storage area

c. In refrigerator

B. Medication administration procedure.

1. Wash your hands.

2. For each resident who needs medication according to the MAR, review "five rights" of medication administration.

a. Do not open/prepare medication until resident is ready to accept it.

b. Keep medication within sight (unless it is locked up) until it is administered.

3. Administer the medication as prescribed.

a. If medication is dropped or contaminated, destroy according to facility policy, and give resident another dose.

ACTIVITIES

Provide each trainee with a reference handout. Use the handout included in this duty area and other available material that is related to the task.

Provide each trainee opportunity to practice pouring/preparing prescribed medications following proper procedure.

EVALUATION:

Provide each trainee with medication in several unit-of-use or unit dose packages. Provide equipment needed for administering medications. Have each trainee give several residents their medications according to the MAR. This evaluation may be simulated or conducted on-the-job. Use a checklist to evaluate trainee performance. Provide additional assistance for trainees whose performance is not acceptable according to the checklist.

TOPICAL OUTLINE	ACTIVITIES

4. Document medication administration on the MAR.

5. Repeat Steps #1-4 for the next resident who requires medication administration.

C. Procedure after medication administration is completed

1. Medications which are centrally stored must be kept locked.

2. Follow facility procedure for securing medications that are kept in residents' apartments/rooms.

DUTY AREA 8 EVALUATION

Organizing for Medication Administration

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Reviews residents' MARs.			
2. Plans time schedule for administering medications to residents.			
3. Identifies where residents' medications are stored.			
4. Washes hands before administering medications.			
5. For each resident requiring medication, reviews "five rights" of medication administration.			
6. Avoids opening/preparing medication until resident is ready to accept it.			
7. Keeps medication within sight (unless it is locked up) until it is administered.			
8. Administers medication as prescribed.			
9. Describes proper procedure for destroying medication if dropped or contaminated.			
10. Documents medication administration on the MAR.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ORGANIZING FOR MEDICATION ADMINISTRATION

PRACTICE EXERCISE

1. Collect Medication Administration Records for five to ten residents at your facility.

2. Using the topical outline for this Duty Area and your facility's policies on medication administration, describe the process and procedures you would follow to administer medications to these residents at your facility today.

3. Write out a schedule for yourself, indicating the times that medications must be administered, and the names of residents who will need medication.

4. Where are the residents' medications stored at your facility?

5. Identify two important steps you must perform before actually giving a resident his/her medications.

6. If you drop a resident's medication on the floor, what should you do?

7. What should you do after you have finished administering medication

DUTY AREA 9

Measure and record vital signs, if required, prior to medication administration.

Performance Objective:

Given the equipment for measuring vital signs and the necessary forms for recording them, measure and record temperature, pulse, respiration, and blood pressure. These procedures must be performed according to a checklist.

Enabling Objective:

Determine baseline temperature range.

Determine baseline pulse range.

Determine baseline respiration (breathing) range.

Determine baseline or acceptable blood pressure range.

TOPICAL OUTLINE	ACTIVITIES
I. Measuring and recording vital signs. A. Determining when to measure vital signs 1. RN's instruction, per MAR 2. Required by facility policy and procedure 3. Routine monitoring of certain medications B. Determining baseline or "normal" vital signs 1. Baseline temperature range 2. Baseline pulse range 3. Baseline respiration (breathing) range 4. Baseline or acceptable blood pressure range	Explain to trainees what conditions indicate the measurement of resident vital signs. Guide the trainees to make a list of any specific medications that may require the measurement of vital signs before administration. Also have trainees list resident symptoms that may indicate the need for the measurement of vital signs. Space is provided on the Trainee Handout. Explain and list on a flip chart or chalk board the baseline vital sign measurements or ranges. Show examples of vital signs recorded on resident records. Explain and demonstrate the procedure for measuring each vital sign. A video may be used.

TOPICAL OUTLINE	ACTIVITIES
C. Procedure for measuring and recording vital signs 1. Review step-by-step procedure for measuring vital signs. a. Temperature (1) Oral (2) Rectal b. Pulse (1) Apicall (2) Radial c Respiration (Breathing) d. Blood pressure 2. Review procedure for recording the measurements. a. Proper abbreviations b. Proper facility forms, if any D. Follow-up regarding vital signs 1. Review instructions for each resident on MAR regarding whether to administer medication if consistent with a specific vital sign. 2. Record vital sign measurements. 3. Contact the RN to report abnormal vital signs as specified in the MAR. Follow the RN's instruction. 4. Report vital sign measurements to resident and indicate that the RN will be contacted regarding abnormal vital signs.	On the trainee handout included in this unit, have trainees write in the procedure followed at the facility for measuring and recording vital signs. Arrange for trainees to work in pairs to practice measuring oral temperature, blood pressure, breathing, and pulse. Have them record measurements using form used at the facility. Trainees may practice measuring vital signs with supervision on the job. Observe practice and provide feedback. Provide additional instruction if necessary. **EVALUATION:** Provide each trainee with the equipment needed to measure and record vital signs and the forms for recording them. Have trainees demonstrate the proper procedure for measuring and recording oral temperature (rectal temperature may be explained using a diagram), pulse, respiration (breathing), and blood pressure. Instructor may measure the vital sign himself/herself to ensure that the trainee got the proper measurement. Have the trainee record each measurement properly. Have trainees discuss the measurement as to whether it is within baseline range and tell what steps should be taken if the measurement is not within the baseline range for the resident. Evaluate trainees individually using a checklist. Conduct evaluation as a role-play or as trainees provide care to residents at the facility. A checklist is provided in the duty area. Provide additional review and practice for trainees who do not receive an acceptable rating according to the checklist.

DUTY AREA 9 EVALUATION

Measuring and Recording Vital Signs, if Required, Prior to Medication Administration

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Determines need for an accurately measured: temperature, pulse, respirations and blood pressure.			
2. Properly records: temperature, pulse, respirations and blood pressure.			
3. Reports measurement to resident to include resident in medication decisions when appropriate.			
4. Contacts RN when vital signs were not in the acceptable range.			
5. Describe the baseline or "normal" measurements for each vital sign.			
6. Identifies at least three medications that require vital sign measurements and explains why.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

MEASURE AND RECORD VITAL SIGNS PRIOR TO MEDICATION ADMINISTRATION, IF REQUIRED

When measuring vital signs, what is "normal" varies according to the individual. The following are considered normal ranges. Normal measurements for each resident may be determined by reviewing the MAR. The RN will state in the MAR whether vital signs must be taken prior to medication administration and when to contact the RN in order to report abnormal vital signs.

Temperature:

Oral 96.6 to 98.6 degrees Fahrenheit

Rectal - one degree higher

Pulse Range:

60 to 90 beats per minute

Respiration Rate:

12 to 20 breaths per minute

Blood Pressure:

It may be as low as 90 Systolic over 60 Diastolic, or as high as 140 Systolic over 90 Diastolic - abbreviated and written as 90/60 to 140/90.

Some medications or classes of medications may require measurement of vital signs before administering, in accordance with facility policy or acceptable standards of professional practice, including:

Digoxin:	Check apical pulse rate
Antihypertensives:	Check blood pressure
Narcotics:	Check respirations
Acetaminophen:	Check temperature (for fever)

Common medication-related symptoms that require measurement of vital signs and the need to notify the RN:

Dizziness:	Check blood pressure and pulse
Swelling of Ankles:	Check pulse and blood pressure
Chest Pain:	Check pulse and blood pressure

In the space below, describe step-by-step your facility's procedure for measuring and recording vital signs including the equipment used at the facility. Make note of the location where the instruments are kept. If a special form is used at the facility to record vital signs, you might attach the form to this handout for reference.

Measuring and recording temperature:

Oral: ____

____

____

____

Rectal: ____

____

____

____

Measuring and recording pulse:

____

____

____

____

Measuring and recording respiration (breathing):

____

____

____

____

Measuring and recording blood pressure:

___

___

___

___

The RN(s) at the facility who should be contacted if a vital sign is not within the normal range is/are:

___

___

___

___

___

DUTY AREA 10

Administer oral medications correctly.

Performance Objective:

Given at least two medications and other needed supplies, administer the medications to a resident and document the administration. Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

I. Administering oral medication and documenting administration

   A. General procedure for administering oral medications

      1. Administer medication only when you are sure the five rights are being carried out.

      2. Address resident by name.

      3. Have resident check medication to be sure it is what he/she usually takes.

      4. If resident questions the medication do not administer and make additional checks.

         a. Check to ensure proper medication was taken from proper container.

         b. Check pharmacy label and MAR for resident name, medication name, and change in directions.

         c. Check with the RN regarding possible dispensing error.

      5. Observe the resident swallow medication (Check oral cavity if uncertain).

ACTIVITIES

Review handout included in this duty area and other available material related to the task.

Explain and demonstrate proper procedure for administering oral medication.

Emphasize the circumstances under which medication should **NOT** be given. Explain the procedure for contacting appropriate person(s) and carrying out required checks.

Encourage trainee's questions regarding the administration of oral medications.

TOPICAL OUTLINE	ACTIVITY
B. Specific procedure for administering oral medication	Ask some "what if?" questions to have trainees think through the required procedure. Examples: What if a resident says the tablet she usually takes at this time is light blue and this one is red?
1. Usually best to take medications with 8 oz. of water (check MAR and medication container for any additional directions).	
2. Long-acting or sustained-release forms of medication are not to be broken, crushed or chewed before swallowing.	What if a resident wants to crush a long-acting form of medication so that it will be easier to swallow?
3. Liquid medications will be measured and administered following the directions of the delegating RN.	Explain the importance of properly documenting all medications administered at the facility.
4. If resident has trouble swallowing a medication, check with the RN for other available dosage forms of the medication. Check with the RN prior to placing medication in any food or liquid.	Point out that refusals to take medication and medication errors must also be documented. Duty Areas 11 and 12 deal with reporting and documenting these occurrences.
5. Have resident place tablets, capsules, etc. in middle of the tongue.	Explain and demonstrate how to document medication administration using facility forms.
a. Removing dentures helps with swallowing if edentulous.	Explain that, in addition to the written documentation, it is important to report orally to incoming and ongoing staff any significant information about residents and their medication administration. Emphasize that such communication facilitates the care of residents.
b. Follow with 8 oz. of water.	
6. Encourage self-administration, but assist as needed.	
C. **Cautions**: when **NOT** to give medication - **WHEN IN DOUBT, DON'T.**	Allow trainees to practice assisting with the administration of oral medications during a simulated situation or during supervised care of residents at the facility. Have trainees practice documenting the administrations.
1. Missing items	
a. No Medication record or medication administration sheet (MAR)	
b. Illegible or confusing pharmacy label	Observe practice and provide feedback. Provide additional review if needed.
2. Resident exhibits significant change in status	
3. Any doubts about the five rights.	
4. **The CMA cannot administer medications from "reminder" containers or medications that are inappropriately labeled. CMAs must comply with Duty Area 5.**	
D. Documentation of medication administration	
1. Document each time medication is given.	

TOPICAL OUTLINE

2. Use proper forms (medication administration record or other form(s) used at facility).
3. Document when resident refuses medication.
4. Document medication errors.
5. Document reason for giving PRN drugs and the outcome or effect of the PRN administration.

ACTIVITIES

EVALUATION:

Provide each trainee with at least two oral medications and any other supplies needed to administer the medications. Have each trainee demonstrate proper procedure for administering the medications. This evaluation may take place as a simulated experience or during administration to a resident at the facility. Evaluate each trainee using a rating sheet.

For efficiency, suggested conducting this evaluation in conjunction with the evaluations of other tasks dealing with assisting residents to administer medication. (i.e. Duty Areas 7-12)

Refer to "Special Issue-do not use these dangerous abbreviations or dose-designations" under Duty Area 12, Document Medication Errors on pages 106-108.

DUTY AREA 10 EVALUATION

Administering Oral Medications Correctly

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Encourages resident to self-administer oral medication.			
2. Provides assistance necessary to maintain dignity and self-esteem.			
3. Reviews "five rights" before administering medication.			
4. Calls resident by name.			
5. Assists resident to check medication.			
6. Answers any questions about medication to ensure correctness, checking with the nurse as necessary for questions about color, size, shape, and the number of medications to be administered.			
7. Observes resident swallow medication.			
8. Documents properly.			
9. Identifies three circumstances when medications should **NOT** be administered.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ADMINISTERING ORAL MEDICATIONS CORRECTLY

1. Review “five rights" before administering any medication.

2. Call the resident by name when administering the medication.

3. Ask resident to look at the medication to be sure it is what he/she usually takes at this time.

4. If resident questions color, size, shape or anything--**DO NOT GIVE THE DOSE**.

   - Check to be sure that the proper medication was taken from the proper container.

   - Check the pharmacy label and the MAR for any changes in the directions.

   - Check with the RN if you believe there has been a dispensing error by the pharmacy.

   - If the RN confirms that the medication is what was ordered, but in a different form, explain this to the resident and administer the medication as usual.

5. Remain with the resident until the medication has been swallowed.

6. Document the administration of the medication following facility procedure.

Additional information to help you administer oral medications:

1. In general, it is best to take oral medication with a full 8oz. glass of water. However, see that directions on the MAR are followed.

2. If a resident is taking a long-acting form of medication, each dose should be taken whole. Make sure the medication is not broken, crushed or chewed before swallowing.

3. Never crush a tablet or capsule unless indicated on the MAR and/or pharmacy label. Observe any cautionary or auxiliary instructions on the medication container or MAR. Medications may have special compositions or formulations and crushing may alter the effect and/or distribution of the drug and/or result in stomach irritation or another adverse effect. Also, do not mix medication into food or drink unless ordered on the MAR and unless the resident is aware of the mixture. Observe resident consuming **<u>all</u>** of the mixture.

4. Oral medications may come in a number of different forms including capsules, tablets, caplets, sublingual (under-the-tongue) tablets and liquids. If a resident has trouble swallowing the form prescribed, there may be another form available that is easier to take. Have the RN check with the pharmacist and prescriber.

5. If you must help the resident to put the medication into his or her mouth, be sure the tablet, capsule, etc. is placed in the middle of the tongue for ease in swallowing. Removal of dentures may ease swallowing. Always follow with at least 8oz. of water unless contraindicated.

6. If a resident is taking liquid medication, it should be swallowed from the unit-of-use or unit dose container, unless the medication requires additional dilution prior to administration. An example is potassium chloride (KCl) liquid.

7. **DO NOT ASSIST THE Resident TO ADMINISTER MEDICATION IF:**

- One or more of the following items are missing:

  Medication Record or Medication Administration Sheet

  Note: Residents who self-administer may have a MAR, according to the facility's policy.

  Legible or Readable Pharmacy Label

- You see a significant change in a resident's physical or emotional condition. Additionally, follow facility procedure for reporting change.

- You cannot verify all five rights of medication administration.

- The medication looks different in shape, size, color, or marking.

WHEN IN DOUBT - DON'T ADMINISTER

DUTY AREA 11

Report and document a resident refusal to take medication.

Performance Objective:

Given a case of a resident's refusal to take medication, follow proper procedure for reporting the refusal to the delegating RN and for documenting the incident. Performance must be acceptable according to a checklist.

Enabling Objectives:

Determine proper procedure to encourage resident to take medication and avoid refusal.

TOPICAL OUTLINE

I. Reporting to the RN regarding resident's refusal to take medication.

A. Explain to resident the importance of taking the medication as prescribed.

B. Encourage resident compliance and identify the reason for refusal.

C. Do not force resident to take medication.

D. Call the RN and follow his/her instructions.

E. Document incident using facility procedure, Include reason resident refused medication if known.

ACTIVITIES

Explain the importance of tactfully handling the resident's refusal to take medication. Remind trainees of resident rights.

Explain that persons exhibiting the symptoms of dementia or certain personalities may be cooperative after a short interval if they are re-approached in a matter of fact manner.

Demonstrate in a real situation or a role-play how to explain the importance of medication and how to encourage resident to take their medication.

Have trainees identify how to contact the appropriate RN at the facility, regarding resident's refusal to take medication.

Show and explain proper format for written documentation of medication refusal incident.

For in-service training situations, have trainees enter on the trainee handout provided in this duty area: (1) names of registered professional nursing personnel to contact, (2) procedure for contacting, and (3) procedure for documenting refusal incidents according to facility policy.

TOPICAL OUTLINE	ACTIVITIES
	Allow trainees to role-play proper procedure and tactful techniques for handling a resident's refusal to take medication. Observe and provide constructive feedback. Allow trainees to practice reporting and documenting a refusal incident (either real or simulated). Several situations describing a resident's refusal to take medication are included in the instructor material for use in demonstration, practice or evaluation. Provide additional review and discussion if necessary. **EVALUATION:** Set up a simulation in which a resident refuses medication. Have each trainee follow procedure for handling the refusal including contacting appropriate nursing personnel and providing written documentation according to facility policy. Use a checklist to evaluate task performance. A checklist is provided in this duty area. Provide additional instruction for trainees who do not perform the task acceptably according to the checklist.

DUTY AREA 11 EVALUATION

Reporting and Documenting a Client/Resident Refusal to Take Medication

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Explains to resident the importance of taking medication as prescribed.			
2. Tactfully and matter-of-factly encourages resident to take medication.			
3. Does not force resident to take medication.			
4. Contacts the RN in a timely manner.			
5. Follows the RN's instructions.			
6. Completes appropriate written documentation.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

HANDLING A RESIDENT'S REFUSAL TO TAKE MEDICATION

Examples of Medication Refusal Situations for use in Demonstration, Practice or Evaluation:

1. John Goldberg was ordered 250 mg of Tetracycline by his physician, to be administered at 4:00 PM. He said his stomach was upset and he refused to take the medication.

2. Ben Howard was scheduled to receive a unit dose package of Metamucil (natural fiber laxative) at 9:30 PM. The MAR calls for daily doses to be administered each night just before bedtime. This night Mr. Howard refuses to take the Metamucil stating that he had experienced mild diarrhea during the day. The package was returned to storage unopened.

3. Melanie Griffith was scheduled to receive her daily eye drops at 7:30 AM as prescribed. Usually a cooperative resident, this time Melanie refused to self-administer her eye drops or allow the Certified Medication Aide help administer the drops. Agitated, Ms. Griffith would give no reason for refusing the drops.

REPORTING AND DOCUMENTING A RESIDENT'S REFUSAL TO TAKE MEDICATION

Fill in the information that describes your facility's procedure for reporting and documenting a resident's refusal to take prescribed medication. Use this as reference.

The name of the delegating RN or nurses to whom I should report a resident's refusal to take prescribed medication is/are:

____

____

____

According to facility procedure, the following information must be given when providing written documentation to a resident's refusal to take medication:

____

____

____

____

The steps in the facility's procedure for providing written documentation of a resident's refusal to take medication are:

____

____

____

____

____

____

If a special form is used for this purpose, you may want to attach a copy of this form for reference.

DUTY AREA 12

Document medication errors

Performance Objective:

Given two medication errors, document each according to designated policy and procedure with 100% accuracy.

Enabling Objective:

Recognize a medication error when it occurs.

TOPICAL OUTLINE

I. Document medication errors

A. Importance of documenting medication errors promptly according to facility policy and procedure

B. Errors in administering medication.

1. Wrong medication is administered to resident.
2. Medication is administered to wrong resident.
3. Wrong dosage is administered.
4. Medication is administered at the wrong time or not administered at all.
5. Wrong route of administration is used.
6. Medication is unavailable (Do not borrow).
7. Wrong dosage form is administered.

C. Facility procedure for documenting medication errors

D. Notify the RN

ACTIVITIES

Explain what is meant by documenting medication errors and why it is important to do so promptly and according to designated policy and procedure. Explain and discuss the types of medication errors that must be documented. Give trainees the handout included in the duty area that lists the types of medication errors with examples. Show trainees examples of medication errors documented in resident records.

Demonstrate correct procedure for documenting errors.

TOPICAL OUTLINE	ACTIVITIES
	Give trainees several examples of medication errors and sample medication administration records and/or other designated forms, and have them practice documenting the given examples. Guide them in completing this practice activity and offer additional review if needed. **EVALUATION:** Provide each trainee with two examples of medication errors. Select examples that are relevant to the facility. Provide sample forms. Have trainees record the medication errors following designated procedure. Evaluate their work. Provide additional instruction for those who do not perform the task with 100% accuracy.

DOCUMENTING MEDICATION ERRORS

<u>Recognizing Medication Errors</u>:

A medication error must be documented if any of the following conditions occur:

1. The wrong medication is given to a resident.

   Example: Mrs. Kent is given amoxicillin instead of tetracycline.

2. The medication is administered to the wrong resident.

   Example: Tina Turner's Benadryl 50mg capsule is administered to Kate Smith.

3. The wrong dosage is administered.

   Example: Mr. Collier is given 500 mg of Tetracycline, but the prescriber's order calls for 250 mg of Tetracycline.

4. Medication is administered to the resident at the wrong time or not administered at all.

   Example: Mrs. Tyson was to receive ibuprofen 600mg with her lunch, but it was not administered until two o'clock--two hours after her meal.

5. Wrong route of administration is used.

   Example: Prescriber's order states that Ms. Phoenix is to receive one Levsin tablet sublingually (under the tongue), but the tablet is swallowed with fruit juice.

6. Medication is unavailable.

   Example: Mr. Snood was to receive Seroquel 100mg at 9:00 AM. The medication was not sent by the pharmacy.

7. Wrong dosage form is administered.

   Example: Dilantin Kapseals 100 mg (extended release) once daily is ordered. Prompt phenytoin 100 mg was administered.

DUTY AREA 12 EVALUATION

Identifying and Reporting Medication Errors

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Identifies conditions that constitute medication errors.			
2. Identifies steps taken when a medication error occurs.			
3. Demonstrates knowledge and ability of completing an incident report.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

The Institute for Safe Medication Practices

The Institute for Safe Medication Practices (ISMP) is an educational resource for the prevention of medication errors. ISMP provides independent, multidisciplinary, expert review of errors reported through the U.S. Pharmacopeia (USP)-ISMP Medication Errors Reporting Program (MERP). Through MERP, healthcare professionals across the nation voluntarily and confidentially report medication errors and hazardous conditions that could lead to errors. The reporting process is simple. As an official MedWatch partner, ISMP and USP share all information and error prevention strategies with the FDA. Working with practitioners, healthcare institutions, regulatory and accrediting agencies, professional organizations, the pharmaceutical industry, and many others, ISMP provides timely and accurate medication safety information to the healthcare community and encourages safe use of medications.

To report errors, near misses or hazardous labeling, packaging, or the use of technology issues on medications, please report in confidence to the USP-ISMP Medication Errors Reporting Program by phone at:

1-800-FAILSAFE or electronically at <www.ismp.org>.

The following two pages, entitled **SPECIAL ISSUE - do not use these dangerous abbreviations or dose designations**, are reprinted with permission from ISMP.

SPECIAL ISSSUE - do not use these dangerous abbreviations or dose designations

Abbreviation/ Dose Expression	Intended Meaning	Misinterpretation	Correction
Apothecary symbols	dram minim	Misunderstood or misread (symbol for dram misread for "3" and minim misread as "mL").	Use the metric system.
AU	aurio uterque (each ear)	Mistaken for OU (oculo uterque—each eye).	Don't use this abbreviation.
D/C	discharge discontinue	Premature discontinuation of medications when D/C (intended to mean "discharge") has been misinterpreted as "discontinued" when followed by a list of drugs.	Use "discharge" and "discontinue."
Drug names			Use the complete spelling for drug names.
ARA-A	vidarabine	cytarabine (**ARA-C**)	
AZT	zidovudine (**RETROVIR**)	azathioprine	
CPZ	**COMPAZINE** (prochlorperazine)	chlorpromazine	
DPT	DEMEROL-PHENERGAN-THORAZINE	diphtheria-pertussis-tetanus (vaccine)	
HCl	hydrochloric acid	potassium chloride (The "H" is misinterpreted as "K.")	
HCT	hydrocortisone	hydrochlorothiazide	
HCTZ	hydrochlorothiazide	hydrocortisone (seen as HCT250 mg)	
MgSO4	magnesium sulfate	morphine sulfate	
MSO4	morphine sulfate	magnesium sulfate	
MTX	methotrexate	mitoxantrone	
TAC	triamcinolone	tetracaine, **ADRENALIN**, cocaine	
ZnSO4	zinc sulfate	morphine sulfate	
Stemmed names			
"Nitro" drip	nitroglycerin infusion	sodium nitroprusside infusion	
"Norflox"	norfloxacin	**NORFLEX** (orphenadrine)	
μg	microgram	Mistaken for "mg" when handwritten.	Use "mcg."
o.d. or OD	once daily	Misinterpreted as "right eye" (OD—oculus dexter) and administration of oral medications in the eye.	Use "daily."
TIW or tiw	three times a week.	Mistaken as "three times a day."	Don't use this abbreviation.
per os	orally	The "os" can be mistaken for "left eye."	Use "PO," "by mouth," or "orally."
q.d. or QD	every day	Mistaken as q.i.d., especially if the period after the "q" or the tail of the "q" is misunderstood as an "i."	Use "daily" or "every day."
qn	nightly or at bedtime	Misinterpreted as "qh" (every hour).	Use "nightly."
qhs	nightly at bedtime	Misread as every hour.	Use "nightly."

SPECIAL ISSSUE - do not use these dangerous abbreviations or dose designations (cont'd)

Abbreviation/ Dose Expression	Intended Meaning	Misinterpretation	Correction
q6PM, etc.	every evening at 6 PM	Misread as every six hours.	Use 6 PM "nightly."
q.o.d. or QOD	every other day	Misinterpreted as "q.d." (daily) or "q.i.d. (four times daily) if the "o" is poorly written.	Use "every other day."
sub q	subcutaneous	The "q" has been mistaken for "every" (e.g., one heparin dose ordered "sub q 2 hours before surgery" misunderstood as every 2 hours before surgery).	Use "subcut." or write "subcutaneous."
SC	subcutaneous	Mistaken for SL (sublingual).	Use "subcut." or write "subcutaneous."
U or u	unit	Read as a zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as "40" or 4u seen as 44").	"Unit" has no acceptable abbreviation. Use "unit."
IU	international unit	Misread as IV (intravenous).	Use "units."
cc	cubic centimeters	Misread as "U" (units).	Use "mL."
x3d	for three days	Mistaken for "three doses."	Use "for three days."
BT	bedtime	Mistaken as "BID" (twice daily).	Use "hs."
ss	sliding scale (insulin) or ½ (apothecary)	Mistaken for "55."	Spell out "sliding scale." Use "one-half" or use "½."
> and <	greater than and less than	Mistakenly used opposite of intended.	Use "greater than" or "less than."
/ (slash mark)	separates two doses or indicates "per"	Misunderstood as the number 1 ("25 unit/10 units" read as "110" units.	Do not use a slash mark to separate doses. Use "per."
Name letters and dose numbers run together (e.g., Inderal40 mg)	Inderal 40 mg	Misread as Inderal 140 mg.	Always use space between drug name, dose and unit of measure.
Zero after decimal point (1.0)	1 mg	Misread as 10 mg if the decimal point is not seen.	Do not use terminal zeros for doses expressed in whole numbers.
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg.	Always use zero before a decimal when the dose is less than a whole unit.

DUTY AREA 13

Dispose of medications.

Performance Objective:

Give at least two examples of medications that must be disposed of, and describe with 100% accuracy, the proper procedure for disposing of the medications per regulations.

TOPICAL OUTLINE

I. Disposing of medications

A. Discontinued medications may be returned to the pharmacy if permitted by existing regulations and/or facility policy. Expired medications should be destroyed immediately. All medication destruction in the facility shall be witnessed and documented by two persons, from among the administrator, the RN or the pharmacist.

B. Never give discontinued or expired medications to any resident.

C. Document the destruction of medications that are not returned to the pharmacy in either a log or another type of record.

D. Medications destroyed in a facility should be destroyed beyond the possibility of reclamation, logged in a report, and dated with a signature(s).

E. If a dose of a controlled substance becomes contaminated, it should be destroyed, following the criteria in A.

F. Over-the-Counter (OTC) medication(s) shall be disposed of in accordance with Federal, State, and/or facility policy.

ACTIVITIES

Explain the procedures for disposing of medications. Emphasize procedure for disposing of prescription medications including controlled substances. Explain any special procedure carried out at the facility.

Review handout in this duty area or other appropriate information. For an in-service, have the trainees record the steps of the specific facility procedure if any.

Give trainees examples of medications (controlled and non-controlled) that must be disposed of and have them describe the procedure for disposing of the medications. Review steps if necessary.

Discuss facility responsibility for resident medications when the resident leaves the facility.

EVALUATION:

Give each trainee at least two examples of medications including a controlled substance, and have him/her describe orally or in writing the proper procedure for disposing of each medication per regulations. Evaluate according to topical outline and provide additional instruction for trainees who do not describe the procedure with 100% accuracy. If instructor records trainee's oral description, suggest documenting with initials of both persons.

DUTY AREA 13 EVALUATION

Disposing of Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Expired or discontinued medication returned to pharmacist, or in accordance with Federal and State regulations. (Always done with controlled substances)			
2. Medication is destroyed for any reason at the facility; destroyed medication is recorded, including: resident name, medication, amount, date and signature of two persons who witnessed the destruction. **Note:** Determine if type of destruction is allowable by Federal, State or local regulation.			
3. Controlled substances, which may become contaminated, are destroyed beyond the point of reclamation and witnessed by two persons, recording the resident name, medication, amount, date and time; RN is contact according to regulations and facility policy.			
In the space below, add any facility specific steps that must be followed.			
1.			
2.			
3.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

DISPOSING OF MEDICATIONS

When a prescription expires, is discontinued, or is left after a resident's death; certain procedures must be followed in disposing of the unused medicationss.

1. **CMAs never dispose of medications.** Unopened and properly labeled discontinued medications may be returned to the pharmacy in accordance with existing regulations. Expired medications should be destroyed immediately. All medication destruction in the facility shall be witnessed and documented by two persons, from among the administrator, the nurse or the pharmacist.

2. Expired medications must be destroyed beyond the possibility that they could ever be used again.

3. If a medication prescribed for a resident is discontinued or left after a resident's death, **NEVER** give to another Resident. Follow facility policy. Medications surrendered to a family member when the resident leaves the facility should be released with a written, witnessed form, which has been developed and approved by the RN and pharmacist

4. Pharmacies <u>may</u> allow credit for unopened, unit-of-use or unit dose packages, or sealed containers, in accordance with New Jersey Board of Pharmacy Rules, and/or State and/or Federal crediting regulations, and/or facility policy.

5. If a dose of a controlled substance becomes contaminated it should be given to the RN for destruction in accordance with any State, County or Municipal environmental regulations. This destruction must be witnessed by a second person (who is either the administrator, nurse or pharmacist) who cosigns the documentation that the medication was destroyed.

In the space below, write in any specific steps that must be followed at the facility when disposing of medications.

____

____

____

DUTY AREA 14

Store and secure all medications.

Performance Objective:

Given information regarding guidelines for storing medications at the facility and several examples of medication including controlled substances, demonstrate proper procedure for storing and securing these medications. Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

I. Storing medications

A. Importance of storing medications properly

1. Comply with federal/state/county/municipal laws.

4. Comply with State licensing agency regulations.

5. Medi-minders cannot be stored in the medication cart.

.

B. Guidelines for storing medications

1. Store in containers in which medications were dispensed by a pharmacist, ensuring that labels are intact and legible.

2. Store centrally in a locked cabinet or refrigerator.

3. Individual in charge must keep keys on his/her person.

4. Keep controlled substances in a secure, locked container or cabinet.

5. Do not write on prescription labels. This is a function of a licensed prescriber or pharmacist in accordance with New Jersey law.

6. Observe accessory or auxiliary labeling provided by the pharmacy. e.g. – “Store in Refrigerator,” “Store at Room Temperature,” “Use in the Eye,” “External Use Only.”

ACTIVITIES

Give trainee the handout included in this duty area and any other appropriate material available.

Discuss the importance of properly storing medications.

Explain and demonstrate the procedure for storing medications. Make sure trainees know where medications are stored and which individuals have the keys to locked storage cabinets.

Explain and show examples of accounting and drug distribution systems (e.g. declining inventory sheet, bingo card, numbered strip pack) for controlled substances. Point out special auxiliary labeling and prescription numbers on these medications.

Give trainees examples of several medications used at the facility including a controlled substance. Have them practice explaining or demonstrating the proper storage of each medication. (See practice activity included in Instructor Material in this duty area.)

Provide additional review if necessary.

ACTIVITIES

EVALUATION:

Give each trainee at least two medications in the original container dispensed by the pharmacist. One of the medications should be a controlled substance. Have trainee demonstrate designated procedure for storing and accounting for each medication. Conduct this evaluation as a simulation or on the job at the facility. Rate each trainee's performance using a rating sheet. Provide additional instruction for trainees who do not receive acceptable rating on each component of the rating sheet.

DUTY AREA 14 EVALUATION

Storing Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Stores medications in the original container dispensed by pharmacist.*			
2. Reviews pharmacy label for all instructions and legibility.			
3. Stores all medications in a locked system or locked refrigerator.*			
4. Stores controlled substances in a secure cabinet or container.*			
5. Uses an accounting system for all controlled substances and counts according to applicable regulations and designated facility policy.			
6. Notifies RN for further instructions. when controlled substance count incorrect			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

***These are requirements of state law or licensure regulations.**

STORING MEDICATIONS PER REGULATIONS

Practice Activities:

1. Mary, a Certified Medication Aide, brought a resident's amoxicillin from the pharmacist to the facility. How should she store this medication?

2. A Certified Medication Aide receives a resident's newly prescribed medication, Tylenol with Codeine No.3 (a controlled substance). She gives it to the facility supervisor who places it in a locked cabinet in an unlocked room.

   Is this medication stored according to regulations? If not, how should it be stored?

3. Kevin, a Certified Medication Aide, works in an assisted living facility and is responsible for storing medications. He places a resident's medication, Percocet (a controlled substance), in the locked drawer of the locked medication cabinet and returns the key to his pocket.

   Is this medication stored properly according to law? If not, how should it be stored?

4. A Resident received a prescription for a controlled substance that requires refrigeration. The area where controlled substances are normally kept was not refrigerated, so the Certified Medication Aide placed the medication into an unlocked refrigerator and told residents not to touch it.

   Was this medication stored according to regulations? If not, how should it be stored?

STORING AND SECURING ALL MEDICATIONS

Your facility may use one or more of the following systems of packaging or drug distribution for medication management.

Drug Distribution Systems:

1. Individual medications dispensed in sealed, labeled plastic "bubbles", punch cards, bingo cards or strip packs; also known as unit-of-use; may be color-coded;

2. Multiple medications dispensed in sealed, plastic "bubbles" or bingo cards, and labeled in accordance with United States Pharmacopeia guidelines for Customized Medication Package requirements; may be color coded for administration times;

3. Unit dose medication;

4. Conventional or vial system, commonly used in community and mail-order pharmacies.

According to federal and state law or regulations and generally accepted good practices, the following apply to medications:

Drug Prescription Containers:

All medications must be stored in the original containers in which they were dispensed by a licensed pharmacist. The labels on these containers must be kept intact and readable. **DO NOT MAKE ANY MARKS OR CHANGES ON THE LABEL**. Changes can only be made by a pharmacist, doctor, advanced practice nurse, physician assistant, or the resident, if self-administered.

Locked Cabinet:

All medications that are not self-administered must be centrally stored in a locked cabinet or refrigerator. There must be sufficient storage space and adequate lighting. Topical medications may be stored in a separately locked cabinet or physically separated from oral medications.

Key to Cabinet:

The keys to the locked medication storage cabinets must be kept on the person of the individual at the facility who is responsible for the proper storage and/or administration of medications.

Controlled Substances:

All controlled substances must be kept accountable. A Certified Medication Aide will know a prescription is for a controlled substance if the container has a federal transfer label. (**Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed**) The prescription number is preceded by a large "C" or "N."

DUTY AREA 15

Maintain an inventory of medications.

Performance Objective:

Given an overview of procedures for maintaining inventory and the necessary forms, demonstrate how to maintain an inventory of the medications. Completed inventory forms must be 100% accurate.

TOPICAL OUTLINE

I. Maintaining an inventory of medications

   A. Importance of maintaining accurate inventory

   B. Follow facility procedure, including use of a Declining Inventory Sheet (DIS)

   C. Give special attention to counting controlled substances.

   D. Discuss incident reports.

ACTIVITIES

Discuss the importance of maintaining an accurate inventory of medications used at a facility. Emphasize the importance of keeping accurate counts of controlled substances.

Explain and demonstrate designated procedure for maintaining an inventory of medications. Show any special forms used to record count. Ensure that trainees have copies of forms used at the facility during an in-service training situation.

Explain what to do if a discrepancy is found between the number of medications on hand and the number that should be on hand. Describe an incident report. For in-service settings, have trainees practice documentation with an incident report.

Allow trainees to practice counting and recording medication on hand; then fill out incident reports for inaccuracies. Provide additional review if needed.

EVALUATION:

Give each trainee the forms needed to maintain a medication inventory. Have each trainee complete and record a sample inventory count of medications. Evaluate the completed forms. Provide additional instruction for trainees whose completed medication inventory forms are not accurate.

MAINTAIN AN INVENTORY OF CONTROLLED MEDICATIONS

The pharmacist must maintain records for the amount of controlled substance dispensed for each resident for whom he/she provides the medication. Records may be audited by agents of the federal Drug Enforcement Agency (DEA), State Enforcement Bureau, survey staff from the Division or other governmental agencies. Each practitioner, such as the pharmacist, doctor and advanced practice nurse, has an assigned number which allows them to dispense and/or prescribe controlled substances. It is called the DEA number and is required on the practitioner's prescription form.

Counting Controlled Substances:

1. Every facility has policies and procedures that account for controlled substances and a quality assurance system to assure a valid counting system. A Declining Inventory Sheet (DIS) shall be utilized in order to ensure that controlled substances are properly accounted for and to prevent possible drug diversion.

2. If you believe that the count is wrong, or you find that medications are disappearing, discuss the problem with the RN. Often, the RN, pharmacist consultant and/or provider pharmacist or facility administrator can help you find a way to maintain better control.

3. Drug diversion is a criminal action, and the facility is required to report suspected criminal activity to the New Jersey Department of Law and Public Safety, Enforcement Bureau, Professional Boards at (973) 504-6300 and/or the local police department.

In the space below fill in the designated facility procedure for controlled substances.

____

____

____

____

____

____

Contact ____immediately, if the controlled substances count is not correct.

In the space below, fill in the designated facility procedure for an incident report.

____

____

____

____

____

Copies of incident report forms are kept ____

____

____

DUTY AREA 15 EVALUATION

Demonstration of the Use of Declining Inventory Sheet

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Explains the knowledge of Federal and State regulations pertaining to control medications.			
2. Demonstrates accuracy when counting controlled medications on Declining Inventory Sheet (DIS).			
3. Explains the understanding of facility policy concerning controlled medications.			
4. Demonstrates proper use of the declining inventory sheet.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

"SCHEDULE II" CONTROLLED SUBSTANCES

These medications may be given by CMAs, if prescribed on a regular schedule or on a PRN as needed basis for either continuous pain control or certain neurological conditions.

The following Schedule II medications are used in the relief or management of moderate to severe acute and chronic pain and as hypnotics (i.e. for sleep). Medications with an asterisk (*) may be used in combination with narcotic analgesics in hospice patients. Additional information may be found in references such as Facts and Comparisons, and the United States Pharmacopeia DI Advice for the Patient Volume II.

GENERAL NAME	BRAND NAME
Amobarbital Sodium	Amytal Sodium
Codeine	Codeine
Dextroamphetamine Sulfate*	Dexedrine
Fentanyl Transdermal System	Duragesic
Fentanyl Transmucosal System	Actig
Hydromorphone HCI	Dilaudid
Levorphanol	Levo-Dromoran
Meperidine HCI	Demerol HCI
Meperidine/Promethazine	Mepergan
Methadone HCI	Dolophine HCI
Methamphetamine HCI*	Desoxyn
Methylphenidate HCI*	Ritalin
Morphine Sulfate tablets, capsules, solution	OMS, MSIR, RMS, Roxanol,
Morphine Sulfate controlled or sustained release	Kadian, MS Contin, Oramorph SR,
Opium	Opium Tincture
Opium/Belladonna	B. & O. Supprettes
Oxycodone HCI	Oxycontin, OxyIR, Roxicodone
Oxycodone/APAP	Percocet, Roxicet, Tylox
Oxycodone/Aspirin	Percodan
Oxymorphone HCI	Numorphan HCI
Pentobarbital	Nembutal (capsules/inj/liquid/suppos)
Secobarbital	Seconal
Secobarbital/Amobarbital	Tuinal

DUTY AREA 16

Administration of Medication via Gastrostomy Tube

Performance Objective:

Trainees must identify and describe with **100% accuracy** the proper procedure for administering medication via Gastrostomy Tube (g-tube).

Trainees must understand the importance of positioning the resident, checking the g-tube for placement and residual contents, and notifying the **RN immediately when:**

- The g-tube is not in the proper position or has been pulled out
- Redness and irritation are noted around the insertion point
- Leakage of fluid or mucus liquid is present around the insertion point
- Clogged tube is resistant to gentle flushing
- Vomiting and/or diarrhea

TOPICAL OUTLINE

I. Administration of medications via Gastrostomy tube

A. General Procedures

1. Identifies residents for gastrostomy tube administration
2. Plan your time schedule for administering gastrostomy tube medications
3. Identify medications that need to be crushed and/or suspended in liquid

B. Use of a gastrostomy tube

1. Commonly abbreviated as “g-tube”
2. Surgically inserted through the stomach wall into the stomach
2. Used to provide calories to residents who are unable to swallow, or refuse to eat.

C. Importance of pre-administration duties.

1. Positioning the resident
2. Checking the Gastrostomy tube for proper placement.

D. Importance of notifying the RN if:

1. The g-tube is not in the proper position or has been pulled out
2. Redness and irritation noted around the insertion point of stomach

3. Leakage of fluid or mucus liquid present around insertion point of stomach

4. Clogged g-tube resistant to gentle flushing

5. Vomiting and/or diarrhea

E. Medication administration procedures

1. Wash your hands

2. Identify medications to be crushed and proceed as appropriate

3. Check g-tube for proper placement

4. Flush g-tube in accordance with policy

5. Administer the medication as ordered

6. Flush g-tube in accordance with policy

7. Document medication administration on the MAR

8. Clean the supplies that are utilized in medication administration

ACTIVITIES

Give trainee the handout included in this duty area and any other appropriate material available.

Discuss the importance of positioning residents, checking for gastrostomy tube placement, **and** checking for residual contents prior to the administration of medications.

Demonstrate the procedure for positioning the resident, checking for gastrostomy tube placement **and** checking for residual contents, prior to the administration of medications.

Discuss the importance of notifying the RN when the g-tube has been pulled out, redness is noted at the insertion point, any fluid leakage, clogged tubes and vomiting and/or diarrhea by the resident.

Discuss why medications need to be crushed and/or suspended in the proper medium for gastrostomy tube administration and show trainees the proper procedure.

Provide trainees with examples of several medications used at the facility that could be administered to a gastrostomy tube resident. Have trainees practice crushing appropriate medications, suspending them in a liquid, and administering by way of an appropriate sized oral syringe.

Discuss with trainees the **“Nevers”** of gastrostomy tube administration.

ADMINISTRATION OF MEDICATION VIA GASTROSTOMY TUBE

EACH TIME YOU ADMINISTER MEDICATIONS VIA A GASTROSTOMY TUBE, YOU **MUST** BE SURE THAT THE FOLLOWING PRE-ADMINISTRATION TASKS HAVE BEEN PERFORMED:

- THE RESIDENT IS PROPERLY POSITIONED
- THE G-TUBE IS CHECKED FOR PROPER PLACEMENT
- THE G-TUBE IS CHECKED FOR RESIDUAL CONTENTS

IMMEDIATELY NOTIFY THE RN IF ANY OF
THE FOLLOWING CONDITIONS IS NOTED:

- THE G-TUBE HAS BEEN PULLED OUT
- REDNESS AND/OR IRRITATION ARE NOTED AROUND THE INSERTION POINT OF THE STOMACH
- LEAKAGE OF FLUID OR MUCUS LIQUID IS PRESENT AROUND THE INSERTION POINT OF THE STOMACH
- THE CLOGGED TUBE IS RESISTANT TO GENTLE FLUSHING
- VOMITING AND/OR DIARRHEA

The CMA must **never** attempt to force flush the g-tube or push any object into the tube to unclog it.

The CMA must **never** flush the tube with boiling water.

The CMA must **never** mix medication with enteral feeding formulas.

The CMA must **never** mix medications together unless approved by the registered professional nurse.

The CMA must **never** mix anything with medications unless approved by the RN

The CMA must **never** crush enteric-coated or timed-release tablets or capsules.

The CMA must **never** administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system.

DUTY AREA 16 EVALUATION

ADMINISTRATION OF MEDICATION VIA GASTROSTOMY TUBE

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Identifies residents for gastrostomy tube administration.			
2. Plans time schedule for administering gastrostomy tube medications.			
3. Identifies medications that need to be crushed and/or suspended in liquid.			
4. Positions the resident and elevates head of bed or resident to minimum of 30° as needed.			
5. Checks the g-tube for placement and residual content and clamps or kinks tubing.			
6. Observes if tube pulled out or redness and/or irritation around the insertion point.			
7. Checks for leakage of fluid or mucus, or redness around insertion point.			
8. Explains how to unclog g-tube with gentle flushing.			
9. Washes hands prior to medication preparation.			
10. Identifies medications to be crushed and/or suspended in liquid.			
11. Flushes g-tube in accordance with policy and/or physician's order.			
12. Administers prepared medications into g-tube appropriately with syringe and flushes g-tube.			
13. Documents medication administration			
14. Cleans supplies used to administer medication(s)			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ADMINISTER MEDICATIONS VIA GASTROSTOMY TUBE

1. Collect administration records for residents with gastrostomy tube medication administration orders.

2. Using the topical outline for this Duty Area and your facility's policies on gastrostomy tube medication administration, describe the process and procedures you would follow to administer medications via gastrostomy tube at your facility today.

3. Write out a schedule for yourself, indicating the steps for preparing a resident for the administration of medications via a gastrostomy tube.

4. Why is a gastrostomy tube flushed prior to and after the administration of medications?

5. What steps would you take if the gastrostomy tube is clogged?

6. Identify the "nevers" of medication administration via gastrostomy tube.

7. Explain how to crush, open, and/or mix medications with warm water in preparation for administration via gastrostomy tube.

8. Explain the circumstances when you must immediately notify the registered professional nurse.

PART II

Administering and Assisting Residents with Self-Administration of Prepared Instillations, Treatments and Injections

PART II INTRODUCTION

In this section, you will learn how to administer medications (also called "products," "preparations," or "applications") through non-oral routes. These include:

- Under the skin (subcutaneous - injection pens)
- Gastrostomy Tube
- Eyes (ophthalmic products)
- Ears (otic products)
- Nose (nasal products)
- Skin (topical products)
- Vagina (vaginal products)
- Rectum (rectal products)
- Breathing (inhalation products)

Each "Duty Area" in Part II provides instruction in assisting the resident to self-administer medication and in the direct administration of medication. As you know, it is always preferable for residents to self-administer their medications to the extent that they are capable. However, the RN will determine whether residents require assistance with self-administration or the direct administration of medications. Certified Medication Aides must be able to perform in <u>both</u> of these capacities, depending on residents' needs.

Part II Duty Areas require that trainees demonstrate their competence in both assistance with self-administration <u>and</u> direct administration of medications. In practice, the Medication Administration Record (MAR) will indicate how the CMA should administer medications.

DUTY AREA 2.1

Identify diabetes medications, demonstrate proper insulin injection technique, and identify and respond to symptoms of hypoglycemia

Performance Objective:

Given information, discussion, and practice activities, describe the circumstances under which different types of insulin and oral hypoglycemic (diabetes) medications may be administered by the Certified Medication Aide. Under the facility trainer's direct supervision, demonstrate proper insulin injection technique on at least two individuals (may perform saline injection using insulin syringe). State at least three causes and five symptoms of hypoglycemia, and identify the actions that should be taken if a diabetic resident has one or more of these symptoms.

SUPPLEMENTAL MATERIAL: Obtain reference material on diabetes and injection devices from sources such as the National Diabetes Education Program; Eli Lilly and Company <**www.LillyDiabetes.com**> Novo Nordisk Pharmaceuticals, Inc. **<www.novonordisk-us.com>;** Sanofi-Aventis at **<www.sanofi-aventis.us> etc.**

TOPICAL OUTLINE

I. Identifying diabetes medications.

A. Oral hypoglycemic (diabetes) medications.

1. Types of oral medications.

2. Actions and desired effects.

3 Important facts about the administration of oral hypoglycemic (diabetes) medications, precautions and side effects.

B. Insulin.

1. Types of insulin.

2. Actions and desired effects.

3. Syringe storage.

II. Demonstrating insulin injection technique

A. Steps for injection

1. Wash your hands as per regulation.
2. Mix insulin by rolling in hands and inverting pre-drawn syringe several times.
3. Check the dosage.
4. Choose an injection site in an appropriate area.
5. Clean skin with alcohol.
6. Remove needle cap.
7. Pinch up skin and push needle into skin at 90 degree angle.
8. Push the plunger down.
9. Remove needle from skin
10. Properly dispose of needle.
11. Wash hands per regulation

B. Individual pens differ; refer to the manufacturer's instructions for proper administration.

1. Wash hands.
2. Check MAR for insulin type & dosage.
3. Check Pen: Insulin type, expiration date, and appearance.
4. Follow RN's instructions re necessity of rolling and inverting the insulin pen.
5. Wipe tip of cartridge with alcohol swab.
6. Attach safety needle to syringe and remove the cap from the needle.
7. Prime pen with 2 units or as instructed by RN. Priming with safety needle may require that needle be pointed down so that you can see when insulin is delivered through the needle. New pens may require more than one priming to get insulin through the needle.
8. Dial correct dose as ordered.
9. Choose site and clean skin with alcohol swab.

10. Pinch up skin and hold pen in a fist like grasp with thumb clear of injector button as you push the needle into the skin at a 90-degree angle.
11. Depress injector button with thumb. Hold needle in place for time specified by the nurse on the MAR.
12. Remove needle from skin.
13. Dispose of safety needle in sharps container.
14. Wash hands per regulation.

III. Recognizing symptoms of hypoglycemia

A. Causes of hypoglycemia

1. Too little food or skipped meals
2. Too much activity
3. Too much diabetes medicine

B. Symptoms

1. Confusion
2. Shakiness.
3. Sweating
4. Fatigue
5. Hunger
6. Irritability
7. Rapid heart beat
8. Loss of consciousness
9. "Hypoglycemia unawareness" - identify resident's individual symptoms experienced in previous hypoglycemic episodes.

C. Certified Medication Aide response to symptoms of hypoglycemia in residents with diabetes

1. If resident is capable, encourage him/her to test blood sugar level or perform blood sugar test for resident under RN’s direction only.
2. Provide food containing fast-acting sugar immediately.

3. Inform the RN of the incident and the resident's response to fast-acting sugar-containing food.

4. Record your observations of the resident, including symptoms of hypoglycemia, and your corrective actions.

ACTIVITIES

Trainees should read the supplemental diabetes and injection devices material that you obtained**. Review the content with them.**

Explain and demonstrate proper technique for administering oral diabetes medications and insulin injections using pen or pre-drawn insulin (or saline for practice purposes). Emphasize that Certified Medication Aides will not be responsible for drawing up insulin in a syringe**.** Stress that CMAs must receive instruction for each new pen type and insulin that they are to use. Common variables may include: amount used for priming and orientation of needle during priming, how much time before withdrawing the needle form the patient, how long insulin can remain at room temperature, whether or not insulin should be rotated and inverted to mix,

Explain and demonstrate proper technique for disposing of syringes and/or needles. The facility must maintain a RED sharps container for disposal; **CMAs must never attempt to break needles or syringes**.

Stress the importance of rotating injection sites as described by the RN, and in accordance with manufacturer's recommendations.

Trainees must perform return demonstrations of proper injection and syringe disposal procedure at least twice, or until trainee and trainer are comfortable with the procedure and the proper technique is demonstrated.

DUTY AREA 2.1 EVALUATION

DEMONSTRATE PROPER INSULIN INJECTION WITH PEN

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ____________

Instructor Name: ____

Type of Insulin Pen ____

THE TRAINEE	COMMENTS	RATING	
1. Arranges materials			
2. Wash hands.			
3. Check MAR for insulin type and dosage.			
4. Check pen: Insulin type, expiration date, and appearance.			
5. Follows RN's instructions re: necessity of rolling and inverting the insulin pen.			
6. Wipe tip of cartridge with alcohol sponge			
7. Attach safety needle to syringe and remove cap from the needle			
8. Prime pen with 2 units or as instructed by RN			
9. Dial correct dose as ordered			
10. Choose site and cleanse skin with alcohol sponge			
11. Pinch up skin and hold pen in a fist like grasp with thumb clear of the injector button. Push the needle into the skin at a 90 degree angle.			
12. Depress the injector button with the thumb. Hold the needle in place for the time specified by the nurse on the MAR.			
13. Remove the needle from the skin			
14. Dispose of safety needle in the sharps container.			
15. Replace cap on the pen.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

INSULIN ADMINISTRATION: **SINGLE DOSE POST-TEST**

Preparation:

	RATING	
1. Arranges materials		
2. Washes hands		
3. Mixes insulin by rolling syringe and inverting slowly 10 times		
RATING DESIGNATION: **A = ACCEPTABLE;** **U = UNACCEPTABLE**		
Comments:		

Site Selection, Rotation and Injection:

	RATING	
1. Identifies appropriate sites		
2. Describes appropriate rotation pattern		
3. Pinches skin up		
4. Inserts needle with quick motion at 90° angle		
5. Injects insulin by slowly pushing plunger down		
6. After injecting, quickly pulls needle straight out from skin		
7. States proper method of syringe disposal		
RATING DESIGNATION: **A = ACCEPTABLE;** **U = UNACCEPTABLE**		
Comments:		

DUTY AREA 2.1(a)

Since the Department of Health now allows medications other than insulin to be administered by CMAs via injection pens (with an approved Waiver), discuss some differences that must be taken into consideration when administering non-insulin medications via injection pens

TOPICAL OUTLINE

I. Refer to Duty Area 2.1 for procedures

II. Discuss typical differences between the administration of insulin vs. non-insulin medications via injector pen:
   A. Some medications do not require priming.
   B. Adverse reactions will vary depending on the medication.
   C. Injection sites may vary.

DUTY AREA 2.1(a) EVALUATION (optional)

DEMONSTRATE PROPER INJECTION WITH PEN (for medications other than insulin)

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ____________

Instructor Name: ____

Type of Pen: ____

THE TRAINEE	COMMENTS	RATING	
1. Arranges materials			
2. Wash hands.			
3. Check MAR for dosage and other instructions.			
4. Check pen: expiration date and appearance.			
5. Follow RN's instructions re: preparation of the pen and medication.			
6. Wipe tip of cartridge with alcohol sponge.			

7. Attach safety needle to syringe and remove cap from the needle.			
8. Prime pen if required as instructed by RN.			
9. Dial correct dose as ordered.			
10. Choose site and cleanse skin with alcohol sponge.			
11. Pinch up skin and hold pen in a fist-like grasp with thumb clear of the injector button. Push the needle into the skin at a 90-degree angle.			
12. Depress the injector button with the thumb. Hold the needle in place for the time specified by the nurse on the MAR.			
13. Withdraw the needle from the skin.			
14. Dispose of safety needle in the sharps container.			
15. Replace cap on the pen.			
16. Return Pen to proper storage area.			
RATING DESIGNATION:	**A = ACCEPTABLE; U = UNACCEPTABLE**		

DUTY AREA 2.2

Perform direct administration of appropriate medications through a gastrostomy tube

Performance Objective:

Given the appropriate oral medications, administer medication through a gastrostomy tube. Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

I Administering oral medications through a gastrostomy tube.

A. Identifying a Gastrostomy tube and its function, commonly abbreviated as a g-tube

B. Surgically inserted through the stomach wall and placed directly into the stomach

C. Used to provide calories to residents who are unable to swallow or who refuse to eat.

Medications

- Liquids (e.g. suspensions, syrups, solutions)
- Tablets may be crushed unless otherwise indicated on the Medication Administration Record (MAR). Check with the Registered Professional Nurse if there is any question regarding crushing a medication.

Note: The MAR or cautionary warning supplied by the pharmacy will not indicate that a medication may be crushed – only if it cannot be crushed.

- Capsules may be opened and their contents dissolved in warm water, unless otherwise indicated on the MAR

Steps for preparation

A. Wash hands; avoid touch contamination.

B. Gather supplies (syringes, measuring devices, water, gloves, crushing device).

C. Check medications (5 Rights).

D. Check the MAR and crush medications, **only if indicated.**

E. Prepare medications as instructed.

Demonstrating g-tube administration of medications

A. Position the resident and elevate head of bed or resident a minimum of 30 degrees if necessary.

B. Clamp the g-tube [or kink the tubing to prevent backflow].

C. Place the tip of the syringe into the end of the g-tube.

D. Release the clamp on the g-tube.

E. Pull back with the syringe to check for gastric secretion i.e. "**residual**" and tube placement. If the residual is more than 60 ml, do not proceed with the medication administration and contact the RN for further instruction.

F. After checking and measuring the residual, **gently** return residual contents through the tube.

G. Flush the g-tube using a bulb syringe and **slowly** push 30 ml of **warm**, clean tap **water** into the tube.

H. Administer the medication as follows:

1. Liquid medication is mixed with warm water to make 15 ml (one tablespoon) and administer via gravity into the tube with 15 ml of additional **warm** tap **water.**

2. Tablets must be crushed, unless otherwise indicated on the MAR or according to directions from the RN. Crush the medication into a fine powder and mix with 15 ml of **warm water**.

3. Capsules are opened and the contents dissolved in 15 ml of **warm water**. Medication from a soft gelatin capsule may be extracted by using a pin to poke a hole in one end and squeezing out the contents. Check with the RN prior to altering any medication.

4. If more than one medication is being administered, give each medication separately, rinsing the tube with 5 ml of warm water between medications.

5. Flush the g-tube with 30 ml of **warm water** after all medications are administered in order to keep the tube clear and open.

6. **Never** attempt to push any object into the tube to unclog it. Contact the RN.

7. **Never** flush the tube with boiling water, since this may cause discomfort and burn the resident.

8. **Never** mix medication with enteral feeding formulas. The mixture may "curdle" and clog the g-tube.

9. **Never** mix medications together unless approved by the Registered Professional Nurse.

10. **Never** crush enteric-coated or timed release tablets or capsules. When in doubt, check with the RN.

11. If the resident is in bed or a recliner, keep the head elevated at 30-45degrees **for at least 30 minutes** after the administration of medications.

12. Clean all equipment used: rinse the syringe and measuring devices with cold water followed by hot soapy water; rinse well to remove all soap residue and rinse well again with hot water; allow all equipment to air dry and store in accordance with facility policy.

13. Re-plug the tube after feeding is completed.

- **Administer medications at the appropriate time in relationship to any enteral feedings. Some medications should be administered with food, while others must be administered on an empty stomach and the tube feeding withheld for a prescribed interval before and after medication is administered. Contact the RN prior to administration or prior to any alteration in medication administration times.**

DUTY AREA 2.2 EVALUATION

ADMINISTRATION OF MEDICATION VIA GASTROSTOMY TUBE

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Identifies residents for gastrostomy tube administration.			
2. Plans time schedule for administering gastrostomy tube medications.			
3. Identifies medications that need to be crushed and/or suspended in liquid.			
4. Positions the resident and elevates head of bed or resident to minimum of 30° as needed.			
5. Checks the g-tube for placement and residual content and clamps or kinks tubing.			
6. Observes if tube pulled out or redness and/or irritation around the insertion point.			
7. Checks for leakage of fluid or mucus, or redness around insertion point.			
8. Explains how to unclog g-tube with gentle flushing.			
9. Washes hands prior to medication preparation.			
10. Identifies medications to be crushed and/or suspended in liquid.			
11. Flushes g-tube in accordance with policy and/or physician's order.			
12. Administers prepared medications into g-tube appropriately with syringe and flushes g-tube.			
13. Documents medication administration			
14. Cleans supplies used to administer medication(s)			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

DUTY AREA 2.3

Assist resident with self-administration or perform direct administration of eye medication (ophthalmic preparations)

Performance Objective:

Given eye medication and the necessary supplies; assist resident to administer and directly administer eye medications according to Medication Administration Record (MAR). Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

I. Administration of ophthalmic (eye) medications

A. Proper use of eye drops.

1. Wash hands.
2. Use mirror if necessary (when assisting only).
3. Check dropper for patency.
4. Hold dropper tip down.
5. Do not let dropper touch anything.
6. Shake container if indicated.
7. Instruct resident to lie down or tilt head back.
8. Use index finger to pull lower lid down to form a pocket.
9. Place dropper or dispenser as close to eye as possible without touching it.
10. Brace remaining fingers against cheek.
11. Drop prescribed amount into pocket made by lower lid. Tell resident to avoid blinking.
12. Keep eyes closed for one to two minutes. Press finger against inner corner of eye one minute to prevent medication from entering tear duct, if medication is for glaucoma or inflammation.
13. Replace cap, do not rinse or wipe off.

14. With eye closed, gently wipe off excess from skin surrounding eye with tissue.
15. Separate different eye drops by **at least 5 minutes**.
16. Wash hands.
17. Complete appropriate documentation.

B. Proper use of eye ointment

1. Wash hands.
2. Use mirror if necessary (when assisting only).
3. Keep tip from touching anything.
4. Hold tube between thumb and forefinger placing tube close to eye without touching it.
5. Brace remaining fingers against cheek.
6. Instruct resident to tilt head back and up.
7. Use index finger to pull lower lid down to form pocket.
8. Place 1/3 inch strip of ointment in pocket.
9. Close eye for one to two minutes.
10. Wipe the tube with a clean tissue.
11. Replace cap promptly.
12. Wash hands.
13. Complete appropriate documentation.

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications.

Review trainee handout.

Explain and demonstrate the procedure for proper administration of eye drops and eye ointments. If conducting a simulated demonstration, show each step of the procedure without actually placing drops or ointment into the eye.

Using the handout as a guide, trainees should note each step in the procedure as it is demonstrated. Point out the similarities in the procedures for administering eye drops and ointments.

Have trainees practice directing a partner to self-administer eye drops and ointments.

Allow trainees to practice helping to administer eye drops and ointments. Practice may be simulated administration with a doll, or actual, supervised administration of eye drops/ointments to a resident.

Observe practice performance and provide feedback. Provide additional instruction as necessary.

EVALUATION

Provide trainees with eye drops and ointment, tissues, dropper, mirror, etc. Have each trainee demonstrate how to assist a resident with the administration of these preparations and how to directly administer eye medications.

Evaluate performance using a rating sheet. Provide additional instruction if trainee does not receive an acceptable rating on each component. This evaluation may be simulated or may take place during the actual administration of a medication to a resident.

DUTY AREA 2.3 EVALUATION

Assist Resident with Self-Administration or Perform Direct Administration of Eye Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Performs "five rights" of medication administration.			
2. Washes hands before procedure.			
3. Appropriately positions resident for the procedure.			
4. Correctly prepares medication for application according to steps in the "Topical Outline" and specific instructions in the Medication Administration Record.			
5. Applies prescribed dosage of medication following proper procedures.			
6. Gives appropriate instruction to resident to assure desired action and effect of medication.			
7. Disposes of waste materials according to facility policy after procedure.			
8. Washes hands after procedure.			
9. Documents procedure properly.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH SELF-ADMINISTRATION OR PERFORM ADMINISTRATION OF EYE MEDICATIONS

Steps In Using Eye Drops:

1. Review **5 Rights** of medication administration.

2. Wash hands.

3. Tilt head back and with index finger and pull lower eyelid away from eye to form a pouch.

4. Drop medicine dose into the pouch and gently close eyes. Do not let the dropper touch eye or anything else.

5. Tell resident to avoid blinking.

6. Keep eyes closed for one (1) to two (2) minutes.

7. If medication is for glaucoma or inflammation, use the index finger to gently apply pressure to the inside comer of the eye for one (1) or two (2) minutes. (This will keep the medication from being absorbed into the body system from the tear duct).

8. With eye closed, gently wipe off excess medication from skin surrounding the eye. Use a clean tissue for this.

9. Wash hands immediately after handling medication.

10. Do not allow the dropper tip to touch any surface including the eye.

11. Keep the container tightly closed.

12. **Separate 2 or more eye medications by at least 5 minutes.**

13. Be aware of any cautionary warnings (e.g. shake well).

Steps In Using Ophthalmic Ointments

1. Follow steps 1 through 3 above.

2. Squeeze a thin strip of ointment into the eye pouch; about 1/3 inch.

3. Gently close eyes and keep them closed for one (1) to two (2) minutes.

4. Wash hands immediately after handling ointment.

5. Do not allow tip of tube to touch any surface including the eye.

6. Wipe the tube clean with a tissue and keep tightly closed.

DUTY AREA 2.4

Assist resident with self-administration or perform direct administration of otic medications (ear preparations)

Performance Objective:

Given ear drops and the necessary supplies, assist resident to administer and perform direct administration of eardrops according to Medication Administration Record (MAR). Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

I. Administration of ear drops.

  A. Proper use of ear drops.

    1. Wash hands.
    2. Avoid letting dropper touch anything.
    3. Warm bottle of drops in hand.
    4. Shake bottle of drops if labeled.
    5. Draw medicine into dropper.
    6. Tilt affected ear up or instruct resident to lie on side. Hold ear lobe up and back.
    7. Allow drops to run in.
    8. Place prescribed amount of drops in ear. Do not insert dropper into ear.
    9. Keep ear tilted back for a few minutes or insert soft ball of cotton in the outer ear.
    10. Wash hands.
    11. Complete appropriate documentation.

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications. However, point out that with this procedure assistance is helpful.

Review handout including in the unit and any reference material related to this task.

Explain and demonstrate the procedure for proper administration of eardrops. If conducting a simulated demonstration, show each step of the procedure without actually putting drops into the ear.

Using the handout as a guide, trainees should note each of the procedure as it is demonstrated.

Have trainees practice directing a partner's self-administration of eardrops.

Allow trainees to practice administering eardrops.

Practice may be simulated or may include actual supervised practice with a resident.

Observe their performance and provide feedback. Provide additional review and practice as necessary.

EVALUATION:

Provide trainees with eardrops and necessary supplies. Have each trainee demonstrate how to assist a resident with administration of eardrops. Evaluate performance using a rating sheet. (One is included in this unit.) Provide additional instruction if trainee does not receive an acceptable rating on each component. This evaluation may be simulated or may take place during actual administration to resident

DUTY AREA 2.4 EVALUATION

Assist Resident with Self-Administration or Perform Direct Administration of Ear Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Performs "five rights" of medication administration.			
2. Washes hands before procedure.			
3. Appropriately positions resident for the procedure.			
4. Correctly prepares medication for application according to steps in the "Topical Outline" and specific instructions in the Medication Administration Record.			
5. Applies prescribed dosage of medication following proper procedures.			
6. Gives appropriate instruction to resident to assure desired action and effect of medication.			
7. Disposes of waste materials according to facility policy after procedure.			
8. Washes hands after procedure.			
9. Documents procedure properly.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH SELF-ADMINISTRATION OR PERFORM DIRECT ADMINISTRATION OF EAR DROPS

Steps In Using Ear Drops:

1. Review 5 Rights of medication administration.

2. Wash hands.

3. Instruct resident to lie down or tilt head so the ear into which medicine is placed faces up. Gently pull the ear lobe up and back to straighten the ear canal.

4. Warm bottle of drops in your hand. Shake bottle if medication is cloudy. Draw medicine into dropper.

5. Drop medicine dosage in the ear canal. Do not insert dropper in ear or allow dropper to touch any surface.

6. Instruct resident to hold position for several minutes for the medicine to run to the bottom of the ear canal.

7. Insert a clean cotton ball into the outer ear opening to prevent the medicine from running out.

8. Wash hands.

9. Complete appropriate documentation.

Other things to note:

Do <u>not</u> touch the applicator to any surface including the ear to prevent contamination.

Do <u>not</u> rinse the dropper after use.

DUTY AREA 2.5

Assist resident with self-administration or perform direct administration of nasal medications

Performance Objective:

Given nasal drops and nasal spray and necessary supplies, assist resident to administer or directly administer nasal drops and nasal spray according to Medication Administration Record (MAR). Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

1. Administration of nasal drops

   A. Proper use of nasal drops

      1. Wash hands.
      2. Instruct resident to blow nose gently.
      3. Instruct resident to lie down on flat surface, hang head over edge, tilt head back.
      4. Note if any cautionary warnings or labeling on package
      5. Check dropper for patency or that dropper has no blockage.
      6. Do not let dropper touch anything.
      7. Draw medicine into dropper.
      8. Place prescribed number of drops into nostril.
      9. Remain in position for few minutes.
      10. Rinse tip of dropper in hot water and dry with a tissue. Replace cap promptly.
      11. Wash hands.
      12. Complete appropriate documentation.

B. Proper use of nasal sprays

1. Wash hands
2. Note if any cautionary warnings or labeling on package
3. Instruct resident to blow nose gently. Prime nasal spray prior to initial use.
4. With resident's head upright, spray medicine into each nostril as prescribed.
5. Have resident sniff briskly, while squeezing bottle quickly and firmly.
6. Spray as prescribed into each nostril and wait 3-5 minutes.
7. Blow nose gently and repeat the sprays if necessary (or as prescribed).

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications.

Give trainees the handout material provided in the unit and any reference material related to this task.

Explain and demonstrate the procedure for proper administration of nose drops and nose spray. If conducting a simulated demonstration, show each step of the procedure without actually putting drops or spray into the nose.

Using the handout as a guide, trainees should note each step of the procedure as it is demonstrated.

Have trainees practice telling partner how to self-administer nasal drops and spray.

Allow them to practice with administration of nasal drops and spray. Practice may be simulated administration of the medications or actual supervised administration to a resident.

Observe their performance and offer feedback. Provide additional instruction as necessary.

EVALUATION

Provide trainees with nasal drops, spray and tissues. Have each trainee demonstrate how to assist a resident with self-administration of nasal drops and spray and how to directly administer nasal drops and spray to a resident. Evaluate performance using a rating sheet. (One is included in this unit.) Provide additional instruction if trainee does not receive an acceptable rating on each component. This evaluation may occur during a simulation or during actual medication administration.

DUTY AREA 2.5 EVALUATION

Assist Resident with Self-Administration or
Perform Direct Administration of Nasal Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Performs "five rights" of medication administration.			
2. Washes hands before procedure.			
3. Appropriately positions resident for the procedure.			
4. Correctly prepares medication for application according to steps in the "Topical Outline" and specific instructions in the Medication Administration Record.			
5. Applies prescribed dosage of medication following proper procedures.			
6. Gives appropriate instruction to resident to assure desired action and effect of medication.			
7. Disposes of waste materials according to facility policy after procedure.			
8. Washes hands after procedure.			
9. Documents procedure properly.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH SELF-ADMINISTRATION OR PERFORM DIRECT ADMINISTRATION OF NASAL MEDICATIONS

Steps In Using Nasal Drops:

1. Review **5 Rights** of medication administration.
2. Wash hands.
3. Blow nose gently.
4. Instruct resident to tilt head back while standing or sitting up or lie down and hang head over the side of the bed.
5. Check dropper for patency or cracks. Do not let dropper touch anything. Draw medication into dropper.
6. Place prescribed number of drops in each nostril.
7. Instruct resident to keep head tilted back for a few minutes to allow medicine to work.
8. Rinse tip of dropper in hot water and dry with a tissue.
9. Recap tightly after use.
10. Wash hands.
11. Document procedure properly.

Steps In Using Nasal Sprays:

1. Wash hands.
2. Blow nose gently. Prime nasal spray before initial use.
3. Sniff briskly while squeezing bottle quickly and firmly.
4. Spray once or twice in each nostril as prescribed.
5. Wait three to five minutes to allow medication to work.
6. Blow nose gently and repeat if necessary.
7. Rinse tip of spray bottle in hot water and dry with a tissue.
8. Recap tightly after use.
9. Wash hands.
10. Document procedure properly.

DO NOT use container for more than one person

DUTY AREA 2.6

Assist Resident with self-administration or perform direct administration of topical medications.

Performance Objective:

Given a topical preparation, assist the resident to administer or directly administer the topical preparation according to Medication Administration Record (MAR). Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

1. Administration of topical medications.

   A. Proper use of topical medications.

      1. Wash hands.
      2. Wear latex gloves if applying a topical medication to skin that is weeping or has open sore(s). Prepare a clean field for placement of supplies.
      3. Using gloved hand or tongue blade, apply thin film of cream, ointment, or lotion to affected area.
      4. Do not cover with a bandage unless directed to do so by the RN or Medication Administration Record (MAR).
      5. Replace container top promptly.
      6. Remove and dispose of gloves and soiled supplies. Wash hands immediately.
      7. Complete appropriate documentation.

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications.

Review handout material provided in the unit and any reference material related to this task.

Emphasize the need to follow MAR directions carefully.

Explain and demonstrate the procedure the proper administration of topical medications. To demonstrate, use a harmless preparation such as body lotion. Using the handout as a guide, trainees should note each step of the procedure as it is demonstrated.

EVALUATION:

Provide trainees with a topical preparation. Have each trainee demonstrate how to assist a resident with the administration of the topical preparation. Evaluate using a rating sheet. (One is provided in this unit).

Provide additional instruction if trainees does not receive an acceptable rating on each component. This evaluation may be simulated or may take place during actual administration to a resident.

Have trainees practice telling a partner how to assist with self-administration of a topical preparation. Allow them to practice administering a topical preparation.

Observe their performance and offer feedback. Provide further instruction as necessary.

DUTY AREA 2.6 EVALUATION

Assist Resident with Self-Administration or
Perform Direct Administration of Topical Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Performs the "five rights" of medication administration.			
2. Washes hands before procedure.			
3. Uses latex gloves.			
4. Appropriately positions the resident for the procedure.			
5. Correctly prepares medication for application according to steps in the "Topical Outline" and specific instructions in the Medication Administration Record.			
6. Applies prescribed dosage of medication following proper procedures.			
7. Gives appropriate instruction to resident to assure desired action and effect of medication.			
8. Disposes of waste materials according to facility policy after procedure.			
9. Washes hands after procedure.			
10. Documents procedure properly.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH SELF-ADMINISTRATION OR PERFORM DIRECT ADMINISTRATION OF TOPICAL MEDICATIONS

Steps In Applying A Topical Medication:

1. Review the **5 Rights** of medication administration.

2. Wash hands.

3. Wear latex gloves. Prepare a clean field for placement of supplies.

4. With gloved finger or tongue blade, apply a thin film of cream, ointment, or lotion to the affected area. If instruction is to apply **sparingly**, apply a **small** quantity and rub into affected area.

5. Do not cover with a bandage unless so directed to by doctor, prescriber, RN or the pharmacy label.

6. Promptly replace cap on the cream, ointment or lotion.

7. Remove and dispose of gloves and soiled supplies. Wash hands immediately to remove medicine.

8. Document procedure properly.

If you are helping a resident with self-administration, be sure the resident follows these steps. See Medication Administration Record for correct amount of medication to apply.

If using a pre-medicated patch, be sure the pharmacist's directions are carefully followed. If you have questions, call the RN.

Never place topical medication in the mouth **unless it is specifically designed or ordered** to be used in the mouth.

DUTY AREA 2.7

Assist resident with self-administration or perform direct administration of vaginal medications

Performance Objective:

Given vaginal products, demonstrate how to assist resident to administer and to directly administer vaginal products by showing or explaining each step in the procedure. Performance must be acceptable according to a checklist.

TOPICAL OUTLINE

1. Administration of vaginal products

   A. Steps in using vaginal products

      1. Wash hands.
      2. Review any patient package instruction sheet dispensed by the pharmacy
      3. Apply/wear latex gloves.
      4. Resident should lie on back with knees drawn up.
      5. Use the special applicator supplied with the product.
      6. Follow MAR for directions on the application.
      7. Using applicator, insert medication into vagina as far as you can without using force, and in accordance with the package insert provided by the pharmacy.
      8. Release medicine by pushing in plunger.
      9. After removal, wash applicator with hot, soapy water.
      10. Remove and dispose of gloves.
      11. Wash hands.
      12. Documented procedure properly.

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications.

Give trainees the handout provided in the unit and any other helpful reference material.

Explain the procedure for administration of vaginal products. Use diagrams to show how to insert these products.

Have trainees practice telling how to administer vaginal products.

Use a model for practice if available.

Under appropriate circumstances, allow trainee to provide supervised assistance to residents in using these products. Emphasize the importance of the resident's right to privacy in the administration of these treatments.

Observe their performance and offer feedback.

Provide additional instruction if necessary.

EVALUATION

Provide trainees with a vaginal product and have each trainee demonstrate how to assist a resident in using these products. This may be done by having each trainee show or explain how to use these products. Either way, make sure that trainees know each step of these procedures. Evaluate using a rating sheet. (One is provided in this unit).

Provide additional instruction as necessary.

DUTY AREA 2.7 EVALUATION

Assist Resident with Self-Administration or
Perform Direct Administration of Vaginal Products

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Performs "five rights" of medication administration.			
2. Washes hands before procedure.			
3. Uses latex gloves.			
4. Appropriately positions resident for the procedure.			
5. Correctly prepares medication for application according to steps in the "Topical Outline" and specific instructions in the Medication Administration Record.			
6. Applies prescribed dosage of medication following proper procedures.			
7. Gives appropriate instruction to resident to assure desired action and effect of medication.			
8. Disposes of waste materials according to facility policy after procedure.			
9. Washes hands after procedure.			
10. Documents procedure properly.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH SELF-ADMINISTRATION OR PERFORM DIRECT ADMINISTRATION OF VAGINAL PRODUCTS

Steps In Using Vaginal Products

1. Wash hands.
2. Latex gloves should be worn.
3. Use the special applicator that comes with the product.
4. Have resident lie on back with knees drawn up.
5. Using applicator, insert medication into vagina as far as you can without using force and in accordance with the patient package insert provided by the pharmacy.
6. Release medication by pushing the plunger.
7. Wash applicator with hot, soapy water.
8. Remove and dispose of gloves and wash hands thoroughly.

DUTY AREA 2.8

Assist resident with self-administration or perform direct administration of rectal medications

Performance Objective:

Given rectal products, demonstrate how to assist resident to administer and how to directly administer rectal suppositories, creams and ointments and enemas by showing or explaining each step in the procedure. Performance must be acceptable according to a checklist.

TOPICAL OUTLINE

I. Administration rectal products

A. Steps in using rectal products

1. Wash hands.
2. Apply/wear latex gloves.
3. If assisting resident, have resident lie on side facing away from the CMA.

Suppositories

1. If suppository is too soft to insert, place briefly in refrigerator or run cold water over it before removing the wrapper.
2. Remove foil, plastic or paper wrapper.
3. Moisten suppository with water or K-Y jelly.
4. Push suppository well up into rectum (insert up to second knuckle).

External Creams, Ointment

1. Bathe and dry rectal area.
2. Apply small amount of cream or ointment and rub in gently.*

***Wash hands thoroughly after procedure**.

Internal Cream, Ointments

1. If doctor's order calls for inserting cream or ointment into rectum, attach the plastic tip onto the open tube or as directed by the pharmacy supplied patient package insert.

2. Insert applicator tip into the rectum and gently squeeze tube to deliver cream or ointment.

3. Remove applicator tip from tube and wash with hot, soapy water.

4. Replace cap on tube.*

Enemas

1. Resident should lie down on left side or back and insert enema tip into rectum.

2. Allow all fluid to run into rectum.

3. See MAR and/or package for instructions for specific enema products.

4. After all procedures wash hands and complete appropriate documentation.*

***Wash hands thoroughly after procedure.**

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications.

Give trainees the handout provided in the unit and any other helpful reference material.

Explain the procedure for administration of rectal products. Use diagrams to show how to insert these products.

Have trainees practice telling how to administer rectal products.

Use a model for practice if available.

Under appropriate circumstances, allow trainee to provide supervised assistance to residents in using these products. Emphasize the importance of the resident's right to privacy in the administration of these treatments.

Observe performance and offer feedback.

Provide additional instruction if necessary.

EVALUATION:

Provide trainees with a rectal product and have each trainee demonstrate how to assist a resident in using these products. This may be done by having each trainee show or explain how to use these products. Either way, make sure that trainees know each step of these procedures. Evaluate using a rating sheet. (One is provided in this unit).

Provide additional instruction as necessary.

DUTY AREA 2.8 EVALUATION

Assist Resident with Self-Administration or Perform Direct Administration of Rectal Medications

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
The Following Apply to All Rectal Medication and Procedures			
1. Performs "five rights" of medication administration.			
2. Washes hands before procedure.			
3. Uses latex gloves.			
4. Washes any reusable applicator in hot, soapy water.			
5. Washes hands after the procedure.			
6. Documents procedure properly.			
The Following Applies to Suppositories			
1. If suppository soft, places in refrigerator or under cold water to harden.			
2. Removes foil, plastic or paper wrapper.			
3. Moistens suppository with water or KY jelly as directed by MAR.			
4. Positions resident properly.			
5. Inserts suppository in rectum up to second knuckle of the finger.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

DUTY AREA 2.8 EVALUATION
Continuation

THE TRAINEE	COMMENTS	RATING	
When Assisting with and Administering Creams or Ointments, the Following Steps Should be Noted or Observed			
1. The resident should lie on the left or right side.			
2. Bathes and dries the rectal area.			
3. Applies a small amount of cream or ointment and rubs in gently.			
4. If MAR calls for inserting cream into the rectum, attaches the plastic applicator tip.			
5. Inserts the applicator tip no more than one inch and squeezes the appropriate amount of medication from the bottom of the container rolling the tube upward as necessary.			
6. Replaces the cap on the tube promptly and washes applicator in hot, soapy water.			
When Assisting with and Administering Enemas the Following Steps Should be Observed or Noted			
1. Prepares the enema according to the doctor's order, pharmacist's instructions or package directions.			
2. The resident should lie on the left side.			
3. Places a disposable pad or towel under the resident.			
4. Inserts the tip of the enema nozzle no more than one inch into the rectum.			
5. Allows fluid to flow into the rectum and squeezes the container gently (i.e. for a Fleet or similar type disposable small enema).			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH SELF-ADMINISTRATION OR PERFORM DIRECT ADMINISTRATION OF RECTAL PRODUCTS

Steps In Using Rectal Products - Suppositories, Creams, Ointments, and Enemas

1. Wash hands.

2. Latex gloves should be worn.

Suppositories

1. If suppository is too soft to insert, place it in the refrigerator for up to 30 minutes or run cold water over it **before** removing the wrapper.

2. Remove the foil, plastic or paper wrapper.

3. Moisten suppository with water or KY jelly.

4. Have resident lie down on side and push suppository well up into the rectum with finger. Insert the suppository up to the second knuckle of the finger.

Cream and Ointments

1. Bathe and dry rectal area.

2. Have resident lie on side and apply a small amount of cream or ointment and rub in gently.

3. If the doctor's order calls for inserting the cream or ointment into the rectum, attach the plastic applicator tip onto the open tube, or as directed by the pharmacy supplied patient package insert.

4. Insert applicator tip into the rectum and gently squeeze tube to release the cream ointment.

5. Remove the applicator tip from the tube and wash in hot, soapy water.

6. Replace cap on tube.

7. Remove gloves and wash hands thoroughly.

Enemas

1. Have resident lie down on left side and insert enema tip into the rectum.

2. Allow all of the enema fluid to run into the rectum.

3. See Medication Administration Record and/or package for instructions on how to use specific enema products.

4. After all procedures remove gloves and wash hands thoroughly.

DUTY AREA 2.9

Assist resident with self-administration or perform direct administration of inhalation products

Performance Objective:

Given an oral inhaler, assist a resident in its use. Performance must be acceptable according to a rating sheet.

TOPICAL OUTLINE

I. Assisting with the use of an inhaler

A. Review MAR for directions.

B. Read pharmacy supplied patient package insert (as appropriate)

C. Wash hands.

D. Shake inhaler immediately before each use, unless otherwise noted.

E. Remove cap from the mouthpiece.

F. Test inhaler by spraying into air before using for the **first time** or in cases where the inhaler has not been used for a prolonged period of time. Date inhaler when opened for the first time in accordance with manufacturer's specification.

G. Inhale then breathe out fully through mouth, empty lungs as completely as possible.

H. Place mouthpiece fully into the mouth, holding inhaler upright, closing lips around it.

I. Squeeze the inhaler as resident breathes in deeply through the mouth.

J. Hold breath as long as possible.

K. Before breathing out, remove inhaler from mouth, wait one to two minutes between puffs, and repeat steps C through K.

L. Repeat inhalation process if so ordered on MAR.

M. Rinse mouth with water & spit out if steroid inhaler used.

N. Clean inhaler frequently and dry thoroughly.

O. Wash hands to remove medication.

P. Complete appropriate documentation.

ACTIVITIES

Remind trainees of the importance of encouraging residents to be as independent as possible in administering medications.

Review the trainees handout provided in the unit and any other helpful reference material, i.e. pharmacy supplied patient package insert.

Explain and demonstrate the procedure for using an inhaler for inhalation therapy.

To demonstrate the use of the inhaler without taking in the medication, hold the inhaler pointing away from mouth. Squeeze the inhaler and breathe in.

Emphasize the technique of breathing out first, and then breathing in as you squeeze the inhaler to release the medication.

Have trainees practice the technique as it is demonstrated.

Allow trainees to practice assisting residents with inhalation therapy. Supervise this assistance and provide feedback to trainees regarding their performance.

Provide additional instructions as necessary.

EVALUATION

Provide trainees with an inhaler and have each trainee demonstrate how to assist a resident to use an inhaler for inhalation therapy. Trainee may assist an actual resident who requires inhalation therapy or assistance may be simulated. Evaluate their performance using a rating sheet. (One is included in the unit).

Provide additional instructions for trainees who do not receive an acceptable rating.

DUTY AREA 2.9 EVALUATION

Assist Resident with Self-Administration or
Perform Direct Administration of Inhalation Products

INSTRUCTOR'S RATING SHEET

Rate Each Trainee Individually

Trainee Name: ____ **Date:** ________________

Instructor Name: ____

THE TRAINEE	COMMENTS	RATING	
1. Performs "five rights" of medication administration.			
2. Washes hands before taking inhaler from storage container.			
3. Shakes inhaler immediately before use and tests by spraying into the air if using for **first time** or after prolonged storage. Date when open as per manufacturer's specification.			
4. Prepares inhaler for use.			
5. Resident exhales (breathed out) completely.			
6. Places inhaler in mouth, squeezes unit, and resident inhales (Breathe in) deeply.			
7. Removes inhaler and resident exhales.			
8. Repeats as indicated in the MAR.			
9. Cleans inhaler properly for storage.			
10. Washes hands after procedure.			
11. Documents procedure properly.			
RATING DESIGNATION: A = ACCEPTABLE; U = UNACCEPTABLE			

ASSIST RESIDENT WITH INHALATION PRODUCTS

When assisting the resident to use an oral inhaler for inhalation therapy, be sure that the following steps are carried out by you or the resident. Encourage the client to complete the procedure independently if possible.

1. Review Medication Administration Record for direction.

2. Read Patient Package Insert (as appropriate)

2. Wash hands. Date inhaler when open for the first use if specified by the manufacturer.

3. Shake the inhaler immediately before each use.

4. Remove cap from the mouthpiece.

5. Breathe out, emptying the lungs as completely as possible.

6. Place mouthpiece fully into the mouth, holding the inhaler upright. Close lips around the inhaler

7. Squeeze the inhaler and at the same time breathe in deeply through the mouth.

8. Hold breath for as long as possible.

9. Remove the inhaler from the mouth and breathe out.

10. Repeat the inhalation process as directed by the doctor's order - wait one to two minutes between puffs.

11. Rinse mouth with water and spit out if steroid product used. (check with RN)

12. Clean the inhaler and dry it thoroughly.

13. If using the inhaler for the first time or after a prolonged period of time, test it by spraying into the air before spraying it into the mouth.

14. Wash hands after procedure.

15. Document procedure properly.

APPENDIX A

REGULATIONS

N.J.A.C. 8:36-9.2

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***** New Jersey Register, Vol. 46, No. 8, April 21, 2014 *****

TITLE 8. HEALTH
CHAPTER 36. STANDARDS FOR LICENSURE OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, AND ASSISTED LIVING PROGRAMS
SUBCHAPTER 9. PERSONAL CARE ASSISTANTS, CERTIFIED MEDICATION AIDES, AND OTHER DIRECT CAREGIVERS

N.J.A.C. 8:36-9.2 (2014)

§ 8:36-9.2 Certified Medication Aides

(a) Certified medication aides shall meet the following requirements:

1. Certification as a nurse aide, homemaker-home health aide, or personal care assistant;

2. Successful completion of the medication administration training course approved by the Department of Health and Senior Services; and

3. Successful completion of a Department of Health and Senior Services approved standardized examination regarding medication administration for personal care assistants.

i. An oral examination shall not substitute for the written component of this examination.

(b) Medication aide certification shall be valid for a period of two years from the date of issue.

(c) An applicant for medication aide certification shall sit for the standardized examination within six months of successful completion of an approved medication administration training course.

(d) At least once every two years, on a schedule to be determined by the Department, a medication aide shall file an application for renewal of current certification.

APPENDIX A

1. In order to be eligible to renew a current certification, the medication aide shall have completed at least 10 hours of continuing education, seminars, or in-service training every two-year certification period.

i. The continuing education requirement shall include five hours for review of the fundamental principals of medication administration and the skills and knowledge necessary for the task of medication administration and five hours of continuing education and in-service training on topics of current drug use relevant to the elderly.

ii. The continuing education requirement shall be in addition to the continuing education requirement in N.J.A.C. 8:36-9.1(e).

2. The facility shall maintain records sufficient to verify the continuing education record of present and previous employees for at least one medication aide certificate renewal period.

(e) An individual whose name has been removed from the New Jersey medication aide registry for a period of more than one year shall be required to retrain and retest in accordance with the rules for medication aide certification in effect at the time of retraining and retesting in order to be reentered on said registry.

(f) Registry confirmation of a medication aide certification shall not be sufficient to satisfy the requirement for reference checks identified at N.J.A.C. 8:43I.

(g) A certificate issued to a medication aide in accordance with this section shall be suspended, denied, or revoked in the following cases:

1. Substantiated findings of resident abuse or neglect or misappropriation of resident property;

2. Revocation of any certification as a nurse aide, homemaker-home health aide, or personal care assistant as a result of the criminal history background checks required by N.J.A.C. 8:43I;

3. Sale, purchase, or alteration of a certificate; use of fraudulent means to secure the certificate, including filing false information on the application; or forgery, imposture, dishonesty, or cheating on an examination; or

4. Documented and verified incompetence and/or negligence in the performance of duties which fall within the scope of practice of the certified medication aide as delegated by the registered professional nurse.

(h) If the Department proposes to suspend, deny or revoke the certification of a certified medication aide in an assisted living residence, comprehensive personal care home, or assisted living program, the aggrieved person may request a hearing which shall be conducted pursuant to the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq., and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

(i) Upon receipt of a finding that a certified medication aide has abused, neglected, or misappropriated the property of a resident, or was negligent or incompetent in the performance of the individual's duties, resulting from an investigation by the Office of the Ombudsman for the Institutionalized Elderly, the Department, or other State or local governmental agency, including criminal justice authorities, the Department shall determine whether the finding is valid and is to be entered onto the certified medication aide abuse registry, at which time a disciplinary hearing process shall be initiated.

(j) Prior to entering the finding on the certified medication aide abuse registry, the Department shall provide a notice to the certified medication aide, identifying the intended action, the factual basis and source of the finding, and the individual's right to a hearing.

1. The notice in (j) above shall be transmitted to the individual so as to provide at least 30 days for the individual to request a hearing prior to abuse registry placement. If a hearing is requested, it shall be conducted by the Office of Administrative Law or by a Departmental hearing office in accordance with the hearing procedures established by the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. and 52:14F-1 et seq. and the Uniform Administrative Procedure Rules, N.J.A.C. 1:1.

2. No further right to an administrative hearing shall be offered to individuals who have been afforded a hearing before a State or local administrative agency or other neutral party, or in a court of law, at which time the certified medication aide received adequate notice and an opportunity to testify and to confront witnesses, and where there was an impartial hearing officer who issued a written decision verifying the findings of abuse, neglect, or misappropriation of resident property or negligence or incompetence in the performance if the individual's duties. The individual shall have the right to enter a statement to be included in the abuse registry contesting such findings.

(k) An order of suspension, denial, or revocation may contain such provisions regarding reinstatement of the certification as the Department shall recommend. In the absence of any such provisions regarding reinstatement in the order of a denial, suspension, or revocation, the action shall be deemed to be permanent.

APPENDIX B

REGULATIONS

N.J.A.C. 8:36-11.5

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*** This file includes all Regulations adopted and published through the ***
*** New Jersey Register, Vol. 46, No. 8, April 21, 2014 ***

TITLE 8. HEALTH
CHAPTER 36. STANDARDS FOR LICENSURE OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES, AND ASSISTED LIVING PROGRAMS
SUBCHAPTER 11. PHARMACEUTICAL SERVICES

N.J.A.C. 8:36-11.5 (2014)

§ 8:36-11.5 Certified Medication Aide Program

(a) The administration of medications is within the scope of practice and remains the responsibility of the registered professional nurse.

(b) The registered professional nurse may choose to delegate the task of administering medications in accordance with N.J.A.C. 13:37-6.2 to certified medication aides, as defined in this chapter.

1. A unit-of-use/unit dose drug distribution system shall be developed and implemented whenever the administration of medication is delegated by the registered professional nurse to a certified medication aide;

i. Over-the-counter (OTC) solid and liquid dosage forms may be dispensed in a non unit-of-use or non unit-dose medication distribution system.

ii. Prescription liquid medications (that is, conventional bottles, concentrates) may be dispensed in a non unit-of-use, non unit dose, or conventional medication distribution system.

2. If an appropriate delegation is made, and in accordance with the facility's policies and procedures and all applicable State and Federal laws and regulations, the certified medication aide may:

i. Administer medications through the routes of oral, ophthalmic, otic, inhalant, nasal, rectal, vaginal, topical, and by the percutaneous endoscopic gastrostomy (PEG) tube route of administration;

ii. Administer any prescription or OTC medications as described in (b)1 above;

iii. Administer regularly scheduled medications, including prescription, OTC, and Schedule II-V medications;

iv. Administer "prn" or as-needed prescription, OTC and Schedule II-V medications except that residents receiving the following medications shall be assessed by the registered professional nurse at least once every seven days:

(1) Residents receiving prn Schedule II narcotic analgesics;

(2) Residents receiving Schedule III-IV narcotic analgesics; and

(3) Residents receiving Schedule III-IV central nervous system agents;

v. Administer medications that have been dispensed by a pharmacy, in accordance with N.J.S.A. 45:14 et seq., N.J.S.A. 24:21 et seq., N.J.A.C. 13:39, and the requirements of this chapter; or

vi. Administer experimental and/or research medications in accordance with 45 CFR Part 46, Protection of Human Subjects, incorporated herein by reference, as amended and supplemented.

3. The certified medication aide shall not:

i. Administer any injection other than pre-drawn properly packaged and labeled insulin as described in (b)1 above;

ii. Calculate a medication dosage;

iii. Pre-pour medications for more than one resident at a time;

iv. Contact prescribers for changes in medication, to clarify an order, or contact the pharmacist for questions regarding a dispensed medication; or

v. Administer bolus doses of enteral feedings, or stop and/or start an existing enteral feeding pump or gravity-fed system.

4. The certified medication aide shall contact the registered professional nurse for any questions or clarification regarding medication administration.

5. The delegating nurse shall review with the certified medication aide medication actions and untoward effects for each drug to be administered. Pertinent information about medications' adverse effects, side effects, contraindications, and potential interactions shall be incorporated into the plan of care for each resident, with interventions to be implemented by the personal care assistant and other caregiving staff, and documented on the medication administration record (MAR).

6. At least weekly, a registered professional nurse shall review and sign off on any modifications or additions to the MAR that were made by the certified medication aide under the registered professional nurse's delegation.

7. Registered professional nurses who participate in certified medication aide training shall attend a Department offered one-day Train-the-Trainer Medication Aide Workshop prior to providing such training to certified medication aides.

8. Registered pharmacists, who participate in certified medication aide training, shall attend a Department offered one-day Train-the-Trainer Medication Aide Workshop prior to providing such training to certified medication aides.

9. The fee charged by the Department for a two-year approval of a medication aide training program shall be $ 100.00 and is non-refundable.

10. The facility shall keep a record of all prescription and non-prescription medications administered to each resident.

(c) Each resident shall be identified prior to medication administration.

(d) Medication prescribed for one resident shall not be administered to another resident. Borrowing shall not occur.

(e) The registered professional nurse shall report medication errors and adverse drug reactions immediately to the prescriber, to the provider pharmacist and/or consultant pharmacist, and shall document the incident in the resident's record.

(f) Medications shall be accurately administered and documented by properly authorized individuals, in accordance with prescribed orders.

APPENDIX C

FOR TRAINERS/INSTRUCTORS, DELEGATING NURSES, & ADMINISTRATORS OF ASSISTED LIVING RESIDENCES, COMPREHENSIVE PERSONAL CARE HOMES & ASSISTED LIVING PROGRAMS

DELEGATION QUESTIONS & ANSWERS

Question 1: Why is delegation of the medication administration task being permitted?

Answer: Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs, are intended to have a uniquely homelike atmosphere. They will house a diverse mix of individuals, including people who are independent as well as those who need substantial long-term care. To provide full time professional registered nursing coverage on-site for this purpose would be a costly, inefficient use of the RNs' time. Therefore, in order to maintain both the residential ambiance and affordability of these settings, it is appropriate that RNs should use their judgment in delegating the medication administration task to Personal Care Assistants who are certified and competent in this function of medication administration.

Question 2: How should the RN decide whether to delegate the medication administration task to a Certified Medication Aide (CMA)?

Answer: The RN must use her/his professional judgment to determine whether to delegate the medication administration task to a Certified Medication Aide (CMA), including agency CMAs. The RN should be familiar with regulatory restrictions on the delegation of medication administration in Assisted Living Residences, Comprehensive Personal Care Homes, and Assisted Living Programs (see N.J.A.C. 8:36-11.5), which is included in “Duty Area 1”. The RN should consider the complexity of residents' needs and the competency of the CMA. The RN’s assessment of the CMA's competence includes verification that the CMA has successfully completed the required medication administration training course and received certification after passing a statewide examination. The RN should also determine that the CMA has received quarterly, direct supervision of medication administration.

Question 3: Can a RN delegate the medication administration task to a Certified Medication Aide certified in medication administration, even though the nurse did not personally train the CMA?

Answer: Yes. However, the RN shall be required to directly observe and determine competency of a Certified Medication Aide, to determine if appropriate delegation has been occurring.

Question 4: Is the RN required to delegate medication administration to the CMA, even if she/he feels the CMA is not competent?

Answer: No. As N.J.A.C. 8:36-11.5(b) states, “the administration of medications is within the scope of practice and remains the responsibility of the RN. The RN may choose to delegate the task of administering medications.”

Question 5: What should the RN do if she/he feels pressured into delegating the medication administration task to a CMA, against her/his better professional judgment?

Answer: First, discuss the problem with your supervisor and/or facility administrator. Document in writing the reasons why you decline to delegate to the CMA, and share this with the supervisor and/or facility administrator. Attempt to negotiate a solution with which you can be comfortable. If you cannot achieve such a resolution of the problem, contact the Department of Health and report the situation.

Question 6: What should the RN do if, in directly supervising the CMA, a medication error is observed?

Answer: The RN should call the error to the attention of the CMA, and document the incident in writing. The RN should arrange for the CMA to be directly supervised again the next time that the CMA is scheduled to administer medications. Depending on the frequency of errors (e.g., more than two consecutive errors) or the seriousness of the error (e.g., administering the wrong medication or by the wrong route), remedial training should be scheduled prior to any further delegation of medication administration to the CMA in question. The pharmacist may be involved in remedial training. However, the RN has the ultimate responsibility of allowing the CMA to administer medications by delegation. In addition, follow facility policy if resident receives a medication in error.

Question 7: Will periodic recertification in medication administration be required for CMAs?

Answer: Yes. Every two years. Recertification requirements can be found at N.J.A.C. 8:36-9.2 (d).

Question 8: What is the role of the facility administrator with regard to delegation of the medication administration task?

Answer: First, the administrator has a responsibility to disclose to prospective residents that medication administration may be delegated to and performed by trained, Certified Medication Aides. This disclosure is essential so that consumers may make an informed decision when they elect to reside in an Assisted Living Residence or Comprehensive Personal Care Home, or become a client of an Assisted Living Program.

Second, the administrator should assure those policies; and procedures are in place in the facility to promote safety in the administration of medications. In addition to allowing sufficient time for staff training and creating a learning-conducive environment, the administrator must recognize the importance of periodic, ongoing supervision of the Certified Medication Aide by the delegating RN and/or registered pharmacist, when the medication administration task is performed. Opportunities for continuing and/or remedial education must be built in to staff schedules.

Third, when interviewing prospective RNs for employment, the administrator should advise the RN that the facility utilizes CMAs for medication administration, and that the RN delegates this task.

Question 9: If a trainee completes the medication administration-training course but fails the statewide examination, can the examination be repeated?

Answer: The examination may be taken three times within six months of completing the course. If the trainee fails to pass the examination on the third try, the training course must be repeated.

Question 10: May a CMA administer injectables, such as heparin?

Answer: If a facility has requested and been granted a waiver from the Department of Health, the facility may allow the RN (RN) to delegate the administration of injectable medications other than insulin via disposable, integrated, mechanical, medication delivery devices that are prefilled by the manufacturer (commonly known as but not limited to “pens") to certified medication aides (CMAs).

Question 11: What is the difference between the unit-of-use and unit dose medication systems of distribution?

Answer: Unit-of-use means a system in which drugs are delivered to the resident areas either in single unit packaging, bingo or punch cards, blister or strip packs, or other system where each drug is physically separate. Individually labeled unit dose medications may be combined in a “bingo or punch card” to create a unit-of-use drug distribution system. See 8:36 11.5 (b)

Unit dose drug distribution system means a system in which drugs are delivered to the resident areas in single unit packaging, and which meets the following criteria:
Each resident shall have his or her medications separately stored and labeled with the resident’s name and location in the facility;

Each medication shall be individually wrapped and labeled with the generic or trade (brand) name and strength of the drug, lot number or reference code, expiration date, dose, and manufacturer’s name, and shall be ready for administration to the resident;

Cautionary instructions shall appear on the resident’s record of medication, and the system shall include provisions for noting additional information, including, but not limited to, special times or routes of administration and storage conditions; and,

Delivery and exchange of resident medications shall occur promptly, and at least one delivery of resident medications shall occur every 24 hours, including weekends and holidays.

Question 12: Can one CMA delegate the administration of medications to another CMA?

Answer: No. Once a CMA has “poured” or prepared the medications for administration to the resident, that CMA is responsible for completing the administration task. The Department of Health does not recognize the concept of “lead” CMAs, as having the authority to delegate medication administration to another CMA.

Question 13: If a CMA is terminated for problems relating to the administration of medications, what is required of the licensed facility?

Answer: The licensed facility needs to contact the Long Term Care Complaints Program at 1-800-792-9770 to report any problems regarding CMAs. The facility will be required to submit a written report regarding the issue within 72 hours of contacting the Complaints Program.

Question 14: If an Assisted Living resident is discharged from the facility for more than 24 hours and is admitted to the hospital, but then is discharged from the hospital back to the facility, is the Resident allowed to use previous prescriptions already prescribed from their current MD or does the Hospital MD have to re-write all new scripts?

The MD's state that there is no regulation that requires them to write all new scripts.

Answer: Under section N.J.A.C. 8:36-9.5(b)(3) of the Standards for Licensure of Assisted Living Residences and Comprehensive Personal Care Homes, discontinued or expired medications shall be destroyed within 30 days, in the facility, or, if unopened and properly labeled, returned to pharmacy (for reissue or credit, depending on payment status or distribution system). This regulation would allow you to retain residents' medications up to 30 days, for reuse when they return to the facility. If directions change, then you may need to have the medications relabeled, or attach a sticker that the directions have changed and to refer to the updated MAR (remember, any changes need to come through the RN).
If the medications remain the same upon readmission, i.e. same dose, strength, frequency, etc., there is no need to write new scripts. However, new prescriptions would be required if there were any changes. Regardless of whether new medications were or were not ordered, the RN still needs to verify that all medications are appropriately ordered and recorded on the MAR for the resident.

Question 15: If a resident is gone for more than 30 days, can the medications still be used, and may be stored in a locked drawer or locked area within the resident's room?

Answer: If the family wants to retain the medications in a locked area in the resident's room until he or she returns, this is acceptable. The facility needs to have a policy and procedure that would address medication accountability, storage, informed consent, etc.

Question 16: Can Personal Care Assistants (PCAs) or Certified Nurse Aides (CNAs) who are not Certified Medication Aides (CMAs) supervise the self-administration of medications by a resident.

Answer: Yes. As long as that designated employee has been appropriately trained by the RN, and the training is appropriately documented.

Question 17: What determines if a resident can self-administer medications?
Answer: A complete assessment needs to be performed by the RN. Self-administration of medications is just one way for the resident to maintain his/her independence in Assisted Living facilities.

Question 18: How often should CMA medication administration monitoring be performed?

Answer: Newly Certified Medication Aides (CMAs) are to be monitored weekly for the first month, and quarterly thereafter. Medication monitoring (i.e. observation of a medication pass) is to be conducted and documented by the RN and/or pharmacist or pharmacist consultant. Monitoring should include areas such as vital sign skills, and familiarizing CMAs with dementia-related topics, especially when these types of residents have medications administered by the CMA. Any problems or concerns are to be noted, documented, and kept in the employee's personnel folder, and may require additional monitoring as determine by the RN.

Question 19: Is the delegating RN required to attend the one-day Train-the-Trainer Workshop conducted by the DOH or authorized provider?

Answer: No, however, it is strongly recommended that the delegating RN attend the workshop to understand her/his responsibilities. If the delegating nurse cannot attend a Workshop, the facility RN needs to provide a comprehensive documented orientation for the delegating nurse, including the provision of the Trainer Manual and pertinent State regulations on medication administration in Assisted Living. It is also recommended that the delegating nurse attend facility held trainee workshops conducted by the RN and pharmacist trainers.

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Note: Assisted Living regulations are available at: <**www.lexisnexis.com/njoal/**>
After agreeing to terms select NJ Administrative Code, then select Title 8 Health, then select chapter 36, for Assisted Living. CMA rules are in subchapters 9 & 11.

Question 20: How can I attend a Train-the-Trainer Workshop for medication administration by the Certified Medication Aide?

Answer: Applications may be submitted for the next workshop, which will be announced on the authorized provider's web site at <**http://www.hcanj.org/events-education/calendar/**> and the Department of Health's web site <**www.state.nj.us/health/healthfacilities/industrynews.shtml**>. Notice of workshops will be posted several months in advance. Attendance is limited. Only registered applicants with complete applications, along with nonrefundable payment as specified in the notice will be admitted.

Question 21: Can CMAs administer medications in Adult /Pediatric Day Care facilities?

Answer: No, CMAs may not administer medications in Adult / Pediatric Medical Day Care facilities.

Question 22: How do I know who transcribed the revised or new medication orders on the Medication Administration Record (MAR)?

Answer: CMAs are required to date and initial any entries on the MAR. The RN is to check CMA entries at least weekly. Registered professional and licensed practical nurses are to transcribe orders in accordance with their practice act, and indicate their name and title (i.e. license category of RN, LPN, APN, etc.).

Question 23: Can the RN add administration sites or additional information to the prescriber's medication order?

Answer: Yes. Only the RN or pharmacist may add items that clarify administration for the CMA. For example, Tylenol 500 mg every 6 hours prn pain. The RN could add, "pain in the right leg." The pharmacist could add cautionary or accessory labeling, such as when to administer or how to store the medication.

For residents with dementia, receiving prn medication(s) for pain management, the CMA should be trained to observe the resident for non-verbal cues. The CMA needs to understand how pain management is treated, what to look for in terms of medication needs and whether the medication was effective in alleviating the resident's pain.
Note: ALL prn medications must have clear, specific indications for use and frequency of administration.

Question 24: May medications dispensed by the contracted pharmacy be credited for Assisted Living residents?

Answer: Yes. Properly stored, labeled, sealed and maintained medications may be returned to the contracted pharmacy for credit, depending on the pharmacy's policy of accepting returns, and the contractual agreement between the pharmacy and facility. The feasibility of returns should also be explained in the resident admission agreement. Returned medications cannot include Scheduled or Controlled substances.

Question 25: Can a CMA take medications to a resident's room for administration by the CMA?

Answer: Yes. However, the CMA cannot "pre-pour" the medications. CMA cannot remove medications from a properly labeled container, place the medications into a soufflé cup or container, and take this to the resident's room for administration. The CMA needs to take the unopened package(s) or container(s) to the resident's room, with the MAR, and then administer the medications.

Question 26:	What is the minimum age for a CALA, CMA, CNA, HHHA, and PCA?

Answer:

Certified Assisted Living Administrator (CALA)	21 years old
Certified Medication Aide (CMA)	18 years old
Certified Nurse Aide (CNA)	not specified
Health Aide (HHHA)	not specified
Personal Care Assistant (PCA)	not specified

Question 27: What happens if I lose my certificate of attendance for the Train-the-Trainer Workshop?

Answer: DOH does not keep copies of attendee's certificates. Please make several photocopies of this certificate for your records. We have a detailed database of the Train-the-Trainer Workshops held from 2008 to 2013. As of 2014 the authorized provider supplies us with simple attendance records. Instructors who attended a Workshop more than five years ago, are encouraged to attend a current Workshop.

Question 28: May a facility give an entire bingo card or bubble pack to a resident to take out of the building? Also, refer to Question 30.

Answer: Yes, if the facility has a policy that permits a resident and/or family member to take medications out of the facility. The facility needs to produce a consent form with the name of medication, strength, and quantity released, along with instructions for administration, including any cautionary or accessory warnings. The facility also needs to advise the family member and/or resident regarding proper storage conditions of medications. Ask your Pharmacist Consultant to help you devise the consent form.

Question 29: How does PSI know if the CMA has met the 10-hours Continuing Education (CE) requirement?

Answer: Currently, the nurse who signs the PSI renewal or data mailer should be checking the CMA's personnel file for the appropriate hours of CE. The PSI renewal application or data mailer is currently under revision, and will include a section regarding the CE requirement that will be attested to by both the CMA and individual signing the renewal form.

Question 30: How do residents leaving the facility receive their medications?

Answer: By regulation, RNs, licensed practical nurses or Certified Medication Aides cannot dispense (i.e. package and label) medications. There are several ways in which compliance may occur:

1. Medications are administered prior to resident leaving, and administered upon resident return. This scenario would require a call from the registered professional nurse to the resident's physician if any doses were missed, with the appropriate documentation in the medical record. This is only recommended for non-critical medications, where one missed dose will not have a significant impact on the resident.

2. A small, pharmacy-labeled supply of medications is kept on hand for when the resident leaves the building for a period of time. The facility needs to prepare a [consent] form, that would explain how to administer the medications, name and strength of medication, quantity taken, quantity returned, how to store medications, and signature of the person releasing the medications and the person accepting responsibility. Counts would need to be done upon the resident's return and then signed by both parties.

3. The complete unit-of-use package is released to the responsible person, with similar documentation as in #2. However, the facility cannot always ensure that medications, once outside of the licensed facility, will be appropriately stored and monitored. This scenario should be discussed with the pharmacist prior to implementation.

Question 31: Can the RN conduct a training program for the CMA on utilizing insulin pens?

Answer: Yes. They can also arrange for their provider pharmacy, consultant pharmacist or industry representatives to provide training.

Question 32: May a CMA administer insulin to a resident who drew up or measured his/her own insulin?

Answer: No.

Question 33: May a licensed practical nurse (LPN) delegate the task of medication administration to a CMA?

Answer: No.

Question 34: May CMAs or those having a designation such as Medication Tech, reciprocate from other states?

Answer: No. New Jersey law has no provision for CMA reciprocity. If the individual is a Certified Nurse Aide (CNA) from another state, the CNA would need to first complete the reciprocity process for CNA in New Jersey (Contact PSI at 877-774-4243) to obtain a reciprocity package. The package includes: Green fingerprint appointment form; CBI application; NNAAP™ Nurse Aide/Personal Care Assistant Exam Application and Nurse Aide and Personal Care Assistant Candidate Handbook.
The aide must complete the Medication Aide course conducted by the RN and pharmacist; successfully pass a competency evaluation (3-4 medication pass observations by the RN and/or pharmacist) and, successfully pass the PSI CMA written examination.

Question 35: If a new director of nursing (DON) is hired by an assisted living facility, does that DON have to re-delegate the task of medication administration to the CMA?

Answer: Yes. All directors of nursing must establish standards within the facility and be comfortable with the CMA(s) who will administer medications to residents.

Question 36: May a graduate nurse delegate the task of medication administration to a CMA:

Answer: No.

Question 37: May a licensed practical nurse (LPN) administer medications within an assisted living facility?

Answer: Yes. LPNs may administer, receive orders, call physicians, call pharmacists, or any other task permitted under their practice act.

Question 38: Will DOH organize a re-training or refresher course for the RNs involved with the CMA programs i.e. to explain what the [delegating] RN needs to know in assisted living facilities with CMA programs? Refer to Question 27.

Answer: Delegating nurses may attend the Train the Trainer Workshop. The current electronic copies of the Trainer and Trainee Manuals are available from the Department. For general questions regarding the CMA program contact the DOH Phone: (609) 633-8993.

Question 39: May the CMA administer medications that have been transcribed by a LPN?

Answer: The LPN cannot delegate the task of medication administration to a CMA. Before the CMA can administer the first dose of a newly transcribed order by the LPN, the CMA must first contact the RN in order to verify that the medication order is correct and receive approval to administer. Such verification and approval is to be noted on the MAR by the CMA. After this initial verification occurs, other CMAs will not have to verify this same information with the RN and may administer the medication.

Question 40: May a CMA administer an over-the-counter (OTC) medication (oral or liquid) from a manufacturer's container and/or a repackaged, appropriately labeled, pharmacy-dispensed container or package?

Answer: Yes. CMAs may administer from OTC multiple-dose containers, as long as they are properly labeled.

Question 41: Must OTC containers or packages be dispensed as unit-of-use or unit dose packages in order for the CMA to administer these medications?

Answer: No. Refer to question 40.

Question 42: Can the RN write on or change a prescription label?

Answer: No. Only an authorized prescriber, provider pharmacist or consultant pharmacist or the individual for whom the prescription has been dispensed to (in the case of someone who self-administers), can change the prescription label.

INJECTOR DEVICE QUESTIONS

ADMINISTRATION

Question 43: Should the CMA shake the pen to mix the medication?
Answer: Check the label or the manufacturer's literature. Some medications need to be shaken or agitated others may not require shaking and some such as insulin could be damaged by severe shaking. NEVER SHAKE insulin. The CMA should mix insulin suspensions by gently rolling the insulin pen between his/her palms 10 times, then alternate pointing the insulin pen up and down 10 times. Vigorous shaking can break up insulin molecules and decrease the potency of insulin.

Question 44: Does the needle on all pen devices need to be primed before each dose or just the first time the pen is used?

Answer: All pen devices for insulin must be primed each time they are used. However, no priming is required for other types of medications when administered via pen (No priming is required for Forteo).

Question 45: Can the type of medication in a pen be identified by the color of the label or the color of the pen?

Answer: Always read the label. Never choose any item by the color. There is no standard color system. Manufacturers may use any color they want and can change the color system at any time.

Question 46: When using a pen injector must the injection sites be rotated?

Answer: Injection site rotation is generally needed for medications that are injected on a regular basis such as daily or more often. Check with the delegating nurse for direction on site rotation and record it on the MAR.

Question 47: How long should the needle remain in the resident after the push button has been depressed?

Answer: Different brands of pens have different recommended times that vary from five to 10 seconds. Before initial use of a pen device, the CMA must check the manufacturer's literature for the correct amount of time. The CMA must note the time required on the MAR after verifying it from the literature.

Question 48: What should the CMA do if there is not enough medication for a complete dose e.g. the order is for 40 units but there are only 30 units in the pen in the resident's medication drawer?

Answer: If there is not enough medication in the en to give the complete dose, the CMA must obtain a new pen and give the complete dose in one injection. The pen with the insufficient amount of medication should be removed from the medication cart according to facility policy.

Question 49: When using an injector pen are there any changes in infection control techniques?

Answer: No. Infection control techniques remain the same. The pen is an injection device. The aseptic technique used for a regular syringe is also used for the pen system. Hand washing is still required before and after administering the injection. Gloves must be worn. Alcohol swabbing of the pen cartridge is required before attaching the needle and the injection site must be clean and prepped with an alcohol wipe before injection.

Question 50: What should be done if a drop of liquid is noticed at the injection site after the pen is removed?

Answer: There are at least two reasons that a drop or more of liquid would be visible after an injection using a pen. If the pen has been primed pointing up some medication may have remained in the safety needle cover and was left on the skin after the injection. Another reason could be that the needle was withdrawn before the entire amount of medication was injected into the resident and the remainder was deposited on the skin as the needle was withdrawn. (It can take up to 10 seconds for the entire amount of medication to pass through the needle.) If the latter reason was the cause, the resident did not receive the prescribe dose and should be monitored for signs of inadequate dosage. The registered nurse should be contacted and the resident monitored per the registered nurse's instructions.

It is important to keep the needle in the resident for the entire time required by the pen manufacturer.

CMA RESPONSIBILITIES

Question 51: Can the CMA label a pen with the resident name and date removed from refrigerator?

Answer: No. The Pharmacy must label the individual pens with the resident's name. Space must be provided for the date the pen is initially used. The CMA or Nurse who administers the initial dose from the pen fills in the date.

Question 52: Will CMAs be able to give injections with pens that use cartridge refills?

Answer: Yes

NEEDLES / SAFETY / DISPOSAL

Question 53: Can a CMA attach a clean needle after disposing of the used needle to save time in preparing the next dose?

Answer: No. Needles should only be attached shortly before administering the injection. A pen should never be stored, even for a short time, with the needle attached.

Question 54: Can a pen be used on different residents if a new needle is used?

Answer: No. Sharing any medication is prohibited. This is especially dangerous with pens injectors because they may become contaminated with cells and proteins from the residents upon whom they were used.

Question 55: If no safety needle is available; can a nurse use a regular needle with the pen injector?

Answer: No. In licensed Health Care Facilities, staff are required to use safety needles. Regular needles should not be available in the facility for use by staff.

Question 56: Can a resident administer his/her own medication using a regular needle on an injector pen?

Answer: Yes; NJAC 8:43E-7.1(a) requires "All facilities shall purchase, for use by health care workers only available sharp devices containing integrated safety features or available needleless devices designed to prevent needle stick injuries..." If needles are purchased and used by the resident, safety needles are not required because the resident is self-administering their medication.

Question 57: How is an empty pen disposed of?

Answer: Since the pen is considered a syringe (and may contain blood cells & proteins from a resident), it should be disposed of in the sharps container or as regulated medical waste.

ORDERING

Question 58: When should pens be re-ordered?

Answer: A facility should always have at least one pen available in the facility in case the active pen becomes unusable. Therefore, order more pens after administering the initial dose from the next to last pen in stock. Order earlier if use history is heavy.

STORAGE

Question 59: Is there any special place in the refrigerator for storing pens that require refrigeration?

Answer: The required refrigerator storage temperature is between 36 and 46 degrees Fahrenheit (F). If a refrigerator has a freezer or ice cube compartment the temperature next to it may be below freezing (32 degrees F). Therefore, do not store the pens next to the freezer or ice cube compartment since they may freeze in that area. Also, never place pens in the freezer or ice cube compartment of a refrigerator. If the medication freezes, it must be discarded since it may no longer be effective after it thaws.