



Medication Administration

Student Syllabus

Adapted from CDPHE and Revised May 2017

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OVERVIEW

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

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

Purpose

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

The Importance of Safe Administration of Medications

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

Administering medications is a very important task. Current regulations and requirements for medication administration in Colorado became **effective July 1, 2017**. One of the requirements is that any unlicensed person administering medications or supervising the administration of medications must pass a test approved by the state of Colorado. Once a person successfully completes an approved QMAP course, it is not necessary to repeat the class or testing unless required by an employer. Information such as schedules and changes regarding medication testing may be found on our website at <http://www.nocoqmap.com>

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

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

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

Course objectives

- Safe administration of medications according to written physician's/provider's orders
- Maintaining proper documentation of the administration of both prescription and non-prescription drugs
- Use of proper techniques when administering medications by the various routes to include oral/ingestion, transdermal, topical/application, inhaled/nebulizer, and insertion of suppositories/creams (rectal or vaginal) and enemas
- Demonstrate compliance with the 7 rights
- You will know and demonstrate mastery of the following:
 - A. Comprehension of important guidelines including the elderly, physically or cognitively impaired, behavioral issues, as well as neglect or abuse of clients
 - B. Use and forms of drugs
 - C. Medication orders
 - D. Documentation
 - E. Medication reminder boxes
 - F. Steps of procedures to ensure accurate administration and documentation of medications
 - G. Medication errors, diversion and reporting to law enforcement
 - H. Medication storage & destruction of meds
- Safely and accurately fill and administer medications to and from medication reminder boxes
- Be able to discuss compartmentalized systems of medications
- Emergency use of Epi-Pens in accordance with 1st Aid Certification

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

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

Authorized Settings

1. Assisted living residences
2. Alternative care facilities and adult foster care
3. State certified adult day programs.
4. Residential Child Care Facilities and DHS juvenile facilities
5. Facilities that provide treatment for persons with mental illness
6. All services regulated by the Dept of Health Care in support of persons with intellectual and developmental disabilities
7. DOC facilities
8. Secure residential treatment facilities

This QMAP course is not appropriate for the following settings:

1. Facilities regulated by the Department of Corrections have a qualified medication administration curriculum specifically developed for the administration of medications in correctional facilities.
2. Programs/ services regulated by the Department of Human Services have a qualified

medication administration curriculum designed to address developmentally disabled and childcare population

- Child Care less than 24 hour care
- Developmentally Disabled

Requirements

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

CAUTIONS

1. This course does **not** lead to certification or a license. Upon successful completion of this course you will receive a provisional letter of completion authorizing you to administer prescription or nonprescription medications in various settings as set forth in the law. You will be considered **qualified** to administer medications, as a Qualified Medication Administration Person (QMAP).
2. Persons successfully completing this course are not trained or authorized to make any type of judgment, assessment or evaluation of medications.
3. You may be required to **retake** an approved medication course and competency evaluations if the authorized regulatory agency determines the need for such training
4. Every QMAP must sign a disclosure statement that he or she has never had a QMAP qualification, a professional license to practice nursing, pharmacy, or medicine revoked in ANY state for reasons related to the administration of medications. If you have, you **must** disclose the information on the disclosure form. A copy of the disclosure form is required to be provided to employer.
5. **FEES policy**. Your paid fees will be forfeited if you are registered for a class/testing and do not attend or miss any portion of without making appropriate arrangements with the instructor. Please see our policy at: www.nocoqmap.com
6. Verification of QMAP status must be obtained on the CDPHE QMAP website verification tab on: www.healthfacilities.info

INFORMATION FOR EMPLOYERS AND STUDENTS

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

Communication and Interpersonal Skills

Discuss in class: Elderly individuals, individuals of any age with physical impairments or cognitive impairments, general behavioral issues related to medication administration including Alzheimer's, dementias and mental illness.

Preventing and Reporting Abuse, Neglect and Misappropriation of Resident or Client Property: Discuss in class

Effective July 1, 2017 - CDPHE has no guidelines for re-qualification, however Northern Colorado QMAP+ recommends re-qualifying every 5 years at a minimum for current standards and best practice.

UNIT 1: CONCEPTS

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

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

Monitoring medication taken by the client:

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

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

Administering medication to a client:

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

Self-administration of medication by a client:

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

UNIT 1: CONCEPTS

Objective 2: Learn the seven rights of medication administration.

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

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

***The 7 Rights

Client

Time

Medication

Dose

Route

Documentation

Refusal

Objective 3: Learn the 5 "routes" of giving medications

1. Ingestion
 - a. oral tablets, capsules or liquids
 - b. lozenges (in the mouth, not swallowed)
 - c. sublingual tablets (under tongue, not swallowed) Note: QMAPs are allowed to utilize the barrel of a syringe to administer oral medications.
2. Application
 - a. skin ointments, gels, lotions, liniments
 - b. skin sprays or aerosols
 - c. throat gargles
 - d. transdermal skin patches
 - e. eye ointment or drops
 - f. ear drops
 - g. nose drops or nasal sprays
3. Inhalation
 - a. respiratory
4. Insertion
 - a. rectal suppositories
 - b. vaginal suppositories or creams
5. Emergency use of Epi-Pens



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

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



ALWAYS	NEVER
<p>1. ALWAYS measure using the metric system.</p>	<p>1. NEVER use household spoons.</p> 
<p>2. ALWAYS use an oral measuring syringe for small amounts of liquid medication</p> 	<p>2. NEVER switch the special droppers that come with some liquid medications.</p>
<p>3. ALWAYS place cup on a solid surface at eye level.</p> 	<p>3. NEVER use cups that are not marked with the amount they hold.</p> 
<p>4. If the label says to measure in mls, ALWAYS use a measuring device that is marked in mls.</p>	<p>4. NEVER measure mls with a measuring device that is marked in mgs.</p>
<p>5. If the label says to measure in mgs, ALWAYS use a measuring device that is marked in mgs for that medication.</p>	<p>5. NEVER measure mgs with measuring devices that are marked in mls</p> <p style="text-align: center;">mg \neq ml</p>
<p>6. ALWAYS consult your pharmacist when you have a question about measuring</p>	<p>6. NEVER leave air bubbles mixed with the liquid in an oral measuring syringe</p>

UNIT 1 REVIEW

1. List two examples of monitoring medications.

2. List two examples of administering medications.

3. This course qualifies you to do finger sticks.

true false

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

true false

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

true false

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

ROUTE

EXAMPLE

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

true false

UNIT 2: USES AND FORMS OF DRUGS

Objective 1: Describe some of the purposes for drugs

- Prevention of disease by immunizations
- Treat symptoms
- Aid in diagnoses
- Restore or maintain normal body functions
- Reach desired or therapeutic effect

Objective 2: Define the meaning of:

1. Liquid: a. Solution = _____ b. Suspension = _____
2. Solid: 2a. Tablet/caplet = _____ 2b. Enteric-coated tablet = _____
3. Semi-solid: 3a. Capsule = _____ 3b. Spansule = _____
- 3c. Suppository = _____ 3d. Cream = _____
- 3e. Ointment = _____
4. Patches: 4a. transdermal = _____
5. Sublingual = _____
6. Buccal = _____

- Local and systemic drug actions

Local drug actions: _____

Systemic drug actions: _____

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

Prescription drugs: _____

Over the counter: _____

- Generic and trade names of medications

Generic: _____

Trade names: _____

UNIT 2: USES AND FORMS OF DRUGS

Objective 3: Define controlled substances (narcotics).

- A drug subject to restrictions with potential for addiction.
- A drug that in moderate doses dulls the senses, relieves pain, can cause stupor, coma, or convulsions.
- Classified into 5 "schedules" class I=most potential for addiction, class V= least potential for addiction. There should be a source of information available to determine if a drug is on the controlled substance list.
- It is your responsibility to store controlled substances under double lock, count, and document the count with another QMAP or Qualified Manager at the end of each shift, and always log in new medications when they arrive.

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

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



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

- **assisted living residence,**
- **adult day provider or**
- **community residential home for persons with developmental disabilities.**

Objective 5: Define Desired or Therapeutic effect

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

Side effects: _____

Adverse reactions: _____

Anaphylaxis: _____

OBJECTIVE 7: Discuss the following.

Sources of information:

Indications for use:

Why should you know best time of day to administer the medications to clients?

Why should you know common reactions/side effects?

Allergy considerations:

Provide 3 examples of what you should do if you have questions about medications.

UNIT 2 REVIEW

1. List one of the purposes for drugs.

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

3. What is a spansule?

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

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

True False

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

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

true false

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

9. What is your responsibility regarding controlled substances?

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

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

True False

UNIT 3: MEDICATION ORDERS

Objective 1: List the six parts of a medication order

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

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

Size: _____

Frequency: _____

Duration: _____

Objective 3: Explain "strength of preparation"

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

Metric system – a decimal system of standard weights and measures using the milligram (mg), gram (g or gm), kilogram (kg), milliliter (ml) and liter (l), among others.

Note: a cubic centimeter (cc) is the same amount as a milliliter (ml) --or-- 1 cc = 1 ml

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

Equivalents that must be learned:

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

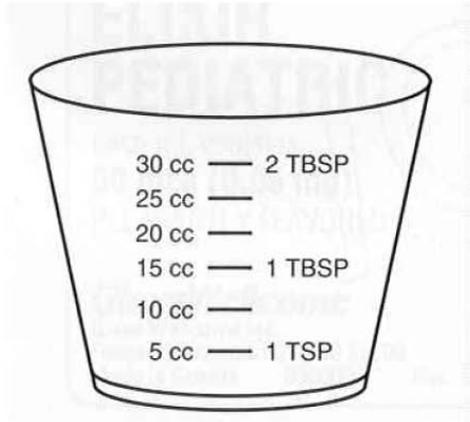


Equivalents

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

1 Gm = 1000 mg

MEASURING DEVICES



A. Medication Cup



B. Spoon



C. Oral Syringe



D. Oral Dropper

CONVERSION TABLE



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

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



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

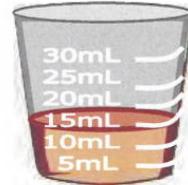
mg. ≠ ml.

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

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



← 15ml →



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

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

YOU CAN'T TELL THE DIFFERENCE BY LOOKING

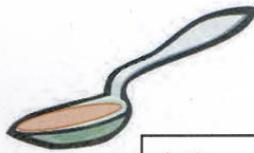


1 TSP. = 5ml.



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

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



1 tbsp. = 3 tsp



3 tsp. = 15ml



25 mL



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

UNIT 3: MEDICATION ORDERS

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

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

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



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

Objective 6: Common medical abbreviations translated into everyday terms.

MUST BE MEMORIZED!

The SEVEN Rights of Medication Administration

- The right client
- The right time
- The right medication
- The right dose
- The right route
- Documentation
- The right to refusal

The Six Components of a Physician Order

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

EQUIVALENTS:

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

LIQUID: cubic centimeter (cc) = milliliter (ml)

SOLID: 1 gram (gm) = 1000 milligrams (mg)

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

tsp. = teaspoon
Tbsp. = tablespoon
oz. = ounce

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

Common Abbreviations

ac	before meals
pc	after meals
bid	twice a day
tid	three times a day
qid	four times a day
HS	hour of sleep
po	by mouth
q	every
qd	every day
qh	every hour
q6h	every 6 hours
qod	every other day
DC	discontinue
mg	milligram
cc	cubic centimeter
ml	milliliter
Gm	gram
kg	kilogram
tsp	teaspoon
Tbsp	tablespoon
oz	ounce
mEq	milliequivalent
ophth	ophthalmic
otic	ear
OU	both eyes
OS	left eye
OD	right eye
prn	as needed
tab	tablet
cap	capsule
SL	sublingual
Buccal:	between cheek & gum
EC	enteric coated
oint or ung	ointment
supp	suppository
sol	solution
c	with
s	without
x	times
gtts	drops
(R)	right
(L)	left
XL/XR	extended release

UNIT 3: MEDICATION ORDERS

Objective 7: Practice translating physician's orders.

Write out each prescribed drug completely, including all abbreviations:

1. Digoxin 0.125 mg., I TAB po qd
2. Coumadin 2.5 mg po hs on M, T, TH, F
3. Coumadin 3 mg po hs on W, S, Su
4. Tylenol 325 mg., ii tabs po q4-6h prn for knee pain no more than 6 tablets per day
5. Timoptic 0.5% ophth sol, 1 gtt OD and i gtt OS tid x7d
6. Tobramycin 250 mg., 1 tab po q6h x 7d
7. Debrox otic gtts, 2 gtts to each ear qd x3d
8. Adderal XR 30 mg, give 1tab at 9am and 1tab at 3pm
9. Guaifenesin 200mg, give po q4h prn not to exceed 2.4g/day.
10. Docusate sodium 100mg cap, give 200mg po qd x7 days then DC.

Unit 3: MEDICATION ORDERS

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

1. The order says to give 500 mg. of the drug. The med bottle reads each scored tablet is 250 mg. How many tab. should you give? _____
2. The med bottle reads each scored tab is 300 mg. The order is to give 150 mg. How many tab. will you give? _____
3. A liquid medicine has 50 mg. of drug in each 5 cc.
The order says to give 100 mg.
What is the strength of preparation of the drug? _____
What is the dosage ordered? _____
How much of the liquid should you give? _____
4. The medicine comes in 5 mg. scored tabs. You are to give 15 mg. How many tab. should you give?

5. You are to give Milk of Magnesia (MOM) 1 oz. How many cc's will you pour? _____
6. The medication bottle reads take 1 g of medication. The scored tablets are 500 mg. How many tablet(s) will you give? _____
7. The client needs Metamucil 1 Tbsp. How many tsp. will you give? _____
8. The order reads Tagamet 300 mg. bid. How often will you give this drug? _____
9. You are filling a MRB and you need 10 mg. of a drug bid. The label on the bottle says 5 mg. How many tablets will you need to fill the MRB for 1 week? _____
10. Norvasc 5 mg. is ordered by the physician. The bottle contains 2.5 mg scored tabs. How many tablets will you give each dose? _____
11. Accupril 20 mg. is ordered. The bottle contains 40 mg scored tabs of Accupril. How many tablets will you give EACH DOSE? _____
12. You need to give 15 cc of a liquid medication. What is the equivalent amount in tbsp? _____ in tsp? _____ in ounces? _____
13. You need to give Paxil 10 mg. daily in the a.m. You have Paxil 20 mg scored tablets. How many tabs will you give each morning? _____

Unit 3: MEDICATION ORDERS

Objective 9: Practice Medication Administration questions

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

1. _____ Tylenol 325 mg. TAB
_____ Take 650 mg. q4h prn for back pain How much will you give? _____
2. _____ Promethazine HCL 25 mg tablets
_____ Take 25 mg Q8H prn for nausea & vomiting How much will you give? _____
3. _____ Take Chlortrimeton q4h 4mg prn for hay fever
_____ Chlortrimeton 2 mg /5 cc How much will you give? _____
4. _____ Isordil 10 mg. tab
_____ Take 5 mg q8h po for congestive heart failure How much will you give? _____
5. _____ Sodium Citrate 500 mg/5 cc
_____ Take 1.5 G bid for kidney stones How much will you give? _____
6. _____ Take 20 meq. of KCL qd. For low potassium
_____ KCL (potassium) 40 meq/30 cc How much will you give? _____
7. _____ Wellbutrin SR (bupropion sustained release) 150 mg tab
_____ take 1 tab daily x 4 days for depression How much will you give? _____
8. _____ Take Guaifenesin 1200 mg q12h, prn for productive cough
_____ Guaifenesin 400 mg tab. How much will you give? _____
9. _____ Propranolol 20 mg tab
_____ Take 40mg po bid for CHF How much will you give? _____
10. _____ Take 10mg tab SL prn for migraine
_____ Maxalt 10 mg tab How much will you give? _____

UNIT 3 REVIEW

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

___ True ___ False

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

___ True ___ False

3. 3 tsp. = _____ Tbsp. = 15 cc.

4. 2 Tbsp. = _____ cc. = _____ oz.

5. How many milligrams are in 1 gram?

6. List the six parts of a medication order.

_____	_____
_____	_____
_____	_____

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

7. _____ Take Chlortrimeton 4 MG prn for hay fever

_____ Chlortrimeton 2 mg /5 cc

How much will you give? _____

8. _____ Tylenol 325 mg. TAB

_____ Take 650 mg. q4h prn for pain

How much will you give? _____

9. _____ Amoxicillin 250mg/5ml

_____ Take 500 mg. tid for infection

How much will you give? _____

UNIT 3 REVIEW, CONTINUED

Physician order:

Midland Family Practice	
RX: <u>Hazel Greene</u>	
Lasix 40 mg PO QD in a.m.	
<u>J.R. Midland, MD</u>	Date: _____

Pharmacy label:

<u>Goodpills Pharmacy</u>		
RX: Hazel Greene		
Furosemide 20 mg		
Give 2 tablets (40 mg) daily		
MD: Midland		
06/24/17	exp: 06/18	#: <u>120</u>

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

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

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

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

- a. What is missing from the physician order? _____
- b. What information on the order makes up the "dose" of the medication, LASIX?
- 1) _____, 2) _____,

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

- a) How many Tbsp of AMOXICILLIN would you give? _____
- b) How many ounces would you give? _____

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

- 1) _____, 2) _____, 3) _____

Physician order:

Midland Family Practice	
RX: <u>John Smith</u>	
Amoxicillin 30cc PO BID x 7 days	
<u>J.R. Midland, MD</u>	7/1/17

Pharmacy label:

<u>Goodpills Pharmacy</u>	
RX: John Smith	
Amoxicillin - Give 30cc by mouth	
MD: Midland	
Date:	refills: 0

UNIT 4: MEDICATION ADMINISTRATION RECORDS (MAR)

Objective 1: Explain the rules for documenting medications.

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

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

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

Objective 3: Explain what to do if:

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

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

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

UNIT 4: MEDICATION ADMINISTRATION RECORDS (MAR)

Objective 5: Practice documenting on the MAR

Midland Family Practice
RX: <u>Hazel Green</u>
Amoxicillin 30cc PO BID x 7 days then DC
<u>J.R. Midland, MD</u> <u>7/1/15</u>

Midland Family Practice
RX: <u>Hazel Green</u>
Furosemide 40mg qd po
<u>J.R. Midland, MD</u> <u>7/1/15</u>

Using the medication orders above, practice documenting administration or monitoring of medications on the MAR below. Practice routine and PRN medications, a medication that cannot be given or is refused, and how to handle various documentation errors.

FRONT OF EXAMPLE MAR

MEDICATION ADMINISTRATION RECORD																		
Client Name:											Month/Year:							
Medication info	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Tylenol 650mg Take 2 – 325mg po prn for knee pain.																		

BACK OF EXAMPLE MAR

QMAP name:				
Identifying initials				
Date	Time	Notes (REMINDER: SIGN EACH NOTE WITH FULL NAME AND QMAP TITLE)		

UNIT 4 REVIEW

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

___ True ___ False

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

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

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

___ True ___ False

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

___ True ___ False

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

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

UNIT 4 REVIEW, CONTINUED

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

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

10. Give four examples of the rules for documenting medications

11. Define "psychotropic" medications:

UNIT 5: MRBs and CMDDs

Objective 1: Define MRB and Compartmentalized Medicine Delivery Devices

- Medication Reminder Box (MRB): a container that is compartmentalized and designed to hold medications for distribution according to a time element such as day, week, or portions thereof.
- MRB's can be filled up to fourteen (14) days in advance.
- Bubble, Blister Packs or Cellophane med strips (CMDDs) may be filled for 30 days

OBJECTIVE 2: Administration of medications from MRBs or CMDDs.

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

Objective 3: Guidelines for filling MRBs or CMDDs

- There must be a complete label firmly attached to the box or CMDD. This requires the name of the client, the name of each medication, dosage, quantity, route, and the specific time that each med is to be administered. If the design of the box does not permit firm attachment of the complete label, the MRB cannot be used by the QMAP.
- There must be a MAR for recording all drugs placed in the MRB/CMDD and monitored or administered by staff. A client "self-administering" medications may fill his/her own MRB and utilize this method for storing medication prior to taking his/her medication. Medications that are "self-administered" from a MRB/CMDD **must** be properly labeled but do not need to be documented on a MAR.
- If there is a physician ordered change in the client's medications, the facility must stop the use of the MRB/CMDD until the designated QMAP, nurse or family member/friend has corrected the MRB/CMDD according to the new order.
- Certain medications may not be placed in a MRB or CMDD:
 - Controlled substances – needs to follow facility protocols
 - PRN medications
 - liquid medications
 - medications with special instructions, such as "30 minutes prior to lunch"
 - powders, inhalers, ointments and creams
- QMAP's "shall be familiar with the type and quantity of medication in each compartment of the box." If the QMAP suspects that the tabs/caps in the MRB/CMDD are not consistent with the label on the MRB/CMDD, the QMAP administering medications must not proceed with administration of medications from the MRB/CMDD until the problem is resolved. The QMAP should not correct the discrepancy; a licensed person, qualified manager or the QMAP who filled the MRB/CMDD should resolve difference(s).
- Filling MRBs or CMDDs are based on facility protocols

UNIT 5: MRBs and CMDDs

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

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

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

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

- a. The label on the MRB should reflect the exact number(s) of each tablet/capsule of medication to be placed in the MRB.
- b. If the label on the MRB does not match the information on either the physician order, the MAR or the medication bottle, you must resolve the discrepancy before filling the MRB. This includes verifying that trade and generic names used are the same drug.
- c. Always ask for assistance when unsure of an order, a medication, a label or the procedure used in filling MRB's. You are responsible to know your facilities policies and procedures for filling and for administering or monitoring medications from MRB's.

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

- a. Transfer medications from bottle lid to MRB or transfer medication wearing gloves. Never touch pills with bare hands.
- b. If desired, you may use clean tweezers in transferring medications from bottle lid to MRB; alcohol wipes are acceptable for cleaning tweezers.

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

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

UNIT 5 REVIEW

- 1 It is ok to fill the MRB with PRN medications. ___True ___False
- 2 List three guidelines for the use of medication reminder boxes.

3 Medication Reminder System label:

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

Referring to the **MRB label** above:

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

1) _____, 2) _____

b. Why is Coumadin listed twice? _____

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

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

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES

Objective 1: Review the 7 rights of medication administration learned in unit 1, give examples of good practice to implement each of these rights.

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

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

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

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

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



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

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

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES

Objective 4: Additional preparation before administration of medications:

1. Gather the client's medication from storage and verify that the medication has not expired.
2. Gather the client's MAR and the copy of the physician order.
3. Cross-check the label on the medication container with the MAR and the physician order three times. Once as the medication is taken off of the shelf, once as the medication is being poured and again when the medication is returned to the storage area.
4. Gather other equipment needed for the type of medication to be administered:
 - **Oral medications (tabs, caps):** gloves (if needed), pill cutter (if needed), tweezers, paper medicine cup
 - **Oral medications (liquids):** gloves (if needed), medicine cup, plastic or glass measuring cup
 - **Ear drops, eye drops or ointment, nose drops or nasal spray:** gloves, cotton balls or tissues
 - **Suppositories:** gloves, medicine cup, lubricant such as K-Y jelly
 - **Transdermal skin patches:** gloves.
5. Take the medication and your other supplies to the client, or have the client come to your administration area. Be sure any area used to administer medication is neat and clean.
6. Identify the client. You may ask the client their name and compare with a photograph, or ask a staff person to assist in verifying. Never ask another client to participate in identifying a client. Be aware of privacy and dignity issues when selecting an area to administer.
7. Explain the procedure to the client to obtain cooperation.
8. Wash hands or use hand sanitizer, put on gloves (if needed).
9. **No pre-pouring medications** as of 7/14/2014

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES

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

Ingestion: oral tablets/capsules:

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

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES

Ingestion: sublingual (sl) tablets:

1. Instruct client to place tablet under the tongue in the front part of the mouth. If several medications are being given, give the sublingual tablet last.
2. Advise the client not to swallow until the tablet is entirely dissolved.
3. Nitroglycerin SL tablets:
 - a. Instruct the client to **sit** down (NOT to lay down) upon the first indication of angina (chest pain), administer nitro SL and immediately notify your supervisor of the situation.
 - Notify supervisor and/or follow facility protocol.
 - Follow physician's orders
 - Record the exact minute of administration on the MAR.
 - Consult the client's record to see if there is a physician order for aspirin to be given when chest pain occurs.
 - b. After one dose of nitro SL is given and chest pain is not relieved, you or your supervisor must follow facility procedures to provide prompt medical attention.
 - Call 911 for paramedics and transport to an emergency room.
 - c. If chest pain resolves within 5 minutes, advise client to sit for an additional 15-20 minutes to prevent dizziness or fainting. Headaches are a common side effect of the drug and should last no longer than 20 minutes. If headaches persist, notify supervisor.
 - d. Be sure to tightly recap the nitro SL bottle
 - Replace the medication supply every 6 months.
 - e. Stay with the client until chest pain is resolved.

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES CONTINUED

Ingestion: oral liquids and gargles:

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

Application: ointments, lotions, liniments, and aerosols:

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

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES CONTINUED

Application: Transdermal patches:

1. A transdermal skin patch is impregnated with medication which, when applied to the skin, releases a continuous and controlled dosage over a specified time period.
2. Gloves should be worn to apply/remove transdermal patches to avoid contact with the patch.
3. Remove the old patch, if present.
4. Wash client's skin with soap and water (both new site and removal site).
5. Rotate application sites to avoid skin irritation. If previous sites are blistered, notify your supervisor.
6. Peel backing off the patch, press on skin and apply pressure to assure skin adherence.
7. Include the site of application with documentation on the MAR.
8. ***Write your initials, date and time on the patch after applied.***

Application: eye drops/eye ointments:

1. Instruct client about procedure. Assist the client to sit or lie down with head tilted back. Wash hands and apply gloves.
2. Cleanse the eye(s) with a clean tissue, clean, wet washcloth or cotton ball. Always cleanse from the inside of the eye, near the nose, to the outside. Use a clean tissue or cotton ball for each wipe.
3. Remove cover of container, place lid with open side up. (or in a clean medicine cup)
4. Procedure for drops: instruct client to look up toward top of head. Retract lower lid (make a pocket). Holding the bottle no more than one inch from the lower lid, instill one drop in the center of the lower lid. Repeat procedure for second drop, if ordered. Wait 3-5 minutes if multiple eye drops are ordered, to allow time for absorption.
5. After application, instruct client to look downward, then close eye(s) for a short time.
6. Give client a clean tissue or cotton ball to wipe the excess.
7. Procedure for ointment: instruct client to look up. Retract the lower lid (make a pocket). With care to avoid touching the eye with the tip of the tube, lay a thin strip along the lower lid.

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES CONTINUED

Application: ear drops:

1. Position the client: Wash hands, apply gloves.
 - If lying in bed, have bed flat and turn head to opposite side
 - If sitting up, tilt head sideways until ear is as horizontal as possible.
2. Clean external ear canal with a clean tissue or cotton ball.
3. Hold ear lobe in such a manner to allow visualization of the ear canal.
4. Instill ordered number of drops without touching dropper to the client's external ear.
5. Place a small wad of damp cotton in the external portion of the first ear. If it is necessary to instill drops in both ears, you should wait at least five minutes before instilling drops in the other ear and place wad of cotton.
6. Instruct client to lay quietly a short time to allow the medication to reach the eardrum.
7. Return to the client in 10 minutes to remove cotton wads; forgotten cotton wads can become difficult to remove.

Application: nose drops/nasal sprays:

1. Wash hands, apply gloves. Avoid touching the dropper or spray nozzle to the client's nose. If it happens wipe tip of the applicator with an alcohol swab.
2. For nose drops: instruct the client to tilt their head back or lie down with their head extended over a pillow. The client may sit up for nasal sprays.
3. For nose drops, place the nose dropper just inside the nostril. Instruct the client to "sniff" on the count of three and instill the correct number of drops. Instruct the client to remain with head back for a short time.
4. For nasal sprays, instruct the client to sniff on the count of three as you squeeze the nasal spray. This will help to coordinate the client's sniffing with the application of the medication. Optional: Close one nostril while spray is applied to the other nostril.

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES CONTINUED

Inhalation: inhalers and Nebulizers

1. The client should be in a sitting position. Wash hands, apply gloves.
2. Grasp the medication dispenser and remove the mouthpiece cover.
3. Read instructions on inhaler to determine if medication is to be shaken or mixed.
4. Hold the dispenser's mouthpiece according to package directions. Always use spacer if appropriate.
5. Instruct the client to exhale, and, on the count of three, to breathe in deeply as you administer the inhaler medication, then hold their breath for as long as possible, before exhaling.
6. For Nebulizers, use mask or "T" tubing, mix solution per order and stay with client if possible.
7. It is best to have clients rinse their mouth after administering inhalants. Many times inhalants taste bitter or can cause thrush.
8. Using an alcohol swab, clean the mouthpiece or spacer before replacing the mouthpiece cover.
9. For nebulizers, take all parts apart, wash and dry before next use.

Insertion: rectal/vaginal suppositories or creams

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

UNIT 6: MEDICATION ADMINISTRATION PROCEDURES CONTINUED

7. Procedure for inserting vaginal creams or vaginal suppositories:

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

8. Procedure for administering rectal enemas:

- Position client in a left lying position ensuring privacy
- Protect area or bed with a bed pad
- To insert an enema, insert 2 – 3 inches and instill solution slowly
- Instruct client not to bear down and hold solution in as long as possible

Objective 6: Describe steps needed after medication administration is completed

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

UNIT 6 REVIEW

1. What are the 7 rights of medication administration?

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

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

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

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

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

___flush them down the toilet

___throw them in the nearest trash can

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

___put them in your pocket to give to friends later

UNIT 7: MEDICATION ERRORS

Objective 1: Define a medication error:

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

Objective 2: Examples of medication errors

- Failure to comply with physician orders
- Failure to administer only upon current orders
- Failure to follow hands-on procedures taught in class
- Failure to follow the 7 rights
- Failure to accurately transcribe a MAR
- Failure to accurately label a MRB
- Improper documentation on MAR
- Improper medication storage
- Running out of medications
- Giving the wrong client the wrong medication: Initial the appropriate date box, circle the initials, document the exact reason on the reverse side (or other designated area) of the MAR, and contact the appropriate person according to facility policy.

Note: These are examples only.

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

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

Objective 4: Medication error procedures:

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

UNIT 7: MEDICATION ERRORS REVIEW

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

2. Give 3 examples of a medication error.

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

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

UNIT 8: MEDICATION STORAGE

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

1. Prescription and non-prescription medications:

A. Store "in a manner that ensures the safety" of clients

- Clients shall not have access to medication which is kept in a locked central location.

B. Locked central location recommended, however, alternatives are acceptable if :

- Closed and locked drawer in client's room in assisted living residence
- Closed backpack, purse or on the person of client of sound mind in adult day facility
- Closed wheelchair bag of non-ambulatory person in adult day facility
- Closed and locked file drawer in administrative area inaccessible to clients

C. Medications requiring refrigeration

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

2. Controlled substances:

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

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

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

D. Count how often?

- At the end of each shift, when new medication arrives, and at each dosing
- Any time medication is given to a third party to take outside facility; count leaving and count upon returning. Minimum 2 person witness.

3. Medication should not be stored with other items, must never be in areas with:

- Disinfectants
- Insecticides
- Bleaches
- Household cleaners
- Poisons

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

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

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

Definitions

Knowing the following terms will help you.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Topical: applied directly to the skin

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

ADDITIONAL DEFINITIONS

CDPHE –	Colorado Department of Public Health and Environment
HFEMSD –	Health Facilities and Emergency Medical Services Division
DHS –	Department of Health & Human Services
DOC –	Department of Corrections
IDD –	Intellectually Developmentally Disabled
ALR –	Assisted Living Residence
ADP –	Adult Day Program
ACF -	Alternative care facilities
QMAP –	Qualified Medication Administration Person
QM –	Qualified Manager
DR –	Doctor/Physician
PA –	Physician Assistant
NP -	Nurse Practitioner
RN –	Registered Nurse
LPN –	Licensed Practical Nurse
CNA –	Certified Nursing Assistant
MRB –	Medication Reminder Box
MAR –	Medication Administration Record
PRN –	as needed
MOM –	Milk of magnesia
KCL –	potassium chloride
GI -	Gastro intestinal
MA-	Medical Assistant
CMDD -	Compartmentalized Medication Delivery Devices