



TRAINING REVIEW

MEDICATION ADMINISTRATION
FOR UNLICENSED PERSONNEL

Revised June 2016

Review for Test-Out

Before you begin, you will need the following

- MARs printed from website (Ensure you get both the front and back)
- Black ball point pen

Complete this review and transcribe/document the orders as indicated

Following review come to test-out site prepared to complete the written and skills test.

You will only need to bring the following

- Picture ID
- Black ball point pen



General Information

The Department of Intellectual and Developmental Disabilities (DIDD) is committed to assuring that Tennesseans with Intellectual and Developmental Disabilities (IDD) receive quality care, maintain health, safety and well being.

The Board of Nursing granted an exemption in 1999 allowing unlicensed personnel to administer medication to persons with developmental disabilities.

This program provides approved training in accordance with the exemption.

Rules

- Requirements apply to the training, approval, and monitoring of unlicensed personnel to administer medications to any person who is enrolled in a DIDD home and community based waiver program and any person served by an agency that is both licensed under Title 33 and under contract with DIDD to provide residential or day services for people with intellectual and/or developmental disabilities, including persons served in the CHOICES program.
- Administration shall mean giving medication according to the written practitioner order and making a written record of each medication administered, including the time and amount taken.
- **Administration does not include evaluation, assessment, or judgment.**

Rules (cont.)

- Unlicensed personnel authorized to administer medication must
 - Be at least eighteen (18) years of age.
 - Have met all requirements for employment and be currently employed by a provider agency.
 - Be able to effectively read, write and communicate verbally in English and read and understand instructions, perform record-keeping duties and write reports.
 - Have successfully completed the DIDD Medication Administration Program.
 - Hold current certification to administer medications according to the provisions of these rules.

Certification

- 20 hours of classroom instruction.
- A minimum score of 80% is required for written test.
- A minimum score of 80% is required for skills test.
- Certification expires at midnight three (3) years from certification date.
- Renewal of certification can be achieved by completion of the above or by successful completion of Test-Out and is required every 3 years.
- The certified staff is responsible for maintaining current certification.
- The employing agency is responsible for maintaining current certification of staff.

What you are doing when you give meds

By administering medications you are introducing chemical substances into the body that are used to:

- maintain health (vitamins)
- diagnose (barium)
- treat (antibiotics)
- prevent disease (vaccines)
- relieve symptoms (antiemetic)
- or to alter body processes (hormones)

ANY MEDICATION CAN CAUSE HARM TO A PERSON!

Administering medications
is a serious responsibility.

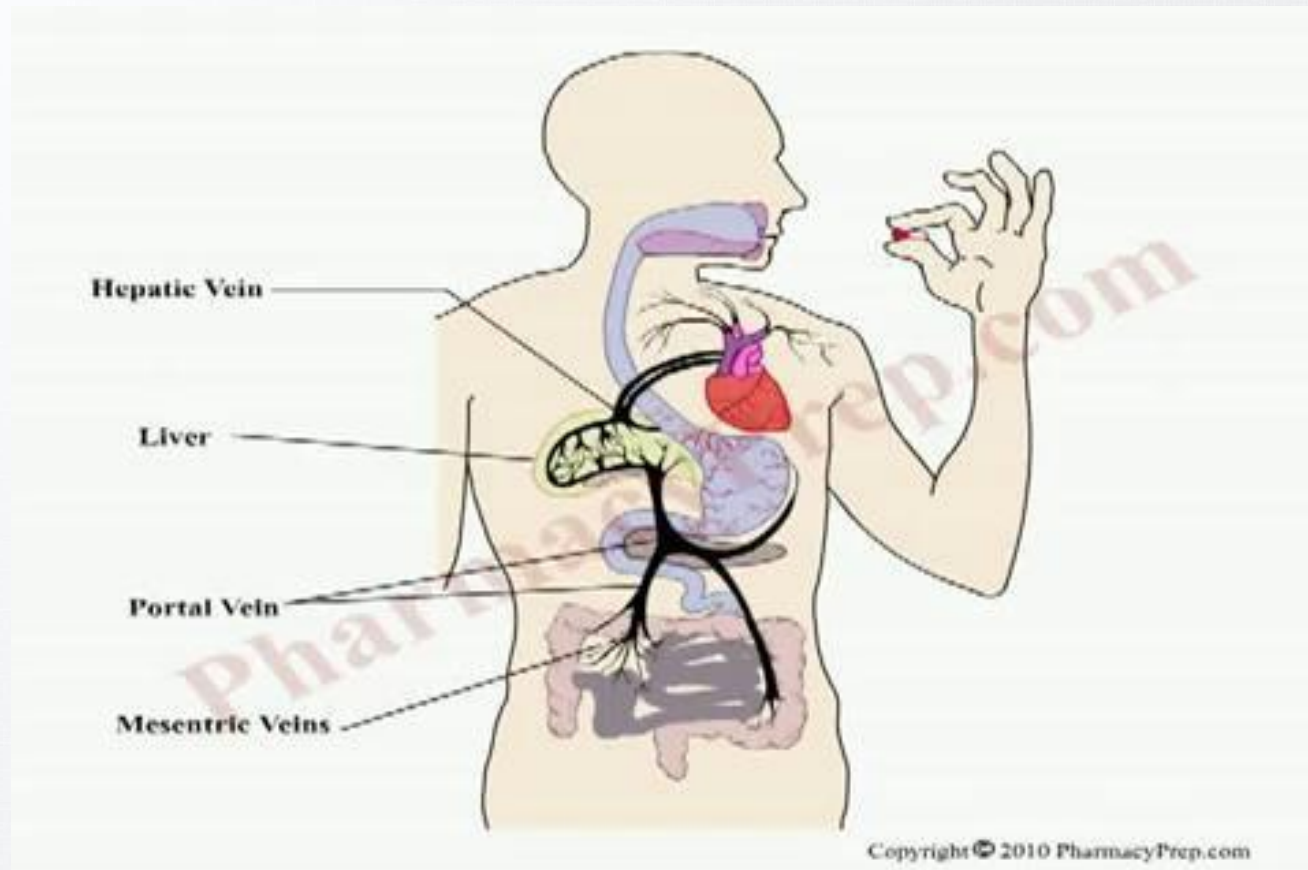
Oral Administration

- Administration by the oral route is the slowest way for medication to reach the body's cells.
- The oral route may be referred to as PO or by mouth.

The video on the next slide demonstrates how oral administration of medication works.

Oral Administration Demo

(<https://youtu.be/sc4C0hfaNng>)



Limitations

It is very important for you to understand your limitations of authority and responsibility:

- **NEVER** attempt to perform tasks for which you are not trained.
- If your employer asks you to perform tasks, which are beyond the scope of your training, you must refuse.

Your Role & Scope

Your role and your scope of practice as unlicensed personnel administering medication includes:

1. Administration of medications by the following routes: oral, eye, ear, inhaler, nasal, topical, vaginal and rectal in accordance with the safe standards of practice.
2. Following practitioner orders for administering medications.
3. As a certified staff **YOU CANNOT TAKE VERBAL OR PHONE ORDERS.**

ONLY LICENSED STAFF (RN OR LPN) CAN TAKE ORDERS.

Medication Administration

Administer – to give medication to a person.

Each agency must have specific policies and procedures for the administration of medications and has an obligation to educate employed unlicensed personnel to these policies and procedures.

Legal & Ethical Issues

Each person has a right to expect the medications that they receive are the same as those prescribed by their practitioner and that certified staff who administer medication are qualified to perform that function.

It is the obligation of everyone administering medication to know and respect the rights of people.

These rights include the right to refuse medications and or treatments and the right to be informed of any consequences that may occur from their refusal.

These rights include the right to know what the medication is for and common side effects.

Remember

**YOU ARE RESPONSIBLE
FOR YOUR ACTIONS**

Your Job Is VERY Important

- In your career your top priority should be promoting and providing the highest quality of care for the persons you serve.
- The time they spend with you should be positive, enjoyable and safe.
- As front line staff, you are the eyes, ears and voice for those you support.
- Thank you for choosing this profession and making a difference in someone's life.

Bill's Story

(https://youtu.be/84y_XyqEgB4)



Health Services
DSP Persistence Pays Off

Communication

- Communication is defined as an exchange of information using both verbal and nonverbal skills.
- Communication is important in order to provide continuity of care and report significant observations to their health care provider.

Communication (cont.)

- Address the person in terms they understand.
- Respect the person's rights at all times.
- Observe and report ANYTHING out of the ordinary for the person.
 - unusual sign/symptom or change
 - change in behavior
 - accident or injury

Side Effects

- **Side Effect** – Any action/reaction other than the intended effect of a drug.
- By recognizing and reporting anything that is different or unusual for the person, you could be identifying a side effect of a drug.

Medical Emergencies

- Additionally, agency training includes recognizing a medical emergency including:
 - that a 911 call must not be delayed
 - initiation of first aid procedures
 - providing information to medical staff
 - notification of provider supervisory staff

Medication Administration Record (MAR)

MEDICATION ADMINISTRATION RECORD

Month: _____ Year: _____

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
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Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

MEDICATION ADMINISTRATION RECORD
PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				
RAb	Right Abd				
LAB	Left Abd				
RT	Right Thigh				
LT	Left Thigh				

Initial	Signature/Title

Name: Jane Smith



Medication Administration Record (MAR)

The MAR is used for the following

- **Transcription** – Transferring a practitioner’s order to the MAR.

Always transcribe order EXACTLY as it is written by the practitioner.

- **Documentation** – Creating an immediate record of medications administered or actions taken.

Never document that the medication has been taken before it is given.

Medication Administration Record (MAR)

- The person administering medications must accurately document meds that were given on the MAR.
- Remember that the MAR is confidential and its contents should neither be shown nor discussed with anyone not administering care to the person. (HIPAA)
- The MAR lists all medications that have been administered to the person during a particular month.
- Listed medications are copied from the practitioner orders to the MAR; this process is known as “transcribing”.

Orders

- Practitioner orders may be received in many different forms:
 - prescription pad
 - office printout
 - consult form
 - ER record
 - Fax
 - pharmacy generated order (e-script)

Medications

Medications are...

- Prescribed – by the practitioner
- Dispensed – by the pharmacist
- Administered – by certified staff or nurses

Guiding Principles for Medication Administration

- Knowledge of safe, clean and proper storage of various types of medications.
 - Internal (medication taken by mouth) must be stored separately from
 - External (medication administered topically)
- Knowledge that all Over-the-Counter (OTC) drugs must be ordered by treating practitioner

Guiding Principles

for Medication Administration (cont.)

- Knowledge that all medications must be labeled by a pharmacist.
- Exception: An OTC that falls within the parameters of the manufacturer's label.

Example:

Ordered – Tylenol 325 milligrams (mg) 2 tablets every 4 hours as needed
temperature above 101°F.

Package Label – 325 milligrams (mg) 2 tablets every 4-6 hrs.

- Refer to agency policy for specific rules regarding labels.

Additional Information

- STAT – now
- PRN – as needed
- H or h - hour

Is a Pharmacy Label required?
(based on the following orders)

Tylenol 325mg 2 tabs q 4 h PRN
NO

Tylenol 325mg 2 tabs q 6 h PRN
NO

Tylenol 325mg 1 tab q 6 h PRN
YES

Tylenol 325mg 2 tabs q 3 h PRN
YES

Drug Facts (continued)

Stop use and ask a doctor if

- pain gets worse or lasts more than 10 days in adults
- pain gets worse or lasts more than 5 days in children under 12 years
- fever gets worse or lasts more than 3 days
- new symptoms occur ■ redness or swelling is present

These could be signs of a serious condition.

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children.
Overdose warning: In case of overdose, get medical help or contact a Poison Control Center right away. (1-800-222-1222) Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

Directions

- do not take more than directed (see overdose warning)

adults and children 12 years and over	■ take 2 tablets every 4 to 6 hours while symptoms last ■ do not take more than 10 tablets in 24 hours ■ do not use for more than 10 days unless directed by a doctor
children 6-11 years	■ take 1 tablet every 4 to 6 hours while symptoms last ■ do not take more than 5 tablets in 24 hours ■ do not use for more than 5 days unless directed by a doctor
children under 6 years	ask a doctor

100 TABLETS - 325 mg each

Pain Reliever
Fever Reducer
Acetaminophen

REGULAR STRENGTH

TYLENOL

Actual Size

Tablets

NDC 50590-4-96-60

See New Warnings Information & Directions

Pharmacy Labels

- Any OTC that is ordered with specific times, dosages, etc., that do not correspond with the manufacturer's label, indicates that labeling by the pharmacy is necessary.
- The practitioner must label "Sample" medications with instructions regarding use.

Eight Rights

- right **PERSON**
- right **DRUG/MEDICATION**
- right **DOSE**
- right **ROUTE**
- right **TIME**
- right **DOCUMENTATION**
- right **POSITION**
- right **TEXTURE**

MEDICATION ADMINISTRATION RECORD

Month: _____ Year: _____

HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Documentation

Additional Information may be listed on the MAR:

- Allergies
- Special instructions
- Etc.

Person



Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma



Medication Times

to be used for classroom and testing purposes

Q day	(every) day	8am
BID	(two times a day)	8am – 8pm
TID	(three times a day)	8am – 2pm – 8pm
QID	(four times a day)	8am – 12pm – 4pm – 8pm
AM		8am
PM		8pm

Med times must be **EVENLY SPACED** during awake hours unless otherwise ordered.

Medication Times (cont.)

Medication **MUST BE ADMINISTERED** within **30 min prior** or **30 min after** the administration time transcribed on the MAR.



Medication due at 8:00
Can be administered
between 7:30 and 8:30

DOES NOT APPLY TO PRN MEDICATIONS

Start Date

The date a medication is ordered is the **START DATE**.

Every effort is to be made to start the medication on the order date. If for any reason the medication is not available, the date/time due is to be initialed and circled with the reason being noted on the back of the MAR.

Appropriate person must be notified for obtaining meds.

Medication Administration Record

MEDICATION	Date	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Crestor 10 milligrams 1 tablet by mouth every day at 8pm Dr. Lee cholesterol	START	8p								BL																									
	m/8/y																																		
	STOP																																		
	START																																		

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Result	Initial
m/8/y	8p	Crestor 10mg 1 tab	cholesterol	8 ³⁰ p pharmacy did not have	BL

Initial	Signature/Title	Initial	Signature/Title
BL	Brittany Lane DSP		

The 3 Checks

- Medications may be packaged in bottles, bubble packs or other containers but **MUST have 3 checks PRIOR to administration.**
- Medications must remain in original packaging until administered.



Dosages

Common Dosages of Medication

- mg milligram
- mcg microgram
- ml milliliter (liquid measure)

IMPORTANT!

**AS AN UNLICENSED PERSON ADMINISTERING
MEDICATION ALWAYS SEEK PROFESSIONAL
ASSISTANCE WHEN IN DOUBT**

*This includes abbreviations that you are unfamiliar with

Standard Precautions

Always maintain Standard Precautions during medication administration.

- Proper **Hand Washing** – is the MOST effective method to prevent and control the spread of disease.
- Use gloves when contact with medication, blood or other body fluids is anticipated. Change gloves and wash hands between individual contacts, before and after administering medications.



(<https://youtu.be/A-rlq0-FmV4>)

Safe Practice of Medication Administration

- Order, MAR and medication label **MUST** match.
- Medication, dose, route, time, (texture and position if indicated) must be ordered by the practitioner and be transcribed to the MAR.
- **MEDICATION MUST REMAIN IN ORIGINAL CONTAINER.**
- Meds must be identifiable up to the point of administration.
- **AVOID DISTRACTIONS**

Safe Practice of Medication Administration

- Tell the person receiving the med about the purpose and expected effects.
- Read each MAR carefully. If not clear, refer to the practitioner order or call for clarity.
- Read the med label carefully checking to see that the MAR and label are exactly the same.
- Perform '3 Checks'. PRIOR TO ADMINISTRATION
 1. Compare MAR to label **when taking from supply**
 2. Compare MAR to label **when preparing medication**
 3. Compare MAR to label **just prior to administration**



Safe Practice of Medication Administration

- Never give a medication unless label is present and clearly readable, including any warnings.
- Never give a medication past its expiration date.
- Keep containers tightly closed. Report any change in color, consistency or odor.
- Do not touch pills, capsules, or patches without gloves.
- Pour liquids away from the label side of bottle. (label up – palm of hand)
- Pour liquid meds at eye level.
- Do not prepare medications until ready to give.

Safe Practice of Medication Administration

- Do not mix liquid meds with other meds.
- Always identify person by picture.
- Provide privacy as appropriate for the situation.
- Give medications one at a time.
- Give only medications which you have prepared yourself.
- Do not leave medications unattended.
- Stay with the person while taking medications.
- Check that the person swallowed the medication.
- Document only the medications which you give.
- Always check on the person within 30 minutes of administering medications.

Safe Practice of Medication Administration

- Know the purpose of the med being given, any reactions, warnings, usual dose and specific directions.
- Be familiar with the condition/diagnosis and allergies of the person receiving meds.
- Medications are not to be placed in foods or beverages unless specified by practitioner orders.
- Medications are not to be crushed unless specified by practitioner orders.
- Medications that are expired or no longer needed are to be destroyed. *(Refer to agency medication policy)*
- Meds prepared and not given must never be returned to the container.

As an unlicensed person
administering medication
**ALWAYS SEEK PROFESSIONAL
ASSISTANCE WHEN IN DOUBT**

Body Systems

For each system we will discuss:

- Some common diagnoses/conditions
- Some associated medications
- A practitioner's order
- Completing MARs
- Watch demonstration
- Practice skill and documentation

Body Systems

From the Creator of
Cells Cells

<https://youtu.be/Zj9fL2B-66A>

Skeletal System

Consists of bones and cartilage to support and protect the body.

Common diagnoses/conditions

- Fracture
- Osteoporosis (brittle bones)
- Arthritis

Associated medications

- Analgesics (pain reliever)
- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Steroids
- Narcotic Analgesics (controlled substance)



Regulatory Agency

DEA

(Drug Enforcement Agency)

Regulates the importation, use, sale, manufacture and distribution of controlled substances which are habit forming and are assigned a Schedule classification.



Controlled Substances

- **MUST** be double locked
- **MUST** be counted
- This includes pills and liquids



Regulatory Agency

FDA

(Food and Drug Administration)

Regulates the importation, use, sale, manufacture and distribution of all **non-controlled drugs** in the U.S.A.



Warning Labels

May be printed on medication label or applied as sticker indicating generic substitution, side effects, or specific instructions.



Medication Preparations

Cap - Capsule: Small container made from gelatin.

Tab - Tablet: Most common form used. Pressed in molds.

- Coated or Enteric Coated: Because of bitter taste or to prevent irritation of the lining of the stomach.
 - **May not be broken, crushed or chewed.**

Additional Information

- Buccal – Route of administration in which the drug is placed and held in the pocket of the cheek until dissolved.

Transcription

- Always use **BLACK** ballpoint pens
(*never pencil, felt tip pen, colored ink or gel pen*)
- Always write neatly.
- Do not erase or use “white-out”;
 - line through the error, initial and date.

Transcription (Additional Information)

When transcribing a medication to the MAR, lines are used to indicate that a medication is not to be administered during the particular time.

The number of lines needed is related to the number of times the medication could be administered.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
	Start	8am	_____																															
		8pm	_____																															
		Stop																																
	Start	P	_____																															
		R	_____																															
	Stop	N	_____																															
		N	_____																															

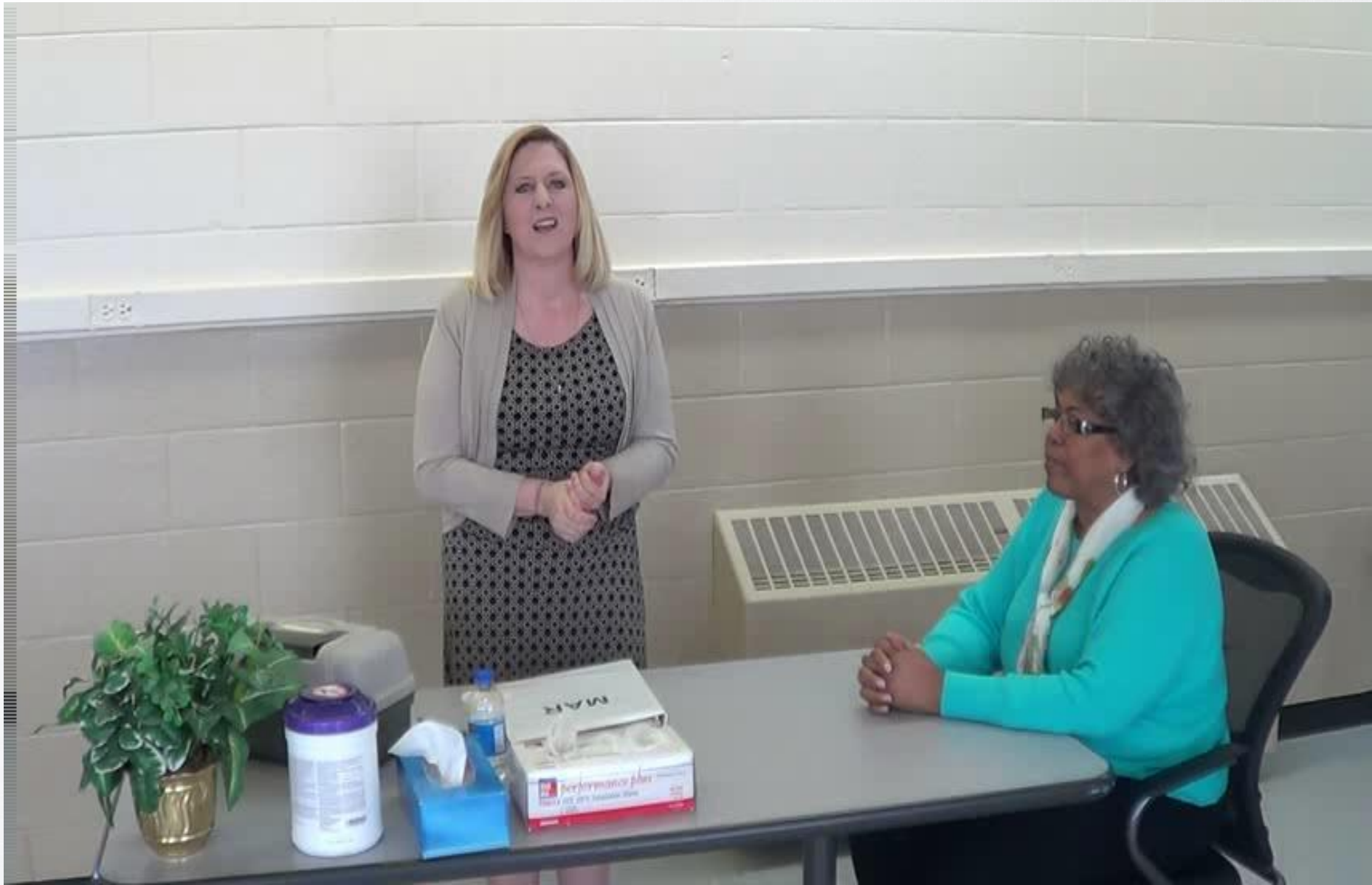
It's Your Turn!

Transcribe the following order to the MAR

Motrin 800 mg 1 tab po qday
Dr. Hall arthritis
m/1/y

Oral Administration

- Maintain guidelines and safety factors for med administration.
- When preparing tablets, capsules, etc., place in the lid or cap of the bottle and then into the med cup.
- When preparing liquid meds shake bottle to mix contents.
 - Place cap upside down.
 - Hold bottle with label in palm of hand.
 - Pour at eye level.
 - Wipe lip of bottle before recapping (if needed).
- Position sitting (or per positioning plan or specific instructions).
- Offer meds one at a time.
- Give sips of water before and after each med.
- Allow sufficient time.
- Remain with person until the medication has been swallowed.
- Note significant observations and report.



<https://youtu.be/93R46jcScyo>

Documentation Rules

- Always use **BLACK** ballpoint pens
(*never pencil, felt tip pen, gel pen or colored ink*).
- Always write neatly.
- Documentation must include your
 - **Initials**
 - **Full Signature** (Both your FIRST & LAST NAME)
 - **Title**

**EVERYTHING MUST BE LEGIBLE
(READABLE)**

Documentation Rules (cont.)

- Do not erase or use “white-out”;
 - line through the error, initial and date.
- Always document as soon as possible after administering the medication.
- Do NOT document for another employee.
- Lines are drawn to prevent illegal entry.

Documenting Refusals

- Refusal – Three (3) attempts should be made within the designated time frame before recording as refused.
- Refusals must be documented on the MAR and reported in accordance with agency policy.



MEDICATION ADMINISTRATION RECORD

Month/Year	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Motrin 400 milligrams 1 tablet by mouth every day Dr. Lee arthritis	Start	8A	8A	8A	8A	8A																										
	m/y																															
	Stop																															
	Start																															
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MEDICATION ADMINISTRATION RECORD
 PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
X/5/XX	8 AM	Motrin 400mg 1 tab	arthritis	8:30am Refused x3	JWS

Code	Description	Code	Description	Code	Description
RA	Right Arm	LB	Lt Back		
LA	Left Arm				
RAb	Right Abd				
LAb	Left Abd				
RT	Right Thigh				
LT	Left Thigh				
RB	Rt Back				

Initial	Signature/Title
BB	Bob Brown AM
JWS	Jane Walker DSP

Name Jane Smith

Disposal of Medications

The federal government provides guidelines related to proper disposal of medications. (e.g., coffee grounds, kitty litter, flushing, etc.)

Follow agency policy regarding medication disposal.

Endocrine System

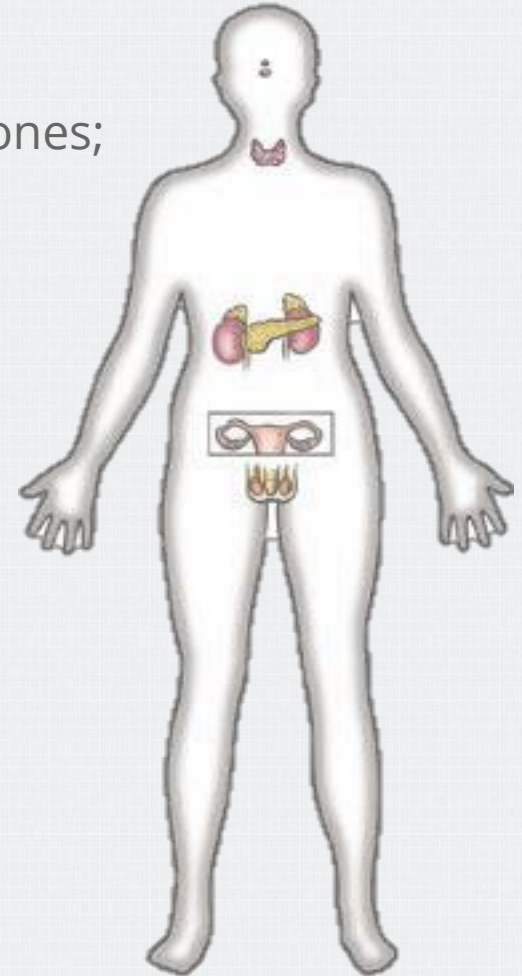
Consists of glands which secrete chemicals called hormones; e.g., thyroid, pancreas.

Common diagnoses/conditions

- Diabetes
- Thyroid (hyper/hypo)

Associated medications

- Hormones
- Antidiabetic agents
- Steroids



Additional Information

Additional info:

- x or X – abbreviation for **times**
- SL - Sublingual – route of administration in which a drug is placed and held under the tongue until dissolved; **should always be administered last**. Do not immediately follow SL med with water.
- Mucous Membrane – Moist membrane lining body cavities and canals that may allow substances to pass through into the body tissues.

Roman Numerals

ROMAN NUMERALS		ARABIC NUMBERS
Upper Case	Lower Case	
I	i	1
II	ii	2
III	iii	3
IV	iv	4
V	v	5
VI	vi	6
VII	vii	7
VIII	viii	8
IX	ix	9
X	x	10
XI	xi	11
XII	xii	12

It's Your Turn, Again!

Transcribe the following order to the MAR

Metformin 500 mg 1 tab PO bid
diabetes Dr. Brown
m/3/y



<https://youtu.be/-ga1vKTv4g4>

Muscular System

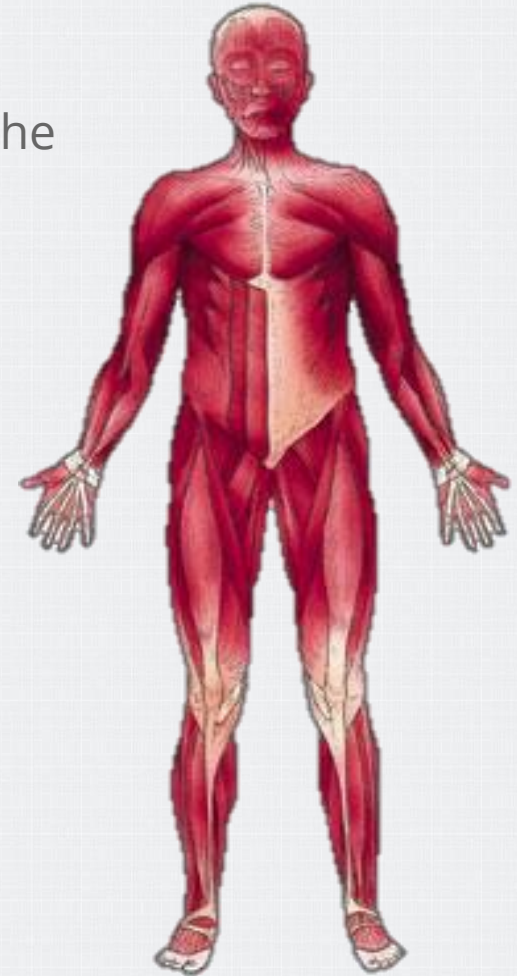
Consists of muscles which shape the body and allows the joints to move.

Common diagnoses/conditions

- Muscle Spasm
- Muscle Strain
- Muscular Arthritis (Myositis)

Associated medications

- Analgesic (used to relieve pain)
- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Muscle relaxants



It's Your Turn, Again!

Transcribe the following order to the MAR

Indocin 25mg 1 cap po BID
Dr. Green gout
m/6/y

Nervous System

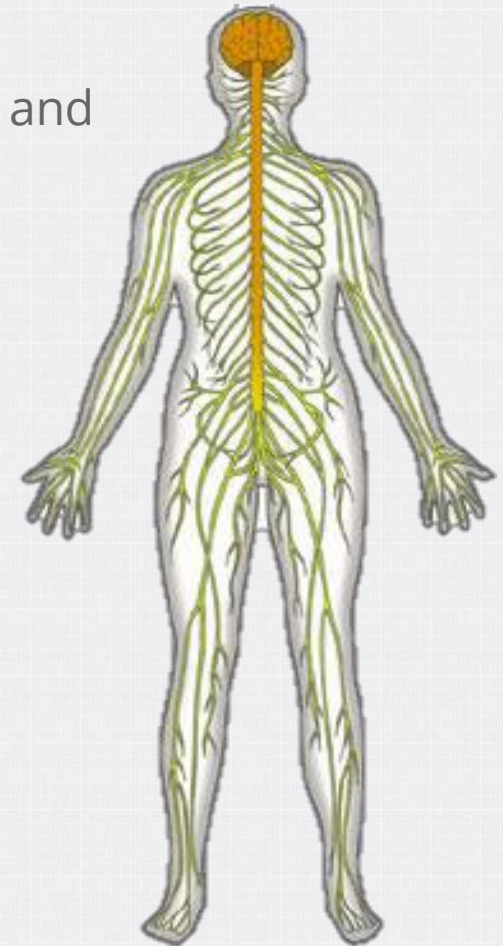
Consists of the brain, spinal cord and nerves to control and coordinate body activities.

Common diagnoses/conditions

- Seizures
- Stroke
- Trauma (Concussion, Contusion)
- Dementia/Alzheimers

Associated medications

- Anticonvulsants/antiepileptics
- Psychotropics (affect a person's mental state)
- Antidepressants
- Antianxiety/Sedatives



Cumulative Effect

Many medications associated with the nervous system may take several days or weeks for the drug to reach an effective level.

TD (Tardive Dyskinesia)

- **Tardive Dyskinesia** is a side effect of psychotropic medications.
- Usually occurs after the person has taken the medication for a long period of time.
- Person has involuntary and constant movements of the tongue, jaw, lips or eyes.

TD (Tardive Dyskinesia)

tardive dyskinesia



<https://youtu.be/9I20Nzej4cE>

Neuroleptic Malignant Syndrome / Serotonin Syndrome

- Life threatening reaction to **psychotropic** medications.
- May begin within hours of administration or can happen at any time the person is on the drug.
- High fever, stiff muscles, irregular heart rate, excessive sweating, excessive saliva and unstable consciousness along with other abnormal signs.

Liquid Medications

Drugs that have been dissolved in water or alcohol.

- Suspensions:
 - Fine undissolved particles of drug mixed with liquid.
 - Must be shaken vigorously before giving.
- Sprays:
 - Drugs prepared for administration by reducing a liquid to a fine spray.
- All liquid medications must be shaken.

Common Liquid Measurements

- 5 ml 1 tsp (teaspoon)
- 15 ml 1 tbsp (tablespoon)
- 30 ml 1 oz (ounce)

Never use ordinary kitchen spoons

Transcription Notes

- Medications may be ordered that are the same drug but may have a different dose or a different time indicated for administration.
- Transcription must be in 2 boxes to show the different dose.
 - One dose to be given two times a day and a different dose given one time a day.
 - One dose given certain days of the week and a different dose given on other days.

It's Your Turn, Again!

Transcribe the following order to the MAR

m/4/y
Dilantin 50 mg 1 tab po BID and 2 tabs po at 2pm
Dr. Boone seizures



<https://youtu.be/3tld2bMVeV4>

Integumentary System

Consists of skin, sweat and oil glands to protect the body from harmful germs and helps regulate body temperature.

Common diagnoses/conditions

- Cellulitis (skin infection)
- Scabies/Lice/Bed bugs
- Rash
- Burns
- Decubitus (pressure sores)

Associated medications

- Anti-itch creams
- Medicated ointments
- Topical anti-infectives
- Anti-fungals



Topical Medications

Creams / Ointments are applied locally to the skin or mucous membrane.

Suppository: Drug in a base that melts at body temperature, molded for insertion into the rectum or vagina. May need refrigeration.

Additional Info

- Stop Date – Date last dose of medication is to be given

It's Your Turn, Again!

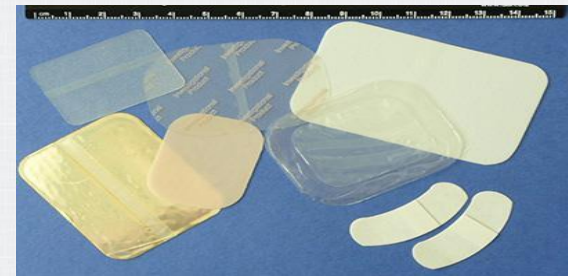
Transcribe the following order to the MAR

m/12/y
Promethazine gel 25mg/ml
apply 0.5ml to inner wrist bid
x 2 days
Dr. Cross nausea

Topical Administration (skin)

Route of administration in which a drug is placed on the skin or mucous membrane.

- Maintain guidelines and safety factors for medication administration.
- Position so the area to be medicated is exposed.
- Note significant observations, document and report.
- Clean the area if indicated (clean away from the affected area). Do not double wipe.
- If using applicator, do not 'double dip'.
- Use gloves if applying directly.
- Spread medication on affected area.
- Do not let tip of container touch affected area.
- Cover affected area if indicated.





<https://youtu.be/dJUm5QctqKc>

Sensory System

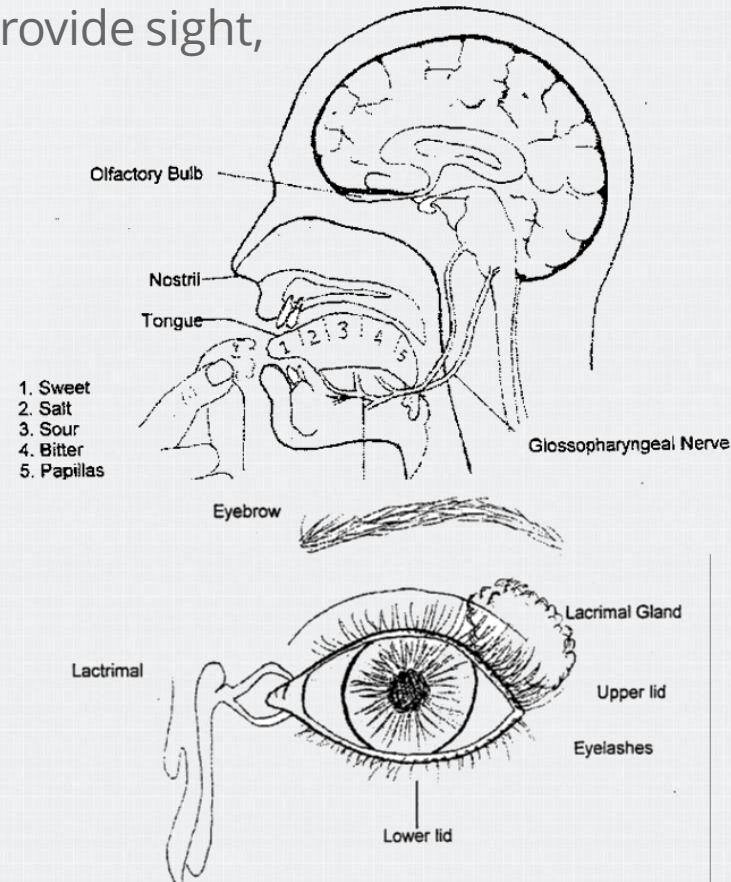
Consists of eyes, ears, nose mouth and skin to provide sight, hearing, taste, smell and touch.

Common diagnoses/conditions

- Eye
 - Conjunctivitis (pink eye)
 - Cataracts
 - Glaucoma
 - Dry eyes

Associated medications

- Ophthalmic (Eye) drop (gtt)



Sensory System

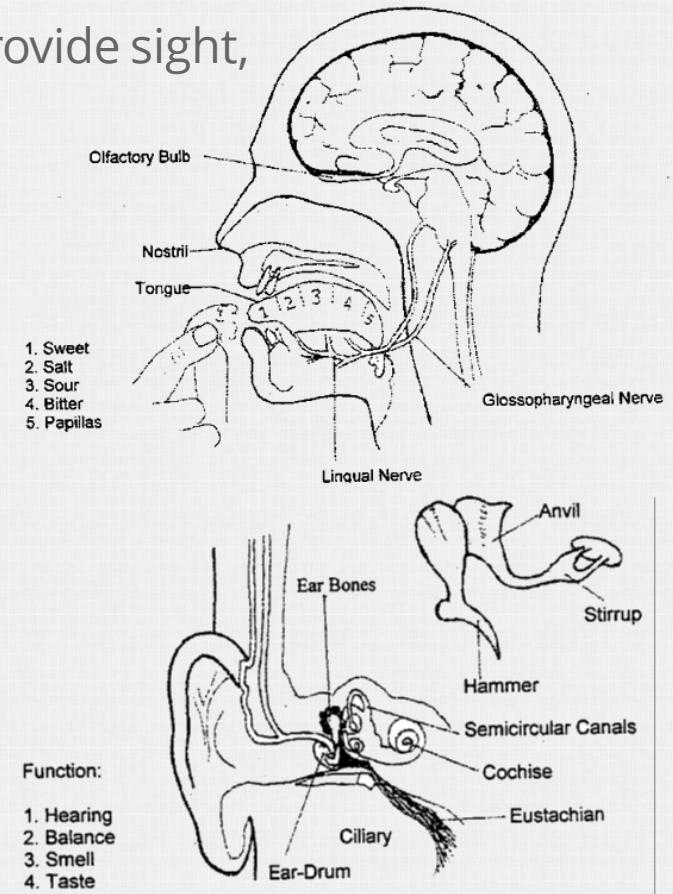
Consists of eyes, ears, nose mouth and skin to provide sight, hearing, taste, smell and touch.

Common diagnoses/conditions

- Ear
 - Otitis Media (Ear Infection)
 - Excess ear wax

Associated medications

- Otic (Ear) drops (gtts)



It's Your Turn, Again!

Transcribe the following order to the MAR

Gentamicin ophthalmic solution
0.3% 2 gtts in both eyes qid x 3
days

Dr. Sams eye infection
 m/9/y

Topical Administration (eye)

- Maintain guidelines and safety factors for med administration.
- If cleansing eye. Wipe from inner corner outward.
- Use clean wipe for each wipe.
- Note significant observations and report.
- Shake the medication.
- Position with head back and looking upward.
- Separate lids using forefinger for upper and thumb for lower.
- Approach eye from below.
- Instill drops as ordered. Avoid contact with eye.
- Apply near the center of lower lid.





<https://youtu.be/WxIYWLqWTOE>

It's Your Turn, Again!

Transcribe the following order to the MAR

Debrox 5 gtts to both ears bid
x 4 days m/19/y
Dr. Pike excess ear wax

Topical Administration (ear)

- Maintain guidelines and safety factors for med administration.
- Tilt head until ear is as horizontal as possible.
- Note significant observations and report.
- Shake the medication.
- Administer by pulling the ear gently backward and upward (for adult).
- Instill drops as ordered. Do not touch ear canal with dropper/container.
- Maintain position for 2 or 3 minutes.
- If to be instilled in both ears, wait at least 5 min before putting in other ear.





<https://youtu.be/xRksF71cs5w>

As an unlicensed person
administering medication
**ALWAYS SEEK PROFESSIONAL
ASSISTANCE WHEN IN DOUBT**

Respiratory System

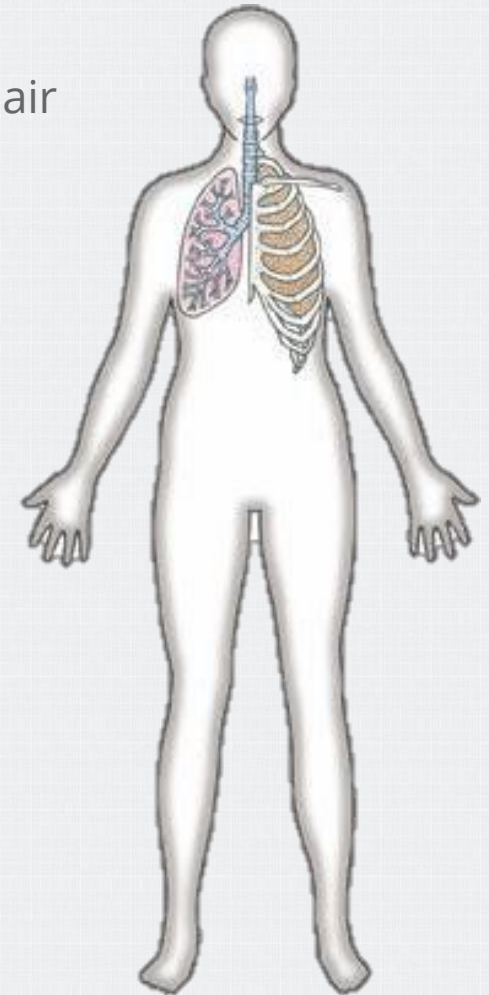
Consists of the mouth, nose, trachea and lungs to provide air (oxygen) to the body's cells.

Common diagnoses/conditions

- Pneumonia
- Upper Respiratory Infection (URI)
- Allergies
- Chronic Obstructive Pulmonary Disease (COPD)
- Sinus/Common Cold
- Asthma
- Bronchitis

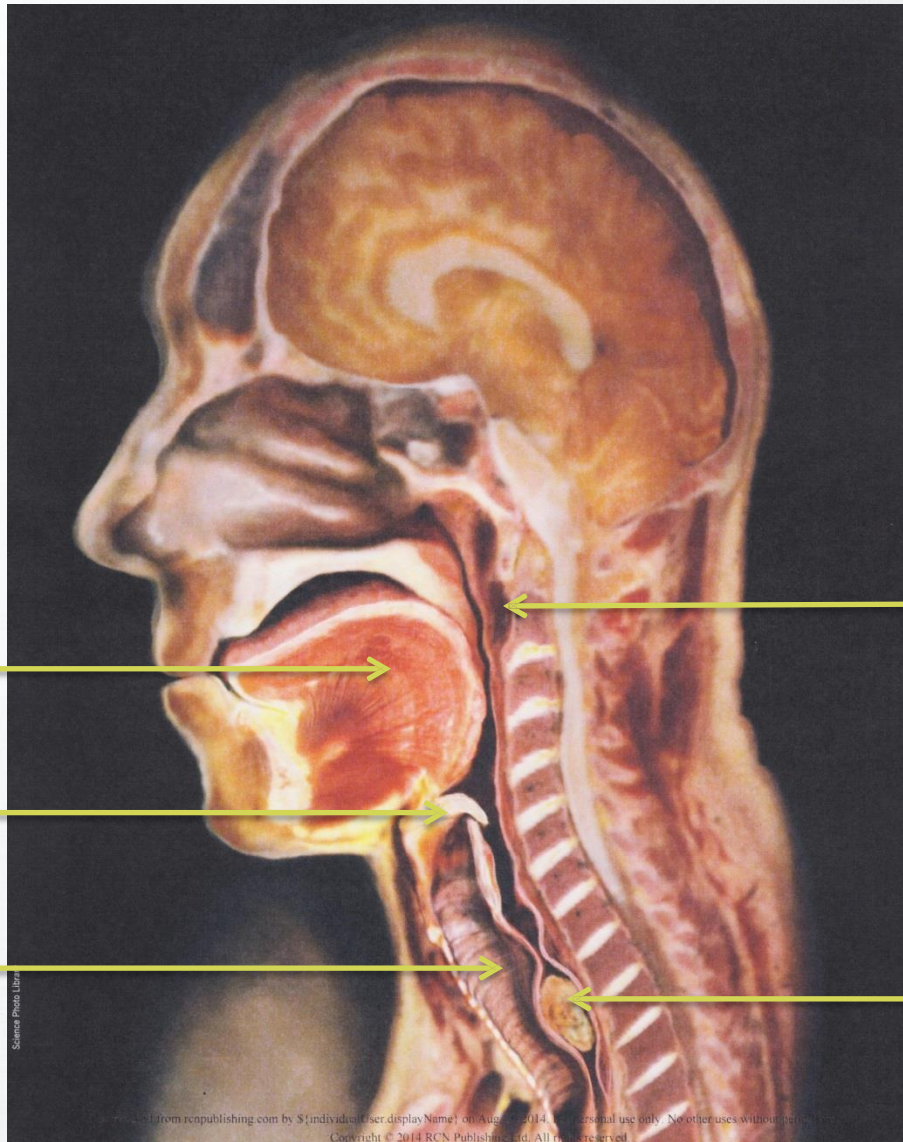
Associated medications

- Bronchodilators (increases air flow to lungs)
- Antibiotics (kill bacteria)
- Antihistamines (treat allergies)
- Anti-inflammatories



Aspiration Pneumonia

Infection in the lungs caused by breathing in liquids or food.



tongue

epiglottis

airway

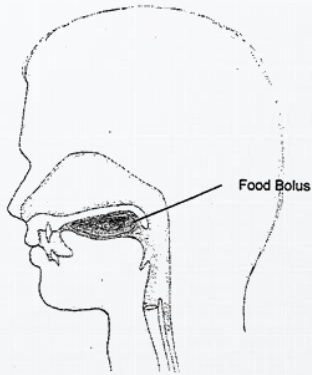
pharynx

esophagus
with food bolus



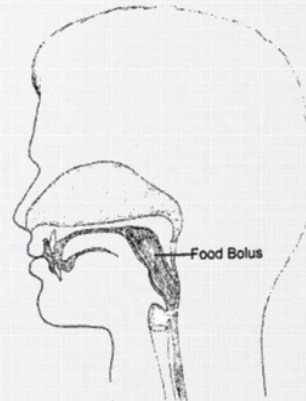
Swallowing Mechanism

The Three (3) Stages of Swallowing



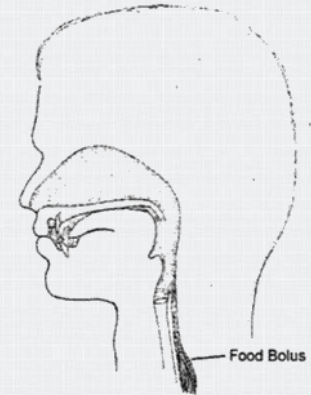
Oral phase (first stage):

ORAL
airway open



Pharyngeal phase (second stage):

PHARYNGEAL
airway closed



Esophageal phase (third stage):

ESOPHAGEAL
airway open

Epiglottitis



https://youtu.be/V7vCZYANb_I

It's Your Turn, Again!

Transcribe the following order to the MAR

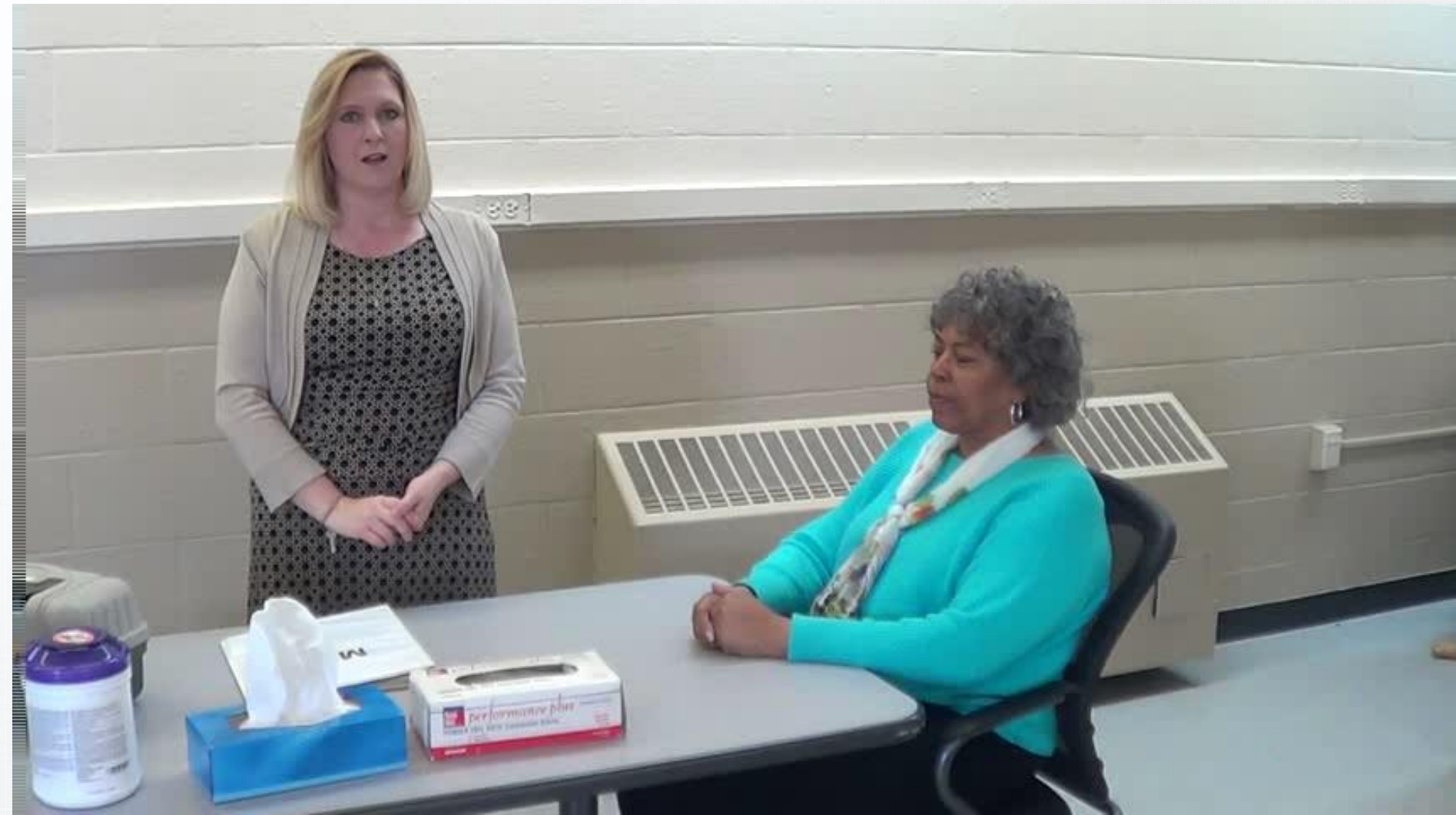
Trimox 500mg 2 caps po STAT
and 1 cap po tid x 10 days for
Dr. Stone URI
m/14/y

Document the stat dose at 2pm

Nasal Administration

- Maintain guidelines and safety factors for med administration.
- Instruct to blow nose.
- Position sitting with head tilted down.
- Note significant observations and report.
- Shake the medication.
- Place tip of container just inside the nostril. Occlude the other nostril. Instruct to sniff as the container is squeezed.
- Repeat in other nostril if ordered.
- Wipe tip between nostrils and after administration.





<https://youtu.be/SUylScIjfMc>

It's Your Turn, Again!

Transcribe the following order to the MAR

m/1/y
Proventil 180 mcg inhale 1 puff qday
Dr. Ross COPD

Inhalation Administration

- Maintain guidelines and safety factors for med administration.
- Shake the canister.
- Instruct to slowly breathe out through pursed lips.
- Instruct to seal lips around mouthpiece.
- Compress canister between the thumb and fingers and instruct to breathe in deeply at the same time.
- Release pressure on the canister.
- Withdraw mouthpiece and instruct to hold breath for a few seconds.
- Instruct to breathe normally.
- If more than one inhalation is ordered wait one minute between administrations.
- Wipe mouthpiece following administration.





<https://youtu.be/IMX0cuVj7rs>

Reproductive System

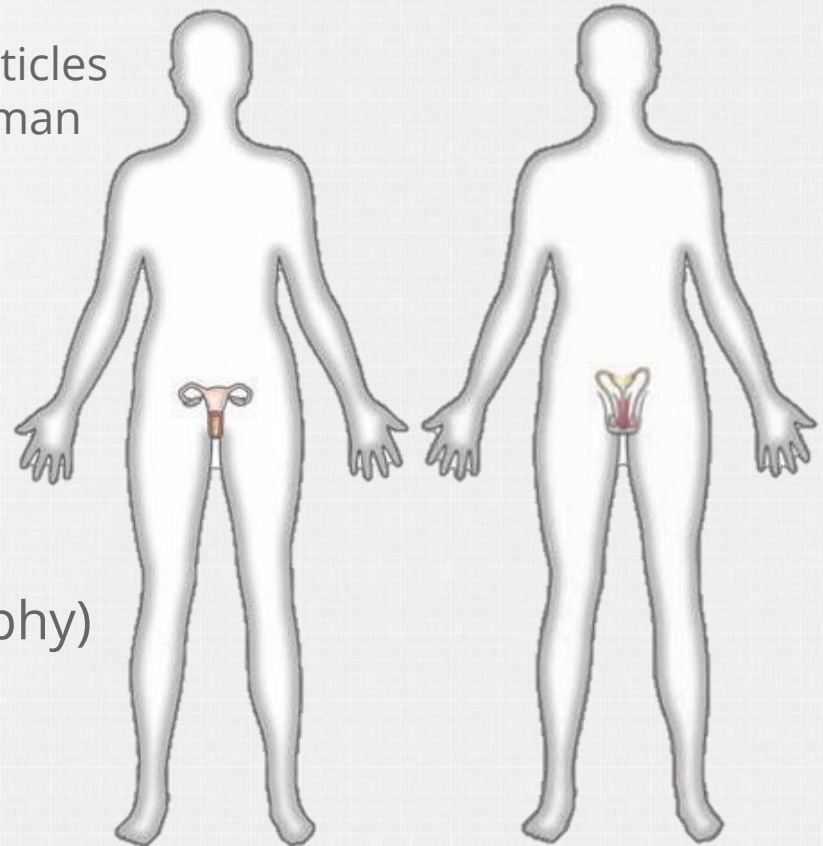
Consists of ovaries and uterus in females, testicles in males and allows the creation of a new human being.

Common diagnoses/conditions

- Female
 - Yeast infection
 - Menopause
- Male
 - BPH (Benign Prostatic Hypertrophy)

Associated medications

- Antifungal
- Hormone therapy



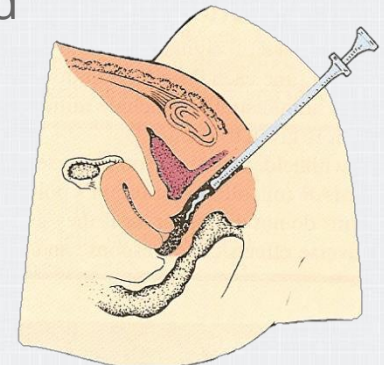
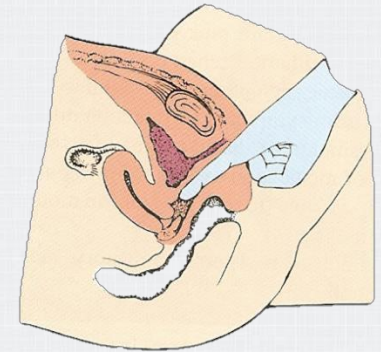
It's Your Turn, Again!

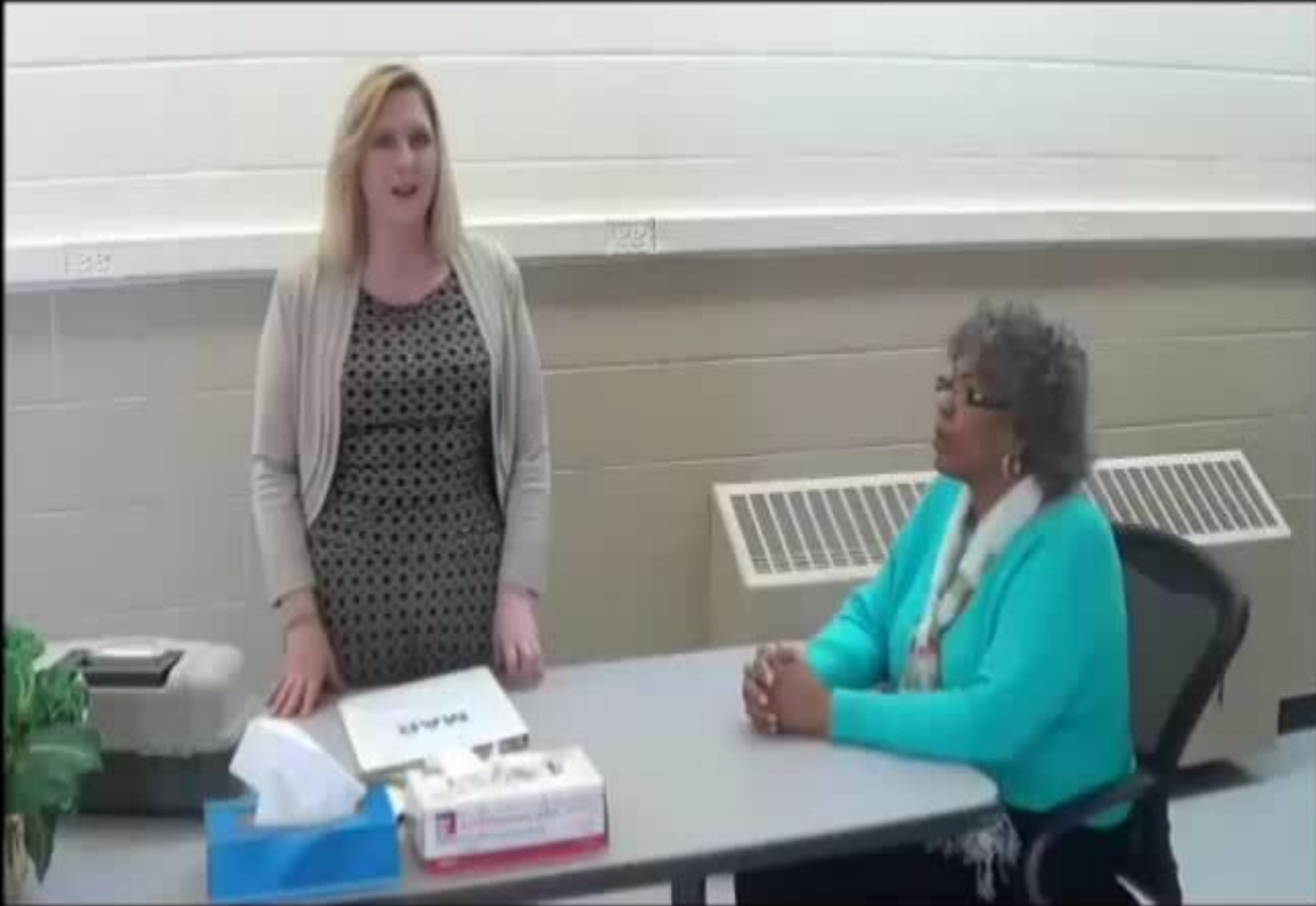
Transcribe the following order to the MAR

m/1/y
Avodart 0.5mg 1 cap po qday
Dr. Clay enlarged prostate

Vaginal Administration

- Maintain guidelines and safety factors for med administration.
 - Instill vaginal med before the person retires for sleep, unless otherwise ordered.
 - Instruct to empty bladder.
 - Position on back with knees bent and legs spread.
 - Encourage to relax by breathing through mouth.
 - Separate labia and insert suppository with double gloved finger
- or*
- Insert applicator with double gloved hand to recommended length and depress plunger.
 - Have person remain lying down for at least 10 to 30 minutes.



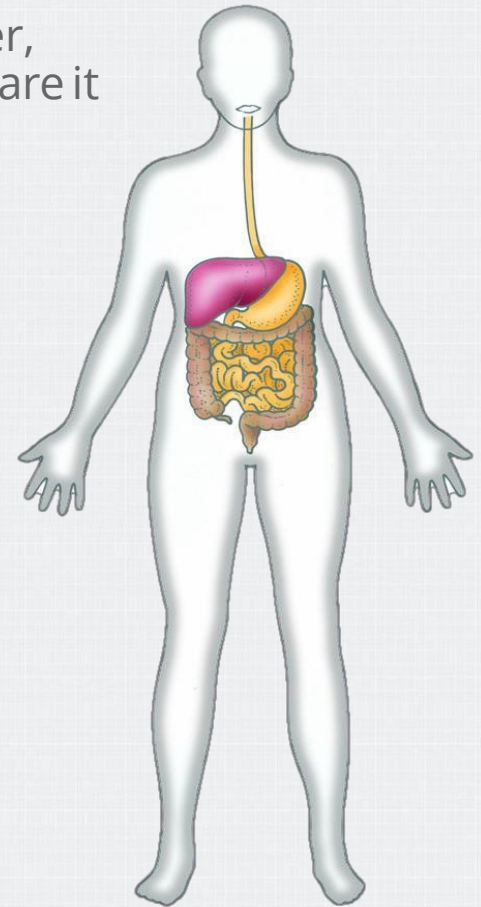


Gastrointestinal System

Consists of the mouth, esophagus, stomach, liver, gallbladder, small and large intestines and pancreas to take in food, prepare it for use by the body and excrete wastes.

Common diagnoses/conditions

- Constipation
- Reflux/Heartburn (GERD)
- Gallbladder disease
- Pancreatitis
- Diarrhea
- Hernia
- Appendicitis
- Hemorrhoids
- Ulcers
- Hepatitis

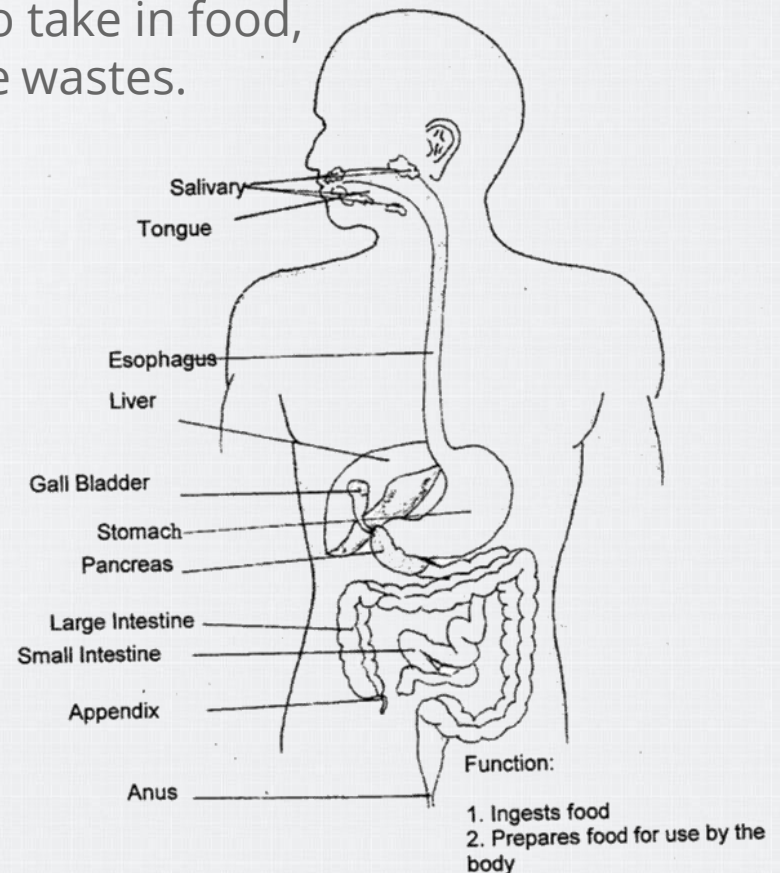


Gastrointestinal System

Consists of the mouth, esophagus, stomach, liver, gallbladder, small and large intestines and pancreas to take in food, prepare it for use by the body and excrete wastes.

Associated Medications

- Antacids
- Antidiarrheal agents
- Antiemetics (treats vomiting)
- Antiulcer agents
- Laxatives
- Enemas
- Stool Softeners

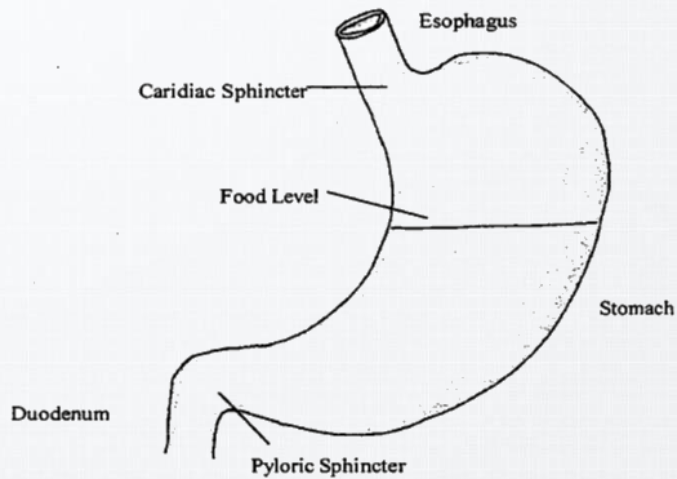


GERD (GastroEsophageal Reflux Disease)

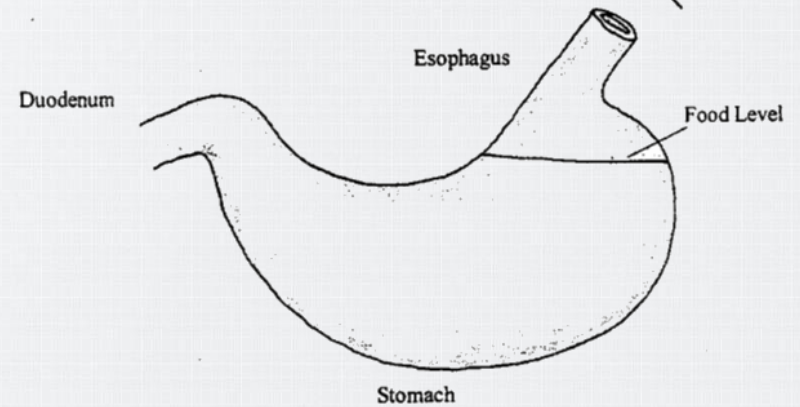
The backflow of stomach contents into the esophagus.

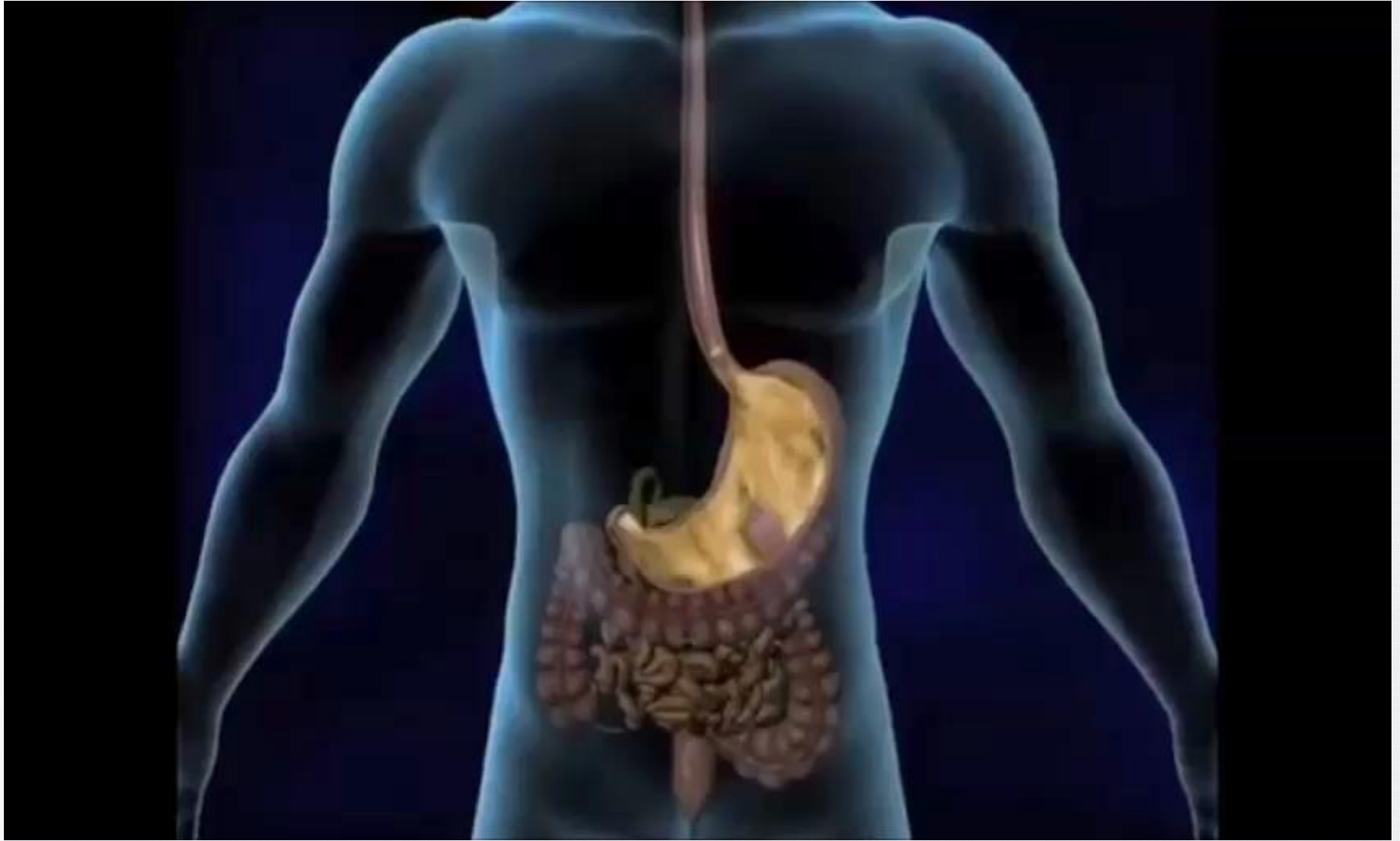
Positioning

Upright Position



Lying Position





<https://youtu.be/yLtRSQW5ICc>

Additional Information

- R or r – rectal
- Supp – suppository
- Enteral route is administration by way of the stomach or intestines (by tube) and is **NOT covered by the exemption** (you cannot administer enteral meds).

It's Your Turn, Again!

Transcribe the following order to the MAR

Tagamet 100mg 1 tab po qday x 4 days
alternate with 2 tabs po qday x 2 days
Dr. Hope ulcers
 m/6/y

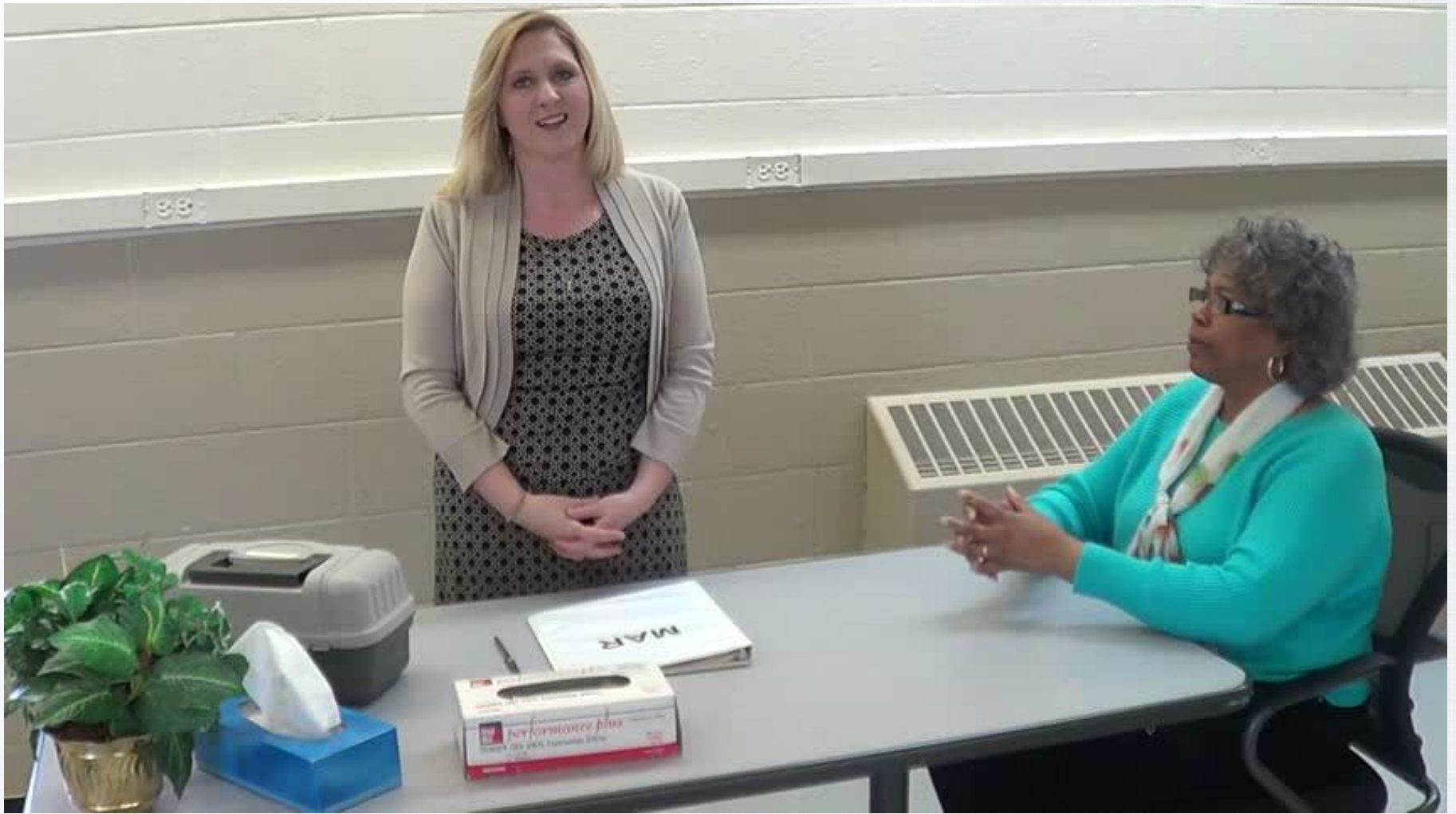
Rectal Administration

- Maintain guidelines and safety factors for medication administration.
- Position on left side, right leg bent.
- Lubricate suppository if necessary.
- Insert suppository into the rectum along the rectal wall well beyond the sphincter pushing gently with double gloved finger.

or

- Shake Fleet type enema.
- Insert enema tip and slowly squeeze contents from container.
- Encourage to relax by breathing through mouth.
- While slowly withdrawing finger or enema tip gently hold buttocks together until the urge to expel subsides.
- Note any unusual reactions or symptoms.





<https://youtu.be/NYPSS4KH5O8>

Urinary System

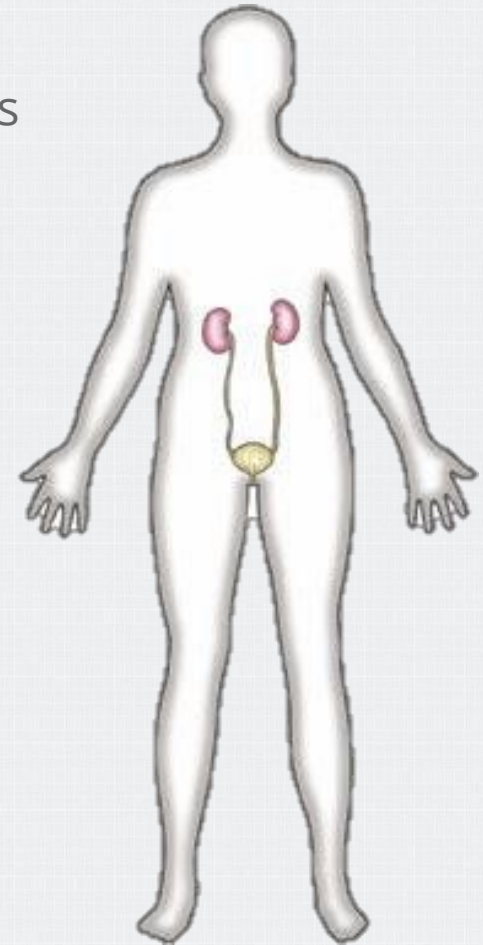
Consists of kidneys, ureters, bladder and urethra; removes waste from the blood by producing urine.

Common diagnoses/conditions

- UTI (Urinary Tract Infection)
- Cystitis (bladder infection)
- Urinary Retention (unable to urinate)
- Urinary Incontinence (cannot control)

Associated Medications

- Muscle Relaxants
- Analgesics
- Antibiotics



It's Your Turn, Again!

Transcribe the following order to the MAR

m/16/y
AZO 97.5 mg 2 tabs po q6h prn X 2 days
Dr. Lane urinary pain

Additional Information

- The '30 minute before' rule does not apply to PRN medications
 - A medication ordered q 4 hours prn given at 6 pm may not be administered again until 10 pm

PRN medications may not be administered 30 min before time due.

Circulatory System (or Cardiovascular System)

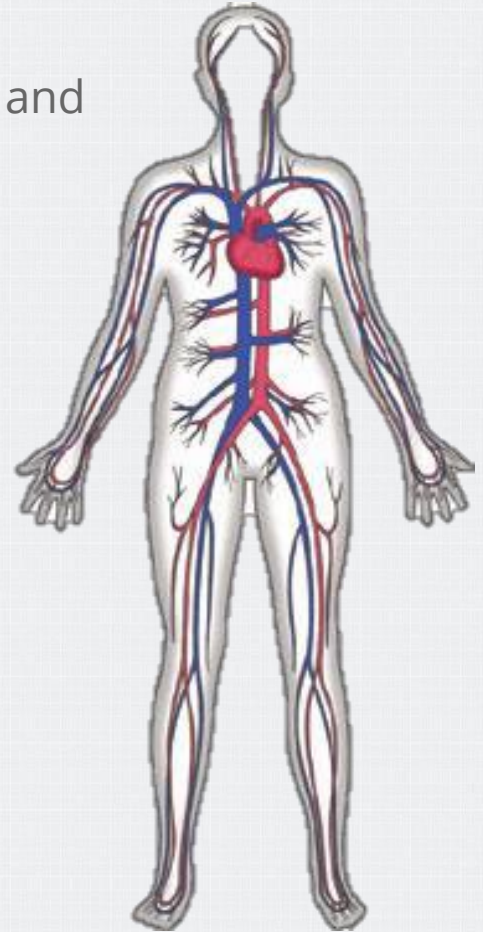
Consists of the heart, blood vessels, blood and lymph system and carries nutrients and oxygen to the body's cells.

Common diagnoses/conditions

- Hypertension (high blood pressure)
- High Cholesterol
- Excess fluid (edema)
- Angina (chest pain)
- Blood Clots

Associated Medications

- Antihypertensives (lower blood pressure)
- Diuretics (decrease fluid by increasing urination)
- Antiarrhythmics (regulates heart rate)
- Antihyperlipidemics (decrease lipid/fat levels)
- Nitrates (treat chest pain)
- Anticoagulants (blood thinner - treats blood clots)



It's Your Turn, Again!

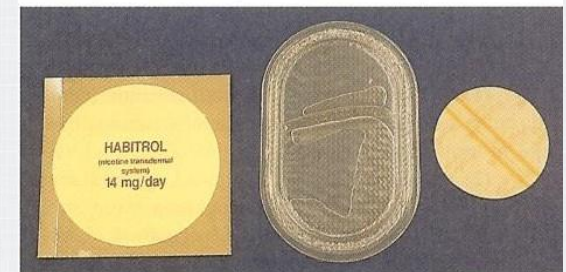
Transcribe the following order to the MAR

Diovan 40 mg 1 tab po qid for
Dr. Moss CHF
m/1/y

Transdermal Administration

Route of administration in which a drug is absorbed continuously through the skin into the bloodstream.

- Maintain guidelines and safety factors for med administration.
- Remove old patch, clean area to remove residue.
- Area must be clean and free of hair for new patch.
- Patch must be labeled with date, time and initials.
- Gloves must be worn.
- Place directly on the skin at the specified area.
- Patch should not be placed in the same spot each application.

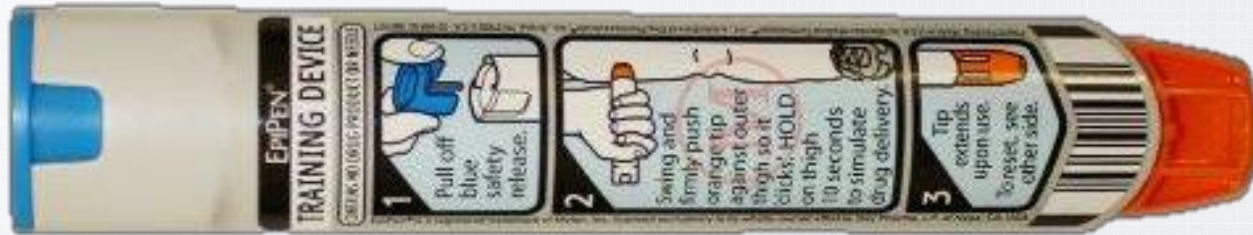




<https://youtu.be/hWmsHorA5Q>

Injectable Epinephrine (EpiPen)

- Life saving measure covered under exemption for severe allergic reaction.



EpiPen Administration

When EpiPen injection is needed:

If co-worker is available have them
Call 911.

If no one available to call 911
Administer EpiPen

EpiPen Administration



Hold EpiPen in your fist with **ORANGE** tip pointing downward.

With your other hand, **remove the BLUE cap by pulling straight up** without bending or twisting it.

Note:

The needle comes out of the **ORANGE** tip.

Never put your thumb, fingers or hand over the **ORANGE** tip. If accidental injection happens, get medical help right away.

EpiPen Administration



Hold EpiPen with **ORANGE** tip near the middle of the outer thigh (upper leg).

Swing and firmly push the **ORANGE** tip against the middle of the outer thigh until it '**CLICKS**'.



Keep EpiPen firmly pushed against the THIGH at a 90° angle to the thigh.



Hold firmly against the thigh for 10 seconds to deliver the medicine.

EpiPen Administration



Remove the EpiPen from the thigh. The orange tip will extend to cover the needle. **MASSAGE** the injection **AREA FOR 10 SECONDS.**

**Call 911 if contact not already made.
Make sure EpiPen is given to medical personnel.
Remember to get EpiPen refill.**

Document administration on MAR.



<https://youtu.be/C1MArmBTGQo>

It's Your Turn, Again!

Transcribe the following order to the MAR

EpiPen 0.3 mg PRN inject immediately
Dr. Wills bee sting
m/2/y

Always Remember:

**ADMINISTERING MEDICATIONS
IS A SERIOUS RESPONSIBILITY.**

It's Your Turn, Again!

Document administration of the following medications on the MAR

- 8pm meds on the 18th
- 2pm meds on the 21st
- 4pm meds on the 9th
- 12pm meds on the 11th
- PRN for urinary pain the 16th at 9pm and the 17th at 5am
- PRN EpiPen on the 4th at 6pm

Routine Insulin Administration

- Allowed by exemption but requires additional specialized individual specific training.
- Does not include drawing up of insulin.
- Does not include sliding scale insulin.

Medication Variance

Medication variances and omissions can occur during transcribing, preparing, administering or in the documentation of a medication. A medication variance occurs at any time that a medication is given in a way that is inconsistent with how it was ordered by the prescribing practitioner and in accordance with the “Eight Rights” (i.e., right dose, right drug, right route, right time, right position, right texture, right person and right documentation).

Medication Variance

- Medication variances and omissions are to be reported on the medication variance form and are categorized according to severity (Categories A-I).
- POTENTIAL - Categories A and B have the potential to cause harm but the medication did not reach the person.
- ACTUAL - In categories C to I, the medication actually reached the person and has the capacity to cause harm, therefore the prescribing practitioner or hospital emergency room shall be contacted.

Medication Variance

- Categories E-I require a Reportable Incident Form, with a copy of the Medication Variance Form.
- In all cases, medication administration by someone who was not certified requires investigator notification.

IMPORTANCE OF REPORTING A MEDICATION VARIANCE

- to recognize trends
- to improve safe medication administration

DIDD MEDICATION VARIANCE REPORT

NAME _____ **SS#** _____ **AGE** _____ **M** **F** **AGENCY** _____

DATE VARIANCE OCCURRED _____ **DAY OF WEEK** Sun Mon Tue Wed Thu Fri Sat **WEEKEND/HOLIDAY** Y N

TIME 6a 7a 8a 9a 10a 11a 12n 1p 2p 3p 4p 5p 6p 7p 8p 9p 10p 11p 12a 1a 2a 3a 4a 5a

LOCATION Home Day Program Community Work Other _____

STAFF CLASSIFICATION Nurse Pharm Physician DSS Other **STAFF STATUS** Regular Agency/Contract Float/PRN *Not Certified/Unlicensed

DRUG/DOSE Ordered _____ **DRUG/DOSE** Administered _____ **HIGH ALERT MEDICATION** Y N

ALLERGIC Y N

WRONG Person Med/Drug Time Position Texture/Formulation Documentation Dose extra omitted Route PO sc IM IV Topical Vaginal Rectal Tube Trach Other

DATE VARIANCE DISCOVERED _____ **FACTORS** Product Med Use System Communication Other _____

DESCRIPTION Prescribing Dispensing Transcribing Administering Procurement/Storage Monitoring

COMMENTS _____

CATEGORY

Potential

- A Could result in a variance
- B Identified prior to actual administration

Actual

- *C No harm or unlikely to cause harm
- *D Additional monitoring
- *E Intervention (practitioner/ER)
- *F Hospitalization
- *G Permanent harm
- *H Near death event
- *I Death

PRACTITIONER NOTIFIED Y N

* Required for C-I

REPORTABLE INCIDENT FORM COMPLETED Y N

* Required for E-I
* Required for Not Certified/Unlicensed

INVESTIGATOR NOTIFIED Y N

* Required for Not Certified/Unlicensed

Signature/Title _____ Date _____

OUTCOME _____

Signature/Title _____ Date _____



Review your transcription and documentation by comparing your MAR with the following

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Proventil 180 micrograms Inhale one (1) puff every day Dr. Ross COPD	Start	8a																																
	m/1/y																																	
	Stop																																	
Avodart 0.5 milligrams One (1) capsule by mouth every day Dr. Clay enlarged prostate	Start	8a																																
	m/1/y																																	
	Stop																																	
Tagamet 100 milligrams One (1) tablet by mouth every day times 4 days alternate with Dr. Hope ulcers	Start	8a																																
	m/6/y																																	
	Stop																																	
Tagamet 100 milligrams Two (2) tablets by mouth everyday times 2 days Dr. Hope ulcers	Start	8a																																
	m/6/y																																	
	Stop																																	
AZO 97.5 milligrams two (2) tablets by mouth q 6 h as needed times 2 days Dr. Lane urinary pain	Start	P																	SL	SL														
	m/16/y	R																	9p	5a														
	Stop	N																																
	m/17/y																																	
Diovan 40 milligrams One (1) tablet by mouth 4 times a day Dr. Moss CHF	Start	8a																																
	m/1/y	12p																																
	Stop	4p																																
EpiPen 0.3 milligrams as needed inject immediately Dr. Will bee sting	Start	P																																
	m/2/y	R																																
	Stop	N																																
	Start																																	
	Stop																																	
	Start																																	
	Stop																																	
	Start																																	
	Stop																																	

Name: _____ DOB: _____ PCP: _____ Diagnoses: _____

MEDICATION ADMINISTRATION RECORD PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/18/y	9pm	AZO 97.5 mg 2 tabs	urinary pain	9:30 pm 'feel better'	SL
m/19/y	5am	AZO 97.5 mg 2 tabs	urinary pain	5:30 am sleeping	SL
m/9/y	6:00 PM	EpiPen 0.3mg	bee sting	6:30 pm sent to ER	SL

Code	Description	Code	Description	Code	Description	Initial	Signature/Title
						SL	Sam Lane, DSS

Name: _____



That's It!

You have completed the on-line review which is the first step for renewal of your medication certification; next you must attend a Test-Out session as scheduled by your agency to complete the written test and perform the skills testing.

You will only need to bring:

- Picture ID
- Black ball point pen



Department of
**Intellectual &
Developmental Disabilities**
