MEDICATION ADMINISTRATION FOR UNLICENSED PERSONNEL

Tennessee
Department of Intellectual and Developmental Disabilities

Training Curriculum

Expectations

- Act in a professional manner.
- Disruptive behavior, cheating, lying, or failure to comply with class requirements are grounds for dismissal from class.
- Cell phones OFF and out of sight
- Classroom rules and etiquette. . .

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.
- Renewal of certification can be achieved by completion of the above or by successful completion of Test-Out and is required every 3 years.
- Expires at midnight 3 years from certification date.
- The certified staff is responsible for maintaining current certification.
- The employing agency is responsible for maintaining current certification of staff.

By administering medications you are introducing chemical substances into the body that are used to:
-maintain health (vitamins),
-diagnose (barium - for swallow study),
-treat (antibiotics),
-prevent disease (vaccines: measles, mumps, etc),
-relieve symptoms (antiemetic: nausea/vomiting),
or to alter body processes (hormones).

ANY MEDICATION CAN CAUSE HARM TO A PERSON!

Administering medications is a serious responsibility.

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.

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

You must 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.

CERTIFICATION vs. DELEGATION

CERTIFICATION allows you to perform the skills that you learn in this class.

DELEGATION allows you to perform a specific skill when a nurse trains/delegates that skill under their license (nebulizer breathing treatments, oxygen, etc.).

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 written 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.

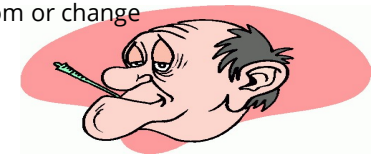
Each agency must have specific policies and procedures for the administration of medications and has an obligation to educate employed unlicensed personnel to these policies and procedures.

REMEMBER:

YOU ARE RESPONSIBLE

FOR YOUR ACTIONS

- Observe and report ANYTHING out of the ordinary for the person.
  - unusual sign/symptom or change
  - change in behavior
  - accident or injury



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.

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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

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MAR
used for

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 administered.

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Medication Administration Record

- 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-Protects health information)
- The MAR lists all medications that have been administered to the person during a particular month.

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Practitioner orders may be received in many different forms:

- prescription pad
- office printout
- consult form
- ER record
- fax
- pharmacy generated order (e-script)

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Medications are:

Prescribed – by the practitioner

Dispensed – by the pharmacist

Administered – by certified staff or nurses

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Guiding Principles for Medication Administration

- Safe, clean and proper storage of various types of medications.
  - Medication taken by mouth
  - **must be stored separately from**
  - Medication administered topically;
    - (All other routes of administration)
- **ALL** Over-the-Counter (OTC) drugs must be ordered by treating practitioner.

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- **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.

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Additional Information:

STAT – now

PRN – as needed

H or h – hour

NPO – Nothing by Mouth

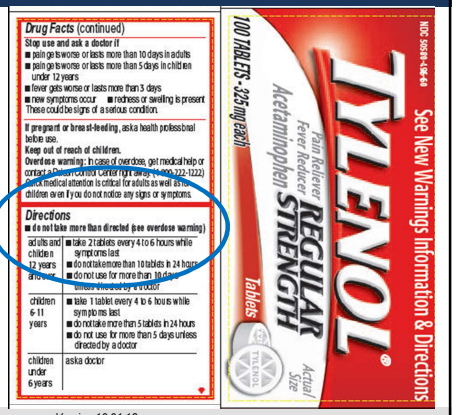
Based on the following orders: Is a pharmacy label required?

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**

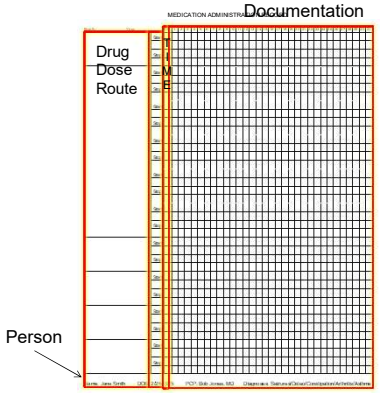


- Any OTC that is ordered with specific times, dosages, etc., that do **not** correspond with the manufacturer's label, indicates that labeling by the pharmacy is necessary.

- 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



Additional Information may be listed on the MAR:
- Allergies
- Special instructions
- Etc.

Medication Times

TO BE USED FOR CLASSROOM AND TESTING PURPOSES

Q day	(every) day	8am
BID	(two times a day) (twice 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 must be administered within **30 min before** 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

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.

Common Dosages of Medication

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

As an unlicensed person administering medications, always seek professional assistance when in doubt

Including 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.

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

- 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**

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Safe Practice of Medication Administration

- Never give a medication unless label is present and clearly readable, including any warnings.
- Keep containers tightly closed. Report any change in color, consistency or odor.
- Do not touch pills, capsules, or patches without gloves.
- Do not prepare medications until ready to give.
- Always identify person by picture.
- Provide privacy as appropriate for the situation.

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Safe Practice of Medication Administration

- Give only medications which you have prepared yourself and document only the medications which you administer.
- Do not leave medications unattended.
- Always check on the person within 30 minutes of administering medications.

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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 crushed or placed in foods or beverages unless specified by practitioner orders.
- Never give a medication past its expiration date.
- Meds prepared and not given must never be returned to the container.

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Skeletal System

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

Skeletal System

Common diagnoses/conditions

- Fracture
- Osteoporosis (brittle bones)
- Arthritis

Associated medications

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

REGULATORY AGENCY

DEA
(Drug Enforcement Agency)

Enforces 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

includes pills and liquids

REGULATORY AGENCY

FDA

(Food and Drug Administration)

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

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Warning Labels/Stickers

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

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<u>Medication Preparations</u>

Cap - Capsule: Small container made from gelatin.

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

- Coated or Enteric Coated: Because of bitter taste, time release or to prevent irritation to 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.

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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.

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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.

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Medication Administration Record

Month: Year:

Crestor 10 milligrams
1 tablet by mouth
at 8 pm
Dr. Lee cholesterol

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 8pm — BL
m/8/y
Stop
Start
Stop

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/8/y	8pm	Crestor 10mg 1 tab	cholesterol	8:30pm pharmacy didn't have	BL

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
BL	Brittany Lane DSP

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Additional info:

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.

PRN meds must have lines for every row.

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 PRN
Stop

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Order/Prescription

CLINIC
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 4, YYYY

Calcium 1000 mg 1 tab PO q day for osteoporosis

Bob Jones, MD

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Oral Administration

- Identify person.
- When preparing tablets, capsules, etc., place in the lid of the bottle and then into the med cup.
- When preparing all 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).
- Do not mix liquid meds with other meds.
- Offer meds one at a time.
- Give sips of water before and after each med.
- Remain with person until the medication has been swallowed.
- Note significant observations and report.

Documentation Rules

- Documentation must include your

  INITIALS
  FULL SIGNATURE (FIRST & LAST NAME)
  TITLE
  MUST BE LEGIBLE (READABLE)

- Always document as soon as possible after administering the medication.
- Do not document for another employee.

- All persons have the right to refuse medications and or treatments and the right to be informed of any consequences that may occur from their refusal.
- 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:

Motrin 400 milligrams
1 tablet by mouth
every day
Dr. Lee arthritis

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
8am Start	BB	BB	BB	BB	BB	BB	BB	JW																							
m/1/y																															
Stop																															
Start																															
Stop																															

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/8/y	8am	Motrin 400m g 1 tab	arthritis	8:30am Refused X3	JW

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
BB	Bob Brown HM
JW	Jane Walker DSP

Disposal of Medications

Medications that are expired or no longer needed are to be destroyed.

Follow agency policy regarding medication disposal.

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Endocrine System

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

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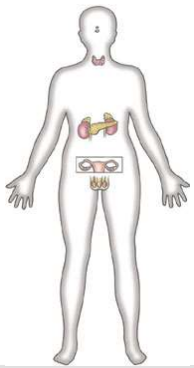
Endocrine System



Common diagnoses/conditions

- Diabetes
- Thyroid (hyper/hypo)

Associated medications

- Hormones
- Antidiabetic agents

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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.

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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

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Order/Prescription

CLINIC
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 4, YYYY

Metformin 500 mg 1 tab po bid for diabetes

Vitamin B12 500 mcg ii tabs SL q day as supplement

Bob Jones, MD

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Muscular System

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

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Muscular System

Common diagnoses/conditions

- Muscle Spasm
- Muscle Strain

Associated medications

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

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Order/Prescription

CLINIC
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 4, YYYY

Indocin 25 mg 1 cap po tid for tendonitis

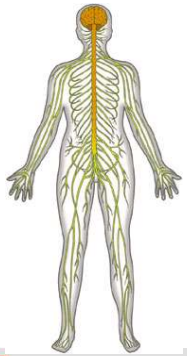
Ibuprofen 200 mg 2 tabs po qid for pain right shoulder

Bob Jones, MD

Nervous System

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

Nervous System



Common diagnoses/conditions

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

Associated medications

- Anticonvulsants/antiepileptics
- Psychotropics (affect 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.

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 mist.

ALL LIQUID MEDICATIONS MUST BE SHAKEN

Common Liquid Medication Measurements

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

Never use ordinary kitchen spoons

Drug/Strength/Dose Examples

DRUG	STRENGTH	DOSE
Amoxicillin	250 mg	2 tabs
Lasix	40mg	1 tab
Trimox	125mg/5ml	5 ml
Dilantin	125mg/5ml	10 ml
Ibuprofen	100mg/5ml	10 ml
Famotidine	40mg/5ml	5 ml

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Transcription Notes

- Medications may be ordered that are the same drug but have a different dose.
- 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.

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Order/Prescription

Neurology
000 16th Street
Anywhere, TN 33333
Phone 000-000-0000
Dr. Thomas Frent

Jane Smith Month 8, YYYY

Dilantin 125mg/5ml suspension 5 ml po bid and 10 ml po q day at 2 pm for seizures

Thomas Frent, MD

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Integumentary (Skin) System

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

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Integumentary (Skin) System

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

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Topical medications:

(Medications administered by all routes other than by mouth)

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

Drops/Sprays are administered in eyes, ears, and nostrils.

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

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 9, YYYY

Keflex 250 mg i cap po qid x VII d for cellulitis

Hydrocortisone cream 2.5% apply thin layer to rash on left arm bid

Bob Jones, MD

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Topical (skin) Administration

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

- Identify person.
- 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 thin layer of medication on affected area.
- Do not let tip of container touch affected area.
- Cover affected area if indicated.

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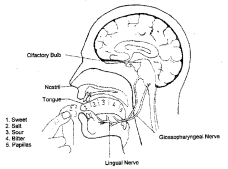
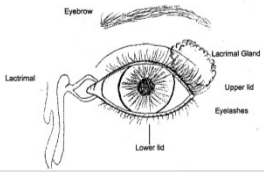
Sensory System

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

Sensory System





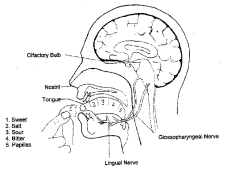
Common diagnoses

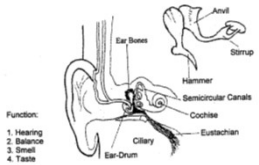
- Eye
  - Conjunctivitis (pink eye)
  - Cataracts
  - Glaucoma
  - Dry eyes

Associated medications

- Ophthalmic (Eye) drop (gtt)

Sensory System





Common diagnoses

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

Associated medications

- Otic (Ear) drops (gtts)

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Ann Lents

Jane Smith Month 10, YYYY

Artificial Tears 2 gtts both eyes bid for dry eyes

Ann Lents, OD

Topical (eye) Administration

- Identify person.
- Wipe from inner corner outward if needed.
- Use clean wipe for each wipe.

- 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.
- Do not wipe tip.

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 10, YYYY

Debrox 2 gtts both ears bid X 3 days for excess ear wax

Bob Jones, MD

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Topical (ear) Administration

- Identify person.
- Tilt head or lie on side until ear is as horizontal as possible.
- Shake the medication.
- Administer by pulling the ear gently up and back.
- 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.
- Do not wipe tip.

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Respiratory System

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

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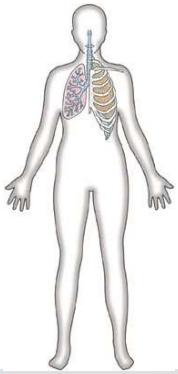
Respiratory System



Common diagnoses/conditions

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

Associated medications

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

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Aspiration Pneumonia

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

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 11, YYYY

Flonase 50 mcg 2 sprays each nostril q day for allergies

Bob Jones, MD

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Nasal Administration

- Identify person.
- Instruct to blow nose.
- Position sitting with head tilted down.
- Shake the medication.
- Place tip of container just inside the nostril. Close off the other nostril. Instruct to sniff as the container is squeezed.
- Repeat in other nostril if ordered.
- Wipe tip between nostrils and after administration.

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 11, YYYY

Proventil 90 mcg 2 puffs inhalation q day for asthma

Bob Jones, MD

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Inhalation Administration.

- Identify person.
- Shake the canister.
- Instruct to slowly breathe out.
- Instruct to seal lips around mouthpiece.
- Squeeze 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.

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Reproductive System

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

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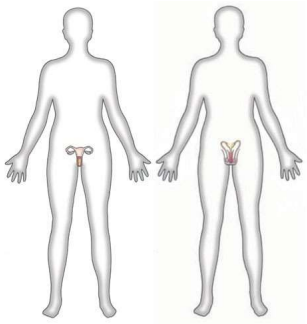
Reproductive System



Common diagnoses/conditions

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

Associated medications

- Antifungal
- Hormone therapy
- Antibiotics

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Sue Self

Jane Smith Month 12, YYYY

Monistat 7 cream 1 applicator full vaginally q day at bedtime x VII d for yeast infection

Sue Self, MD

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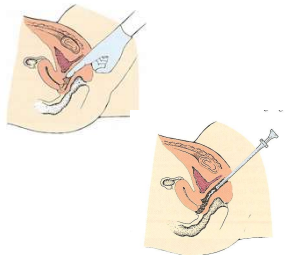
Vaginal Administration



- Identify person.
- Position on back with knees bent and legs spread.
- Separate labia and insert suppository with double gloved finger

or

- Insert applicator with double gloved hand to recommended length and depress plunger.

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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.

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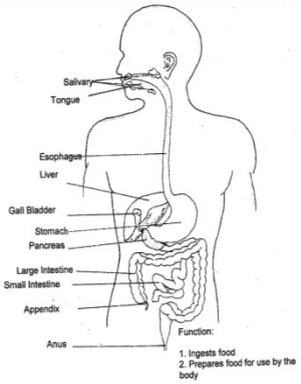
Gastrointestinal System



Common diagnoses/conditions

- Constipation
- Reflux/Heartburn (GERD)
- Diarrhea
- Hemorrhoids
- Nausea/Vomiting

Associated medications

- Antacids
- Antidiarrheal agents
- Antiemetics (prevent vomiting)
- Laxatives/Enemas

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GERD

Gastro**E**sophageal **R**eflux **D**isease

The backflow of stomach contents into the esophagus.

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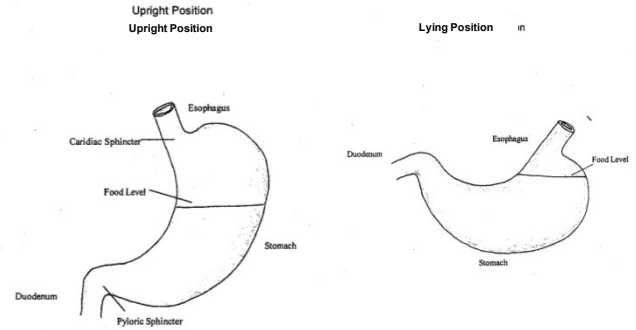
Positioning



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Additional Information:

-"R" or "r" – rectal

-Supp – suppository

-Enteral route (by tube) is administration by way of the stomach or intestines and is
NOT covered by the exemption
(you cannot administer enteral meds)

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Tom Bass

Jane Smith Month 12, YYYY

Dulcolax supp 1 R q3days in the pm for constipation

Fleet enema 1 bottle R q 7 days in the am for constipation

Tom Bass, MD

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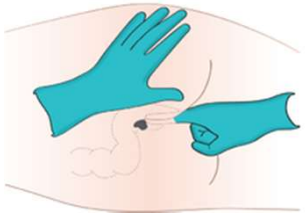
Rectal Administration



- Identify person.
- 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 then insert Fleet type enema tip and slowly squeeze contents from container.
- Slowly withdraw finger or enema tip.

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Urinary System

Consists of kidneys, ureters, bladder and urethra;

removes waste from the blood by producing urine.

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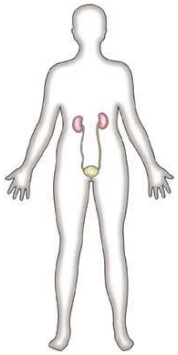
Urinary System



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

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 14, YYYY

Amoxil 250 mg 2 caps po stat and 1 cap po tid X 10 days for UTI

Bob Jones, MD

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 14, YYYY

Tylenol 325 mg 2 tabs po q4h p r n for temp above 101

Bob Jones MD

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When documenting medication administered for temperature:

REASON must be a the actual temp, not *temp above 101*

RESULTS must be a number, (as displayed on the thermometer) not *temp down* or *no fever*, etc.

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MEDICATION ADMINISTRATION RECORD

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/14/y	2pm	Amoxil 250 mg 2 capsules	URI	2:30pm / no adverse effect	SC
m/14/y	2:15pm	Tylenol 325mg 2 tabs	temp 102.6	2:45pm/ temp 99	CB

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
SC	Susie Cook DSS
CB	Chelse Brown, HM

Name: Jane Smith

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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.

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- PRN medications may only be administered for the reason ordered.
- A PRN medication ordered for an elevated temperature cannot be given for a headache.

Circulatory System

Also known as the
Cardiovascular System

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

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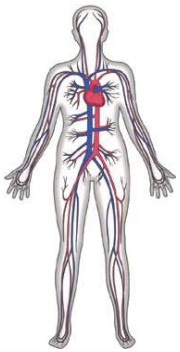
Circulatory System



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)
- Cholesterol meds (decreases cholesterol levels)
- Nitrates (treat chest pain)
- Anticoagulants (blood thinner-treats blood clots)

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith Month 16, YYYY

Nitroglycerin patch 0.2 mg 1 topically q day for angina

Coumadin 2.5 mg PO 1 tab q day X 2 days alternate with 2 tabs PO q day X 3 days for blood clots

Bob Jones, MD

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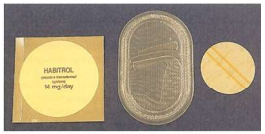
Transdermal Administration

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



- Identify person.
- Gloves must be worn to...
- ...Remove old patch, clean area to remove residue.
- Change to clean gloves.
- Patch must be labeled with date, time and initials.
- Place directly on the skin at the specified area.
- Patch should not be placed in the same spot each application.

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Injectable Epinephrine

Life saving measure covered under exemption for severe allergic reaction.

Medication can be in different types of auto-injectors.

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Epinephrine Administration

When epinephrine injection is needed:

If coworker is available have them
Call 911.

If no one available to call 911
Administer epinephrine

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Epinephrine Administration

If you are responsible for a person who has an epinephrine auto-injector you should review and be familiar with the instructions that come with the medication.

Be sure you know how to use before an emergency happens.

Keep epinephrine auto-injector with you at all times.

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Epinephrine Administration

When you are ready to administer:

- Remove auto-injector from case
- Remove cap/s from auto-injector
- With tip (needle end) facing down
  - Hold auto-injector in fist of dominate hand
  - Keep fingers away from either end
- Press the auto-injector firmly against the outer thigh at 90º angle until clicks or fires
- Hold in place for at least 3 seconds
- Remove and massage area

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Epinephrine Administration

During Administration:

- **Hold leg still to prevent injury**
- **Do not swing auto-injector which can result in missing the intended location or twisting the device, possibly breaking the needle.**

Following administration:

- **Call 911 if contact not already made.**
- **Make sure auto-injector is given to medical personnel.**
- **Remember to get epinephrine refill.**
- **Document administration on MAR.**

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Tim Ware

Jane Smith Month 1, YYYY

Epinephrine 0.3 mg inject PRN for bee sting

Tim Ware, MD

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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.

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Administering medications is a serious responsibility.

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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).

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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.

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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

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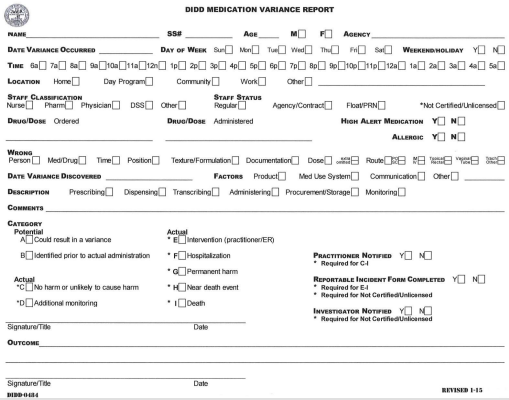

DIDD MEDICATION VARIANCE REPORT

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☐ Route☐

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

Actual
* 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 _____

DIDD-0414 REVISED 1-15

Medication Variance

Name - The typed or printed name of the individual.
SS# - Social Security Number of the individual.
Age - The current age of the individual.
M/F - The sex of the individual.
Agency - The name of the agency supporting the individual.
Date Variance Occurred - The actual date/s the variance happened.
Day of Week - The day/s of the week the variance happened.
Weekend/Holiday - If variance occurred on a weekend day or holiday.
Time - The hour the variance happened within.
Location - Where the variance happened.
Staff Classification
- **Nurse** - LPN/RN
- **Pharmacist** - Pharmacist dispensing the medication.
- **Physician** - Practitioner prescribing the medication.
- **DSS** - Staff hired to care for the individual.
- **Other** - Title of person involved.

Staff Status
- **Regular** -Staff assigned to assist the individual on a routine or regular basis.
- **Agency/Contract** -Staff who are hired or contracted from an agency other than the provider agency.
- **Float/PRN** -Staff that normally work for the facility or agency, but do not routinely assist the individual.

Medication Variance

***Not certified/unlicensed** - Person involved not currently certified to administer medications within the DIDD system. (Not certified or expired, natural support or volunteer).
Drug/Dose Ordered - The name and dosage of the drug ordered.
Drug/Dose Administered - The name and dosage of the drug given.
High Alert Medication - Drug that bears high risk of harm to individual; e.g., Coumadin, insulin, etc.
Allergic - Individual has allergy to drug ordered or administered.
Wrong
- **Person** - The individual received medication not ordered for them.
- **Med/Drug** - Wrong drug given.
- **Time** - Not given or not given within the time frame.
- **Position** - Was not placed in the ordered position to receive medication.
- **Texture/Formulation** - Wrong consistency was used for administration (tab vs. liquid)
- **Documentation** - Not completed as required.
- **Dose**
  - **Extra** - More than ordered amount was given.
  - **Omitted** - Drug not given or MAR did not indicate reason or was not signed.
- **Route**
  - **PO** - To be given by mouth.
  - **SC** - To be given subcutaneously.
  - **IM** - To be given into the muscle.
  - **IV** - To be given into the vein.
  - **Topical** - To be placed on surface of the skin or mucous membrane.
  - **Tube** - To be given by way of an enteral tube.

Medication Variance

Route (cont.)
- **Tracheal** - To be given by way of a tracheotomy.
- **Other** - Route ordered by practitioner if not listed above.

Date Variance Discovered - When the variance was identified/found; today's date.
Factors
- **Product** - Unclear label, 'sound-alike' drug names, 'look-alike' packaging, etc.
- **Medication Use System** - Side-by-side storage of look-alike drugs, competing distractions, failure to identify individual, etc.
- **Communication** - Lack of clear, accurate and timely written/oral communications related to medication administration.
- **Other** - List and explain.

Description
- **Prescribing** - Practitioner order not clear or person listed as allergic to ordered drug.
- **Dispensing** - Pharmacist filled prescription not as ordered by practitioner or when listed as allergic to ordered drug.
- **Transcribing** - Staff did not transfer practitioner order to MAR correctly.
- **Administering** - Staff did not give medication as ordered by practitioner.
- **Procurement/Storage** - Drug/medication not kept in accordance with safe medication practice.
- **Monitoring** - Failure to ensure prescribed medications are available and transcribed as ordered.

Comments - List and explain.

Medication Variance

Category

Potential

A Could result in a variance. Situation caught prior to being transcribed to MAR.

B Identified prior to actual administration. Situation caught while preparing to administer medication.

Actual

*C No harm or unlikely to cause harm. Variance occurred; person received drug, practitioner notified and states 'no harm'.

*D Additional Monitoring. Variance occurred; practitioner notified and ordered additional monitoring.

*E Intervention. Seen by practitioner; office, ER, etc.

*F Hospitalization. Admitted to hospital and recovered completely.

*G Permanent harm. Admitted to hospital, recovered but has lasting effects.

*H Near death event. Required intervention necessary to sustain life.

*I Death. Variance resulted in or contributed to death.

Practitioner Notified - Required for any actual variance; category C-I.

Reportable Incident Form Completed - Required for any variance falling in category E-I. Completion of a reportable incident form and investigator notification is required anytime a variance involved someone who was not certified.

Investigator Notified – Required for staff not certified.

Signature/Title-Date – Completed by person filling out the form.

Outcome-Signature/Title-Date - Completed by person responsible for reviewing, tracking and trending of medication variances for the agency.

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Medication Variance

- Jane received an order on the 14th for Amoxil 250 mg po 2 tablets STAT and then Amoxil 250 mg 1 tablet tid times 7 days.
- Staff who works with her at the day program administered Amoxil 250 mg 1 tablet as the STAT dose at 2 pm.

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DIDD MEDICATION VARIANCE REPORT

NAME Jane Smith **SS#** 000-00-0000 **AGE** 00 **M** ☐ **F** ☒ **AGENCY** Community Services

DATE VARIANCE OCCURRED MM/14/YYYY **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 Amoxil 250 mg 2 tabs

DRUG/DOSE Administered Amoxil 250 mg 1 tab

HIGH ALERT MEDICATION Y ☐ N ☐

ALLERGIC Y ☐ N ☐

WRONG Person ☐ Med/Drug ☐ Time ☐ Position ☐ Texture/Formulation ☐ Documentation ☐ Dose ☒ extra omitted ☐ Route ☐ PO ☐ IV ☐ Topical Rectal ☐ Vaginal Tube ☐ Touch Other ☐

DATE VARIANCE DISCOVERED MM/today/YYYY **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

Actual

* 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

DIDD-0184 REVISED 1-15

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Written Test

The written test will consist of multiple choice questions and transcription of practitioner orders to MAR

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Skills Test

The skills test requires you to demonstrate administration of medications at the time listed on the top of the MAR.

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Skills Test

Trainer will observe your skills:

- Enter testing area as you would enter med area at persons home
- Check MAR for medication due at time listed on test
- Prepare medication
- Administer
- Document

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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

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

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

PRACTICE MAR

MEDICATION ADMINISTRATION RECORD

Month: Year:

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