Idaho State
UNIVERSITY

College of Technology
WORKFORCE TRAINING

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Dear Assistance with Medications Student or Funder,

In this manual you will find three things:

1. The INSTRUCTOR/STUDENT GUIDE (pages 1-46)
2. The STUDENT WORKBOOK (pages 1-30)
3. An excerpt from the state curriculum called MANUAL SKILLS (pages 17-33). Note this coincides with page 45 of the INSTRUCTOR/STUDENT GUIDE

Every enrolled student should have a copy of the above at least a week before class. ***Anyone who shows up for class without a complete manual will be sent home, and will have to repay the course fee to take the class.***

In addition, each student should complete the STUDENT WORKBOOK before class, using the INSTRUCTOR/ STUDENT GUIDE to find the answers. There are two high competency exams you will take during class and pass rates on those exams have risen significantly since we began requiring this.

Each student must also have an **unused** copy of the MANUAL SKILLS checklists. Agencies that re-use the manual **must** assure each student has a blank copy of those pages.

We hope you find the class informative and fun!

Sincerely,

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Assistance with Medications for Unlicensed Assistive Personnel

Instructor & Student Guide

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Introduction

The purpose of this manual is to assist qualified instructors to provide training to unlicensed assistive personnel (UAP) who will assist with administration of medications to clients in residential care facilities (RCF) and certified family homes (CFH). This manual is to be used in conjunction with the 2013 edition of the "Assistance with Medications for Unlicensed Assistive Personnel Curriculum Guide". Individuals who successfully complete this course may assist the client with medication administration as governed by the regulations and policies of each residential care setting, and as deemed safe by the delegating licensed professional, based on provisions of Section 490 in the Administrative Rules of the Idaho Board of Nursing.

The "Assistance with Medication for UAP" course consists of eight (8) hours of instruction which is broken down into five (5) hours of classroom theory plus three (3) hours of manual skills practice. Successful completion of the course will include classroom theory reflecting the published Idaho curriculum for this course and will be verified by written testing with a passing rate of 80% or greater. **Students who do not achieve 80% or greater must retake the 8-hour course to qualify to retake the exam and obtain certification.** All testing will be without notes or assistance. The manual skills portion of this course consists of approximately three (3) hours of skill training, demonstrating basic skills needed to provide assistance with medication for clients. Students are expected to pass the clinical skill demonstrations with 100% competency.

Certification of Completion will be presented to students who complete and pass the course.

Classroom Theory

Module 1: Legal Considerations

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Assistance with medications (AWM)	Refers to this course used to train unlicensed assistive personnel to assist people to take prescribed medications.
Assisted living facility (ALF)	Is a residential facility which provides supervision or assistance with activities of daily living (ADLs); coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, or personal care services provided by a trained staff person. May also be called a residential care facility.
Care plan	Also referred to as a plan of care, or other name, specific to an individual. It lists what care needs to be done for a person, the most likely medication side effects, who to call and what to do in an emergency.
Certified family home (CFH)	When a family member is taking care of a person with developmental disabilities who is older than the age of majority (21) or people who are otherwise permanently incapacitated, the home can be certified to enable the UAP to be paid for their work even though it is care of a family member.
Competency	Having enough skill or ability to do something well. May refer to people who are legally able to make decisions for themselves (a person with advanced Alzheimer's disease may have been declared by a judge to be legally incompetent).
Delegation	The Idaho Board of Nursing defines delegation as *The process by which a licensed nurse assigns tasks to be performed by others.* And clarifies: *When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation* http://adminrules.idaho.gov/rules/current/23/0101.pdf, (Vocabulary and section 400)
Injectable	Substance that can be put into the body using a needle and/or syringe.

Term	Definition
Intravenous (IV)	Within a vein; existing or occurring inside a vein, or administered into a vein.
Licensed practical nurse (LPN)	A person who has training in providing basic nursing care to people who are ill or infirmed. The individual has passed a qualifying examination in order to be licensed by a state government to practice. Must work under the supervision of a registered nurse or a licensed prescriber.
Pill organizer	Tray with dividers and lid to arrange daily doses of oral medications.
Policy and procedure (P&P)	Unique to each facility or agency. A policy addresses a rule or set of principles. A procedure is an outline of the exact steps to follow for a specific care activity. It is the "correct" method of doing something within a specific agency or facility.
Prescriber	A licensed person, such as a physician, physician's assistant or nurse practitioner who has the authority or scope-of-practice to prescribe medication.
Prescription	An order that is written by a prescriber for a specific patient for a medication or treatment.
Registered nurse (RN)	A nurse who has completed a program of study and has passed a qualifying examination in order to be licensed by a state government to practice. It requires more education than an LPN.
Residential care facilities (RCF)	See assisted living facility.
Scope-of-practice	Defines the procedures, actions, and processes that are permitted by state law for the licensed individual.
Stable	The person's level of health is expected to be about the same tomorrow as today and yesterday. There are not great variations in the person's health care needs. It is steady and not likely to change (does not need assessment before or after medication).
Unit dose	The amount of medication administered in a single dose. A unit dose container will have a single dosage in a sealed bubble wrap or similar packaging and will be labeled with the name of the medication, dose and frequency.
Unlicensed assistive personnel (UAP)	Unlicensed people who are employed to perform basic nursing care services under the supervision of a licensed nurse (RN or LPN).

IDENTIFY IDAHO STATE BOARD OF NURSING RULES GOVERNING UNLICENSED ASSISTIVE PERSONNEL (UAP)

For the Board of Nursing Rules governing Unlicensed Assistive Personnel (UAP) see the web site: http://adminrules.idaho.gov/rules/current/23/0101.pdf

Section 490 Unlicensed Assistive Personnel (also Appendix 1 of Curriculum Guide)

What is a UAP?

Unlicensed assistive personnel (UAP) are people who are employed to perform basic nursing care services under the supervision of a licensed nurse (RN or LPN). The licensed nurse "delegates" nursing care tasks to the UAP. For our purpose the only people required to take this course are those who will be delegated the task of assisting with medications. UAPs may work privately, for facilities or staffing agencies, in assisted living facilities, home care, certified family homes and in foster homes. UAP may **not** assist with medications in hospitals or skilled nursing facilities.

What does Assisting with Medications Really Mean?

In Idaho, the Board of Nursing regulates licensed nurses. The rules of the Board say licensed nurses can delegate assisting with medications for individuals who cannot take the medications by themselves where it is permitted by law. There are some requirements for this to happen and you will learn more.

Assisting with medication may include:

1. breaking a scored tablet;
2. crushing a tablet;
3. instilling eye, ear or nose drops;
4. assisting with medication through a pre-mixed nebulizer;
5. assisting with medication through a gastric (non-nasogastric) tube (you may hear the gastric tube called a G-tube, a button, a mickey button or a low-profile feeding tube);
6. assisting with oral medications;
7. assisting with topical medications;
8. assisting with insertion of suppositories.

You will learn about each of these in this course. Specific forms of medications a UAP cannot assist with are covered later in this module.

The Administrative Rules of the Board of Nursing specify the following guidelines.

These things must be in place for a UAP to assist with medications:

1. The UAP has completed a qualified training program (like this course) and must feel competent to do the task.
2. A written plan of care has been developed by a registered nurse (RN).
3. The task has been delegated by a licensed nurse (LPN or RN).
4. The licensed nurse provides supervision of the UAP after determining the degree of supervision required and evaluating whether the activity is completed in such a way as to meet acceptable results. The degree of supervision shall be based on the stability of the person being assisted and the competency of the individual to whom the activity is delegated. There must be an order (prescription) for the treatment or medication and it should be a routine medication.
5. Written and oral instructions are provided by a licensed nurse with the reason for the medication, the dosage, expected effects, adverse reactions or side effects, and actions to take in an emergency.
6. The medications must be the original medicine container with labels and directions (pharmacy-dispensed and over-the-counter medications). The only exception is if it has been removed from the original container and placed in a unit container (pill organizer) by a licensed nurse or pharmacist. (Will discuss again later under UAP responsibilities).
7. Proper measuring devices must be provided for liquid medications.
8. A method of record-keeping must be maintained and include:
    a. a method of maintaining a count of narcotic medications .
    b. a method to write down a missed dose of medication.
    c. a method to report a missed dose of medication to the appropriate supervising person.

IDENTIFY THE UAP'S RESPONSIBILITIES IN ACCEPTING DELEGATED ASSIGNMENTS FOR ASSISTING WITH MEDICATIONS

UAPs are personally accountable and responsible for their actions when doing delegated tasks. Therefore it is important for them to insure they are within their scope–of-practice and covered by the law when performing care. In addition to following the Board of Nursing Rules the UAP must know what things need to be in place for proper delegation of tasks by a licensed nurse as listed below. What a UAP **cannot** do is discussed later in this module.

1. ***UAPs must insure they have taken an approved Assistance with Medications Course for UAP (like this one). UAPs must not accept delegation for any task they have not been trained for and do not feel competent to perform. It is the UAP's responsibility to tell the nurse if they have not been trained to do a task or if they are not comfortable with their ability to performing the task.***

   Discussion: The UAP must take a training class with a qualified instructor, pass the competency testing and receive a certificate. The certificate is good any place in the State of Idaho where you would assist with medications. The state does not require it to be renewed like CPR or first aid; however, any facility or supervising nurse may at any time require you to re-take this course if they are uncomfortable with your level of skill. The nurse must have confidence in the person to whom he or she delegates care.

   This class presents general information that applies broadly in many work situations and is what the State of Idaho wants everyone to know regardless of where you work. So that means you need to be oriented and trained in each new employment setting. While orientation can occur in a variety of ways, your specific job orientation will give you the essential information about the policies and procedures of that workplace in regards to assistance with medications (See more later about agency policies).

   The UAP must feel competent that they know how to do the task correctly. Often there is a question about the difference between competent and confident; competent is about ability and confident is about attitude. The UAP must be comfortable with his/her ability to do a task properly -- not necessarily comfortable performing an unpleasant task.

2. ***UAP's may not re-delegate or turn the task over to someone else.***

   Discussion: There are times a task cannot be completed by the person it was delegated to. The correct action is to return to the person who delegated the task to explain what was not completed and why. It is that person's role to re-delegate the task to someone else.

3. ***UAPs must follow a plan of care designed by a registered nurse (RN).***

   Discussion: There must be a written plan of care (care plan) which the UAP follows. The care plan is to be written by a registered nurse.

4. ***UAPS must be supervised by and accept delegation for assisting with medications from a licensed nurse (not, for example by an agency administrator who is not a RN).***

5. ***UAPs must receive instructions from a licensed nurse about each medication they are assisting with and specific instructions about each medication including the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency.***

   Discussion: Included in the care plan and/or medication record are expected effects, frequent side effects and what to do in an emergency (including who to call). If employed by a facility or agency, UAPs will always call their supervisor for a non-life threatening emergency. The supervisor might have them call the person's family. Individuals working for a CFH will call the client's prescriber's office if they are working directly with the Idaho Department of Health and Welfare rather than an agency.

6. ***There must be a doctor's order or prescription for any medication. The orders may be a list of routine "standing orders".***

   Discussion: It is understood that more than physician's are prescribing medication in settings where UAP assist with medications and include physician's assistants and nurse practitioners. In this manual, all will be referred to as 'prescriber'.

   If a person is being paid to take care of someone, a prescriber's order is required for anything that goes on the skin or in any body orifice. Another word for an order is prescription. Note that over-the-counter (OTC) medications do not require an order to purchase, but a UAP will need an order for any medication to assist in giving it.

By definition standing order (also called routine orders or prescriber preferences), means: a written document containing rules, policies, procedures, and orders for the conduct of patient care in various stipulated situations. There needs to be a prescriber's order for things as ordinary as Tylenol, Robitussin, sunscreen or Visine because there is a potential for drug interactions or the client may have an allergic reaction. Even something as harmless as a cough drop could cause a rise in blood sugar in a client who has diabetes. Sunscreen containing PABA can lead to allergies in some people. If it is not on the medication administration record (MAR), the supervisor needs to be called and a prescriber's order needs to be received as soon as possible so everyone is covered if anything untoward happens.

7. ***The patient/client's health must be stable and the UAP cannot accept delegation of procedures that require nursing assessment or diagnosis, the exercise of nursing judgment, or requiring specialized nursing knowledge, skills or techniques.***

   Discussion: Being in stable health does not necessarily mean in good health. It means the client's health is not expected to change rapidly. The client will not need nursing assessment before or after the medication. It also means their condition was the same yesterday and today and will be that way tomorrow unless something untoward happens to them.

   For example, if a person falls going to bathroom or going out to the car on an outing, that is an unexpected change and someone with more training needs to do a complete body assessment. The taking of vital signs is not considered a nursing assessment, but interpreting vital signs is. A UAP should have clearly stated parameters (range of acceptable values) that determine when to hold certain medications and when to call the nurse. Examples are taking a pulse before giving a medication that lowers pulse rate or taking blood pressure before an anti-hypertensive medication.

8. **The medications must be in the original pharmacy-dispensed medicine containers or OTC medicine containers with proper labels and directions.**

   Discussion: Prescription and over-the-counter medications must be in their original containers and labeled properly. The only exception is if it has been removed from the original container and placed in a unit container by a licensed nurse or pharmacist.

Pill organizers and unit dose containers are authorized as long as they are filled by a pharmacist or licensed nurse and information on the back states the name of the medications, the patient's name, dosage, time, and route plus any special instructions. If the family, client or other UAP fills them, the UAP assisting with medications **cannot** use them.

DISCUSS THE IMPORTANCE OF THE UAP KNOWING AGENCY-SPECIFIC POLICIES AND PROCEDURES

Agency policies and procedures (P & P) determine what happens at every level of care given to the client. The P & P are set up for client safety, UAP safety and client compliance. If everyone completes a procedure the same way there will be less confusion for the client which often means more cooperation with the UAP and less patient behavior problems. The P & P are very specific to the facility/agency/organization which employs the UAP and are based on Idaho Laws and Statutes, Idaho Department of Health & Welfare rules and regulations, Idaho Board of Nursing rules/regulations, or national standards.

The interpretations of policies and procedures may change with different types of facilities and even between facilities within the same type of organization. When Health & Welfare does their annual review, the interpretations of the P & P may change also. It is very important that the UAP does things according to their current employer's policies, procedures, plans of care and any other guidelines provided.

LIST SITUATIONS IN WHICH A UAP CANNOT ASSIST WITH A MEDICATION

1. **UAP cannot mix a medication:** This means combining exact amounts of two or more substances to make a medication. Only pharmaceutical companies and pharmacists do this. The only exception to this is adding water to a medication as directed. A UAP can perform this task because the chemical makeup of the medication is the same, just diluted or made liquid so the client can swallow it. For example, the care plan or MAR says mix 6 ounces of water with an ounce of Metamucil.
2. **UAP cannot prepare or administer injections:** This includes intravenous, subcutaneous, intramuscular or intradermal injections. Using the example of diabetes and insulin injections, if the person is independent in giving themselves the injection and

all the UAP has to do is hand them the syringe which has been filled by a pharmacy or RN, the UAP is acting within the appropriate scope-of-practice. But what if the client wants the UAP to check the amount of insulin in the syringe and see if it matches their prescribed dose or a blood glucose sliding scale? To perform that act is outside the UAP scope-of-practice and violates state law. The only exception to this rule is the EpiPen (epinephrine). If a client has an order for emergency EpiPen administration for allergies such as bee stings, peanuts or shellfish, first aid certification permits the UAP to administer the drug. However, training on proper use of the EpiPen prior to using it is required.

3. **UAP cannot prepare, apply or adjust intermittent positive-pressure breathing machines:** These are sometimes referred to as C-PAP, Bi-PAP, B-PAP or bird respirator. This also encompasses ventilators and respirators. With the positive pressure breathing machine, if the patient does not breath regularly and deeply (apnea or sleep apnea), then the machine forces air into the lungs. Safe use of the device requires advanced knowledge of physical assessment, use of the device, the associated risks (rupturing the alveoli or lung infection) and how to act in an emergency, excluding it from the scope-of-practice of a UAP.
4. **UAP cannot administer medications or feedings through a nasogastric tube:** A nasogastric (NG) tube is a type of tube which goes into the nose, down the back of the throat, through the esophagus and into the stomach. The problem is that it can come out of the stomach and curl up in the back of the throat where it would allow liquids from the tube to go into the lungs, choking the client. It takes an assessment by the RN to tell if it is in the stomach, part way or all the way out. The UAPs **can** assist with a gastric tube (G-tube), which is inserted through the abdominal wall.

DESCRIBE PATIENTS' RIGHTS

Instructor: Bring an example of a list of patient's rights from a local health care agency or facility if possible. There are also many online sources of patient and resident rights.

A patients' bill of rights is a list of entitlements for those receiving medical care. Created to promote both physical safety and dignity, a typical bill of patient rights assures protection of patient information, fair treatment, and autonomy over medical decisions. Patients admitted

to health care facilities are given a copy of their Bill of Rights upon admission. For the purpose of this course we will discuss the patient's right the UAP struggles with while assisting with medications: **Patients/clients have a right to refuse medications.** Clients have that right even when they do not completely understand why they are refusing the medication. The UAP must encourage the patient to take the medication, but must not force the medication. UAPs should try every option available to them to get their client to cooperate with taking their medication. The instructor, supervisor on the job and coworkers will give tips for success in these challenging situations. Remember: be patient, compassionate and flexible. Each client is different and may respond differently on different days. Some things to try:

- Either the first UAP or another certified UAP can re-approach the client
- Give praise and rewards, such as watching TV after the medications have been taken
- Give them a choice between taking the medication in five minutes or ten minutes

Avoid a power struggle with the client. However, if a client absolutely refuses medication after the UAP's sincere efforts, there are two essential steps to complete:

1. **The UAP must report the situation to the supervisor.** The supervisor may have another idea to try, may come over to administer the medication, may extend the time, or may say to document the dose as 'refused.'
2. **Document, as appropriate:** This documentation will vary depending on whether the medication was given within or outside of the original time frames for the dose or if it is being charted as refused. The charting for various scenarios often differ between agencies or nurse supervisors.

   Discussion: There will always be some version of a medication administration record (MAR) used for documenting medications. It may be either a paper or electronic record. You will be instructed on correct use of the MAR in your specific work site. The UAP assigned to the client will never chart for another person who assists with the medications. We do not document for each other as that can lead to errors. Remember you are responsible for the care you give and you do not want to document something you did not do or something you have not yet done.

The exception to a patient's right-to-refuse a medication may occur if the patient has been ruled incompetent by a court procedure and a guardian is appointed to make decisions for the client. In that case the guardian can override the patient's refusal and a medication can be forced. An example of this can be seen in the case of a person with a mental illness or dementia who is a danger to himself or others. The supervising nurse will instruct the UAP whenever an exception occurs.

MODULE 1 MANUAL SKILLS

- None

Module 2: Safety Measures

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Allergic reaction	When the body's immune system reacts to a substance (allergen) by releasing histamine and other substances into the body causing symptoms ranging from a runny nose to a rash to a severe, life-threatening anaphylactic shock.
Anaphylaxis	A severe allergic reaction that causes swelling and breathing difficulties. It can rapidly lead to death if emergency treatment is not available. Also called anaphylactic shock.
Clostridium difficile (C-diff)	A bacteria that causes severe diarrhea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.
Hand hygiene	Refers to the decontamination of the hands through either hand washing or rubbing the hands with an alcohol-based hand sanitizer.
Infection	A process in the body that is caused by an overgrowth of microbes. Some infections may cause death.
Methicillin resistant *staphylococcus aureus* (MRSA)	A type of 'staph' bacteria that is resistant to common antibiotics. Caused by overuse of antibiotics, it is extremely difficult to treat. Also known as multi-drug resistant organism (MDRO).
Pathogen	A microorganism that causes disease.
Personal protective equipment (PPE)	Gloves, gown, mask, goggles, hair and foot covering that may be used when a client has a known infection.
Side effect	An unintended effect of a medication.
Standard precautions	A method of preventing infection in which all blood, body fluids, non-intact skin (like abrasions, pimples or open sores), and mucus membranes (including the lining of the mouth, nose, eyes, rectum or genitals) are treated as if they were infected with a communicable disease. At a minimum, it includes the use of hand washing and gloving whenever there is a possibility of contact with any blood, body fluid, non-intact skin or mucus membrane.
Vulnerable population	People who are at risk of infection resulting from a compromised immune system, such as the elderly, those with cancer or AIDS.

PREVENT THE SPREAD OF INFECTION

Discuss the ways infection is spread:

Disease is spread by direct contact with the infected person or his secretions or indirectly by touching objects contaminated by the infected person. Some organisms can be spread on mucus droplets suspended in the air, thus called airborne. Tuberculosis (TB) is an example of an airborne infectious disease. The infected person can spread the disease by sneezing, coughing, singing, breathing, talking or even laughing.

Common ways infections are spread:

- Open areas in the skin
- Direct contact through touch
- Indirect contact through transmission by touching contaminated (dirty) surfaces
- Air transfer through coughing or sneezing
- Contaminated food, water, utensils, dressings, and equipment
- Animals and insects

A microorganism (microbe) is a small living plant or animal that can only be seen with a microscope. Microbes are everywhere. They reside in our nose, mouth, respiratory tract, digestive system, and on our skin.

Microbes are in the air, soil, water, and our food. Some microbes are harmful and cause disease. They are called pathogens. Non-pathogens are microbes that do not usually cause an infection. Even non-pathogens can cause infection under certain circumstances, such as being in the wrong place like an open wound or in the lungs, or when the person is vulnerable.

For our purposes there are 2 important things to remember about microbes. First, a drug designed to kill bacteria (antibiotic) will not kill a virus. This is why the common cold - usually caused by a virus - will not respond to antibiotic medication.

The second important thing to remember is that a prescription of antibiotics must be completed even if the recipient feels well before the end of the course of medication. Bacteria that are weakened, but not killed develop “resistance” and eventually mutate to a point where the antibiotic will no longer kill them.

People who live in group settings and individuals who have compromised immune systems are at greater risk for acquiring diseases. We call them vulnerable populations. It is important to treat all residents and fellow employees as potential sources of infection. Preventing the spread of infection is important. Remember you cannot tell by looking if a person has an infectious disease. Precautions protect everyone—patients, residents, visitors, staff, and you. If you are careless, everyone's safety is at risk. By strictly following standard precautions, transmission of infection can be greatly reduced.

Explain the role of hand hygiene in preventing infection:

Hand-washing is considered to be the single most important way to reduce the spread of pathogens. The Centers of Disease Control and Prevention (CDC) also support the use of alcohol-based hand rubs to cleanse hands that are not visibly dirty or contaminated with blood, or other body fluids.

The importance of standard precautions in preventing infection

There are two levels of precautions as defined by the CDC. They are standard precautions and transmission-based, or isolation precautions. To isolate means to separate. People in health care settings may need to be placed in isolation to prevent the spread of infection. Most UAPs taking the Assistance with Medications course will not be caring for people in isolation. However, standard precautions will be essential.

Standard Precautions: A set of precautions, used to prevent the spread of microorganisms, that assumes every person is potentially infected or colonized with an organism that could be transmitted in a healthcare setting. At a minimum, it includes the use of hand washing and gloving whenever there is a possibility of contact with any blood, body fluid, non-intact skin or mucus membrane.

Standard Precaution Guidelines

Hand Hygiene:

- Wash your hands after touching body fluids, secretions, excretions and contaminated items
- Decontaminate your hands right away after removing gloves
- Decontaminate your hands between patient or resident contacts

- Practice hand hygiene whenever needed, to avoid spreading microbes to other persons or areas
- Decontaminate your hands between tasks and procedures on the same person. This prevents cross-contamination between different body sites
- Use soap and water for routine hand washing; alcohol-based hand sanitizers may be used to decontaminate hands unless they are visibly dirty

Gloves:

- Wear gloves when touching blood, body fluids, secretions and excretions
- Wear gloves when touching contaminated items
- Wash hands for added protection in case a glove tears
- Put on clean gloves just before touching mucous membranes and non-intact skin
- Change gloves between tasks and procedures on the same person to prevent cross-contamination
- Change gloves after contacting matter that may be highly contaminated
- Remove gloves immediately after use
- Remove contaminated gloves prior to touching uncontaminated items and surfaces
- Remove gloves before going to another person
- Decontaminate your hands at once after removing gloves

Masks, Eye Protection, and Face Shields:

- Wear masks, eye protection, or face shields to protect against airborne pathogens and during procedures and tasks that are likely to cause splashes or sprays of blood, body fluids, secretions, and excretions

Gowns:

- Wear a gown during tasks that are likely to cause splashes or sprays of blood, body fluids, secretions, or excretions
- Remove a soiled gown as soon as possible
- Decontaminate hands after gown removal

DISCUSS DANGERS ASSOCIATED WITH MEDICATIONS

Working with vulnerable populations

All people in the care of a UAP will be in the population group considered vulnerable or they would not need the services of a UAP. Anyone who lives in a group setting is included because an infectious disease is easily and quickly spread among people living in close

proximity. Anyone who is ill because of chronic disease (like heart disease or emphysema) is more vulnerable. Anyone with a compromised (weakened) immune system is obviously more vulnerable to infection. The immune system can be weakened by disease, trauma, emotional stress, poor nutrition, medication side effect, and many other factors. Changes with aging make people more susceptible to infection and when they do get sick, it is often more serious and recovery may take longer.

Allergic reactions vs. side effects

The desired action of a drug (the reason it is being given) has an expected predictable response. All medications have many actions - more than the intended action. Each person may absorb medications differently. Every individual being treated is different; therefore, they may not react to the medication in the same way as another person. The unintended actions of a medication are called side effects. Some may be non-harmful (not cause damage to the body) and some are harmful and may become life-threatening.

Common Side Effects	Allergic Reactions
Nausea / Vomiting	Rash / itching / hives
Rash	Runny nose / watery eyes
Constipation or diarrhea	Swelling
Drowsiness of excitation	Shortness of breath
Increase or decrease appetite	Wheezing or other changes in breath sounds
	Unconsciousness / death

Describe Anaphylaxis

An allergy occurs when a person's immune system is hypersensitive to a foreign substance, called an allergen. An allergen can be dust, pollen, molds, fragrance, animals, latex, certain foods, certain medications, or even the dye used to color a medication tablet. The body's immune system reacts to an allergen by releasing histamine and other substances into the body. That is what produces the symptoms such as runny nose or a rash. ***In some cases the allergens can trigger a life-threatening response called anaphylaxis or anaphylactic shock. This is a 9-1-1 emergency.*** The person will have difficulty breathing and can become unconscious and die unless help is found promptly. An important thing to remember about allergies is that they can manifest immediately and at any time; even after a patient has been on a medication for years.

Antibiotic resistant organisms

As mentioned previously, an organism can develop resistance to a drug and become very difficult to kill. These infections can usually be prevented with the careful practice of standard precautions. Following are 2 important examples:

MRSA stands for Methicillin-resistant *staphylococcus aureus*. It is a bacterium responsible for several difficult-to-treat infections in humans. There are several strains of the staphylococcus (staph) organism. The initial presentation of MRSA is small red bumps that resemble pimples, spider bites, or boils; they may be accompanied by fever and, occasionally, rashes. Within a few days, the bumps become larger and more painful; they eventually develop into deep, pus-filled boils. Most of these infections can be treated with available antibiotics. In some cases a strain of the bacteria is stronger and can lead to overall body infections called sepsis and can rapidly destroy tissue, damage vital organs and cause death.

C-diff is short for clostridium difficile and is the name of the bacteria that infects the bowel and causes severe diarrhea. It occurs when antibiotics have killed off normal bacteria in the bowel.

Diabetic hyperglycemia and hypoglycemia

Diabetes is a chronic illness that occurs when a body cannot produce enough insulin or cannot effectively use insulin. A person with diabetes will be prescribed insulin injections or an oral medication that helps them use insulin.

Insulin, a hormone produced by the pancreas, is needed for glucose to enter body cells. When glucose does not enter body cells, it stays in the blood steam, causing a spike in blood sugar (hyperglycemia). Hyperglycemia also occurs because of too much sugar in the diet or during times of physical or emotional stress (surgery, infection). Hypoglycemia, or low blood sugar, occurs when a person with diabetes misses a meal or snack or when too much insulin is given.

Both hyperglycemia and hypoglycemia can lead to life-threatening emergencies like coma and death. Knowing the most common signs and symptoms of each is important.

Hyperglycemia	Hypoglycemia
Blood glucose above 130 mg/dl (above 400 mg/dl* is life-threatening) Increased thirst Increased urination Fruity breath odor Fatigue Confusion* Agitation* Weight loss	Blood glucose below 60 mg/dl (below 50 mg/dl* is life-threatening) Cool, clammy skin* Nervousness, trembling Poor coordination* Fatigue Confusion* Irritability Dizziness, blurred vision, headache Nausea Loss of consciousness*

*Serious signs and symptoms requiring immediate notification of a RN or prescriber

These complications of diabetes can be masked in the elderly. For example warning signs like confusion would not be evident in someone who suffers mental confusion due to another cause. Or a normal decrease in thirst with aging can offset the thirst seen with hyperglycemia.

DESCRIBE APPROPRIATE MEASURES TO TAKE FOR MEDICATION RELATED EMERGENCIES

In case of an emergency, always call your supervisor. If it is life-threatening emergency, call 9-1-1 first and then call your supervisor. Supervisors want to be notified of any change in the client's day-to-day normal behaviors, mental attitudes or physical condition as soon as you notice that something is different. The supervisor may need to be consulted to determine when it is time to call 9-1-1. Involve the supervisor as soon as you think something is different with your client.

LIST THE 6 "RIGHTS" OF MEDICATION ASSISTANCE AS IT PERTAINS TO THE UAP

The right:

1. Person (Check 2 identifiers if in a multi-patient facility, such as name and birth date. Check identification bracelet if patient is wearing one)
2. Medication
3. Time
4. Route (oral, topical, etc.)
5. Dose (must have the right measuring instrument for liquids)
6. Documentation (according to agency policy)

MODULE 2 MANUAL SKILLS

Procedure checklists are located in the appendix section of the Curriculum Guide

- Demonstrate the procedures for hand hygiene
- Demonstrate the technique of standard precautions

Module 3: Basic Understanding of Medications

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Anus	The lower opening of the digestive tract, through which solid excrement leaves the body.
Aspiration	Drawing foreign substances into the lungs during inhalation. Also refers to removing a gas or liquid by suction.
Auricle	The part of the external ear that projects outward from the head; the visible part of the ear.
Cerumen	Ear wax.
Conjunctiva	The mucus membrane covering the inside of the eyelids.
Discharge	An excretion or drainage as from a wound or body orifice. The discharge may be clear, bloody, yellow, green or white. May also refer to leaving as when a patient is discharged from a medical facility.
Ear canal	The canal or tube that leads from the outer ear to the ear drum.
Ear lobe	The fleshy, pendulous part of the external ear.
Enteric coated	Hard coating over a medication tablet. It allows the medication to be released later when it is further along in the digestive tract, for example, thus avoiding stomach irritation from the medication.
Gastric Tube (G-tube, percutaneous endoscopic gastrostomy (PEG) tube or mickey button)	A tube going through the skin of the abdomen directly into the stomach. A way to administer liquid food and medicine to someone who cannot or will not take them by mouth.
Gastrostomy	Surgical creation of an opening from the stomach through the abdominal wall, for insertion of a G-tube or PEG tube.
High Fowler's	Refers to having the resident's head raised at an angle of 80-90 degrees.

Term	Definition
Lithotomy position	Lying on the back with knees bent and legs spread.
Medication abuse	When a medication is taken for the wrong purpose, for the prescribed purpose but in the wrong amount, at the wrong time, or intentionally by the wrong person.
Metered-dose inhaler	A device that delivers a specific amount of medication to the lungs in the form of a mist.
Nasogastric (NG) tube	A tube inserted through the nose to the stomach or small bowel, used to remove stomach contents or instill medication or food. **UAPs do not assist with medications given through NG tubes.**
Nebulizer	An electrical device that turns liquid medication into a fine mist to be inhaled.
Nostril	Either opening of the nose.
Oral medication	Medication given by mouth.
Pre-mixed	A medication mixed by the pharmacy or manufacturer before being sold or used.
Pro re nata (PRN)	Latin word meaning ‘as needed.’
Rectum	The last portion of the digestive tract before leaving the body through the anus.
Sims’ position	Semi-prone position on the left side and chest, the right knee and thigh are drawn up, the left arm along the back. May be used to expose the anal or genital area for suppository or enema administration.
Sublingual	Under the tongue.
Suppository	An easily melted cone-shaped solid medication for insertion into the rectum or vagina.
Systemic	Affecting all body systems.
Transdermal patch	A way to administer medication by absorption through the skin.
Vagina	In a female, the canal that extends from the external genitalia to the cervix.

DESCRIBE VARIOUS MEDICATION ROUTES AS THEY APPLY TO THE UAP.

Note: each of these medication routes will be described in steps in the procedure checklists.

Oral Route

Medications are most frequently administered via the oral route. It is safe, convenient, and acceptable for most patients. Oral medications are generally given with water or other preferred liquid. The patient should drink enough fluid to ensure the medication reaches the stomach. Drugs that lodge in the esophagus can cause irritation and may result in poor absorption. Approximately four ounces is usually sufficient. Some medication tablets may be broken if scored, or crushed if ordered, and mixed with food. There are some medications that should not be crushed or broken such as enteric-coated tables and time-release medications. One form of time-release medication is a spansule which is a capsule containing what looks like tiny beads. If ordered, these may be opened and the "beads" sprinkled on food. Oral medication may be in liquid form, and should be measured in proper measuring cups or syringes. Oral route also includes medications that are to be allowed to dissolve in the mouth and not swallowed whole such as: sublingual, buccal, lozenge, and spray forms. When these are given, they should be given last since they are to be dissolved in the mouth.

Gastrostomy Route:

These are medications that are instilled directly into the patient's stomach via a tube inserted surgically. This opening through the skin and into the stomach is called a gastrostomy. The tube is called a PEG tube which is the abbreviation for percutaneous endoscopic gastrostomy. **A PEG tube is different from a nasogastric (NG) tube which is threaded through the nose, down the back of the throat, down the esophagus and into the stomach.** UAPs do not assist with medications given through NG tubes. Patients with gastric tubes generally have a condition which prevents them from safely swallowing foods or medications orally. Most medications will be in liquid form, or tablets that can be dissolved. See procedure checklist for other important information about using the gastrostomy route in medication administration.

Topical Route

Topical medications are applied directly to the skin surface. They may include pastes, ointments, creams, powders, lotions, shampoos, sprays, and transdermal patches. With the exception of transdermal patches, most topical medications are used for local effect. Transdermal patches often contain cardiac or pain medications. A topical medication should not be applied until previous applications have been removed. They should not be applied to irritated or broken skin unless that is the intent. The sites of application should be rotated (as ordered) and time, date, and initials need to be recorded on the patch as well as the MAR to insure timely dosing.

Inhaled Route

Medications given via the inhaled route are delivered in pre-mixed doses by hand held inhalers or nebulizers. They are not delivered under positive pressure, that is, the medication enters the lungs only when the patient inhales and is not forced into the lungs by pressure from a breathing machine. This route is intended to deliver medications into the respiratory tract by inhalation. Medications can be a liquid or a powder reduced to a fine spray or mist. Inhaled medications are generally given to patients to ease breathing difficulties. These medications are generally potent and should be given only as ordered. Following use, the patient needs to perform oral care.

Eye (optic) Route

Eye medications are usually in the form of drops or ointments. They are supplied in small volumes since each dose contains only a few drops. Eye medications often expire in 2-3 weeks so any change in color, odor, or texture of the medication should be noted and reported. Eye medications are usually given for therapeutic or diagnostic purposes. They may be given for chronic conditions, post-operatively for several weeks, for lubrication and to treat eye infections. Care must be taken that they are given in the correct eye and at the correct times. It is important to practice good standard precautions in order not to contaminate the other eye. If two different medications are to be given in the same eye, wait at least 5 minutes between medications.

Ear Route

Ear medications are generally in the form of drops and are used to treat infections and inflammation. They are also used to soften cerumen. Ear drops should be at room temperature or luke-warm, never cold. The patient should be in a comfortable position with the affected ear up, and remain in that position for about 10 minutes, repeat to the other ear if ordered. A medication-soaked cotton ball plug may be gently and loosely placed in the ear to prevent oozing. A dry cotton ball will absorb the medication, so should not be used.

Nasal Route

Nasal medications are generally instilled by drops or sprays. They may be prescription or over-the-counter medications. They are used to treat the nasal mucosa; to produce indirect effects on the sinuses, or for a whole-body (systemic) effect. The patient should be comfortably positioned as directed depending on the form of the nasal medication. Non-latex gloves should be worn and the utmost clean precautions should be used due to the nasal cavity connection to the sinuses, ears and eyes.

Vaginal Route

Vaginal medications come in the form of creams, suppositories, foams, jells, or irrigations (douches). Vaginal medications are generally used to treat infections, irritation, or itching. The medications may be prescribed or many may be purchased over-the-counter (be sure an OTC suppository is ordered and on the care plan before giving to a patient). The patient is generally positioned in the lithotomy or Sims' position. Care must be taken to provide for the patient's privacy, comfort and dignity.

Rectal Route

Rectal suppositories are medications used to produce both local and systemic effects. Suppositories that produce a local effect include laxatives, which promote defecation. Medications to help relieve nausea, fever, bladder spasms, and pain can also be administered via rectal suppository, but produce a systemic effect. Suppositories are prescribed or many can be purchased over-the-counter (be sure an OTC suppository is ordered and on the plan of care). The patient is usually in the Sim's position. Care must be taken to provide for the patient's privacy, comfort, and dignity.

DISCUSS APPROPRIATE USE OF PRN MEDICATIONS

A PRN medication is one that is given to the client as needed. It must be given in the time frame and purpose ordered by the prescriber. PRN medications are those that are administered under prescribed circumstances, such as when experiencing pain or nausea. They might be controlled medications or OTC medications and are usually ordered for pain control, behavioral control or sleeping problems (insomnia).

The role of a UAP with PRN medications

When a client requests a PRN medication, many facilities require the supervisor be notified (the supervisor may have the UAP call family in certain circumstances). These are only given when requested by the client, or the client's behavior indicates it is needed as prescribed. For example the order may specify: "*Assist with 1 tablet of Valium 5 mg. PRN if patient has been combative for10 minutes and redirecting has not helped*".

The UAP must check the MAR for the time the medication was last administered. The time frame must be strictly adhered to. There is no '1 hour before' rule, on PRN medications. The prescribed time or longer must have elapsed. There must be a prescriber's order. If the medication is listed on the MAR, the UAP will know a prescriber's order is on file at the pharmacy. In the case of an OTC PRN medication, the client's name must be on the container and a care plan must be in place. This care plan could be abbreviated, but should include the client's name, a list of their medications, including the OTC PRN medication, with the reason for the drug and side effects. All PRN medications must be reported to the supervising nurse (before given) and recorded on the MAR; including the name of the medication, the dose, date, time, reason given and effectiveness.

In certain circumstances, PRN medications can be administered without contacting the supervising nurse, but a written pre-authorization by the nurse must be present and the outcome must be fully predictable to avoid violating the IBN rule about accepting delegation of procedures requiring nursing assessment or nursing judgment.

Recognizing Medication Abuse

Medication abuse is when a medication is taken for the wrong purpose, for the prescribed purpose but in the wrong amount, at the wrong times; or intentionally by the wrong person. People who are performing AWM in the home health setting need to encourage clients to discard medications no longer needed in order to prevent misuse of those medications by family members or others. (Teens who abuse prescription medications most often start in family's medicine cabinets).

Abuse and even addiction can be seen with OTC medications. For example, a person who uses a laxative (such as Milk of Magnesia) every day for a long period of time will experience dependence on it in order to have a bowel movement. This is laxative abuse. Dependence, as used here, is a physical or psychological need to use a drug or other substance regularly, despite the fact that it is likely to have a damaging effect.

Medications that are addictive are "controlled substances" which means they are carefully accounted for by pharmacists, nurses and UAP's who assist clients taking them. Controlled substances are primarily prescribed to control pain, to control behavior and to induce sleep. Controlled substances are highly regulated in the United States. The UAP will know that the medication is a controlled substance because there will be a need to count these medications at every shift change. If you are responsible to pick up the controlled medication, you will need to sign two different forms before receiving the medication. The controlled count sheet is used to protect UAPs by providing proof the count is correct for both the UAP going off shift and the UAP coming on shift. It is done together at the same time and both people sign the sheet indicating the narcotic count is correct.

Medications given for pain control should be given exactly as they are prescribed. If a resident still complains or demonstrates uncontrolled pain, the UAP should report this immediately to the supervisor. The nurse will want to assess the patient and contact the prescriber if an increase in pain medication is indicated. Even when given as prescribed narcotic medications produce side effects that can be uncomfortable or even harmful to the client. These include ***depressed respirations*** and cough, constipation, nausea and vomiting and low blood pressure. If any of these are noted, report to the supervising nurse promptly.

The ‘red flags’ of medication abuse are when the client shows no non-verbal signs of pain, but asks to have their medications before the prescribed time or asks for them at the exact time the medication is due, becoming very upset if asked to wait.

In addition to the client becoming addicted to a prescribed narcotic, there is also a risk of caregivers, including nurses, stealing the patient’s medication for personal use. Any concerns about any medication should be reported to the nurse supervisor promptly. If you suspect your nursing supervisor of inappropriate handling of a control substance, contact someone in the organization who has equal or higher authority than your supervisor. It is a rare occasion when it is indicated to go over your supervisor’s head with a concern, but this would be appropriate.

In the case of a caregiver abusing the medications, you may see patterns of the following behaviors: discrepancies in the count; a caregiver always requesting to care for a patient who is on a narcotic; or the patient is not getting any pain relief when the medication has been documented as given.

MODULE 3 MANUAL SKILLS

Procedure checklists are located in the appendix section of the Curriculum Guide

- Recording and reporting of PRN medications
- All routes of medications

Module 4: Care of Medications

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Over-the-counter medication	Medication deemed safe enough to be sold off the shelf without a prescription.

DESCRIBE SAFETY FACTORS FOR CORRECTLY STORING MEDICATIONS

Obviously the work setting will determine some of the details of where and how medications are stored. There are some general guidelines that apply in most settings for safe care of medications. These are more geared to residential care as opposed to an individual person's home.

1. Out of direct sunlight - the light can cause the medication to break down (deteriorate), lose its potency (strength), and become ineffective prematurely.
2. At room temperature (refrigerated if so directed by nurse supervisor and/or if instructed by bottle label). Excessive heat may deteriorate medications.
3. Out of reach of children and other clients - what is good for one person could be harmful to another, especially children.
4. Locked up at all times. Controlled substances require two (2) locks.
5. Area for storage must be clean and contain only one client's medications.
6. Caps should be kept on tightly except during the time the medication is being poured into a medicine cup. If a bubble pack breaks for any reason other than to take the medication out to administer it, it needs to be reported to the supervisor before administering the medication.
7. No more than one client's medication should be out of their assigned storage unit at one time and only while the UAP is assisting with the medications for **that** client. If another client comes to the medicine cart / area and wants a medication, they need to wait until the UAP has completed helping the first person and their medications have been returned to the proper storage area before getting out the second person's medication.

DESCRIBE ITEMS ON A PRESCRIPTION MEDICATION LABEL

1. Patient's name
2. Name of the medication
3. Dose of the medication
4. Directions for use
    a. amount to take
    b. how often
5. Route – how is the medication administered (such as by mouth, rectum, or on the skin)?
6. Name of the ordering prescriber
7. Expiration date – this becomes important on PRN medications when they are not exchanged monthly for a new container
8. Cautions and special instructions including, but not limited to: storage, recommendations regarding taking with our without food, encouragement to take the medication with plenty of water, if medication needs refrigerated, etc. Watch for a colored sticker on the container or bubble pack. That sticker is put there especially for that medication and it is important to read and follow those instructions
9. Name of the pharmacy
10. Number of refills

DISCUSS CONSIDERATIONS FOR THE UAP HELPING WITH AN OVER-THE-COUNTER MEDICATION

Over-the-counter (OTC) medications are drugs that are deemed safe enough for sale without a prescription. They are products intended for the self-medication of a variety of illnesses. Due to the high risk of drug interactions and abuse of OTC medications special care must be taken with their use.

When over-the-counter medications are used in a residential care setting and medication administration assistance is needed, certain criteria are required.

- Prescriber's orders are required for all medications, including OTC medications
- The medication needs to be on the person's plan of care in the facility and the supervising nurse needs to be aware of all that person's medications
- The OTC medication is in its original container unless stated otherwise in facility policy

- The resident's name is on the medication
- Generally these medications are kept in the locked medication cart in the facility unless prescribers orders allow the client to keep the medication in their room and self-medicate
- If the UAP takes the client shopping for OTC medication, it is important to help the client see the expiration date on the medication. Sometimes it is an embossed area on the end of a box and very difficult to find or read

DESCRIBE ITEMS INCLUDED ON AN OVER THE COUNTER (OTC) MEDICATION LABEL

1. Name of the medication
2. The intended purpose of the medication
3. Directions for use. However, use must be according to prescriber's order for that medication and that person. For example, say the package reads "Take 1 or 2 tablets as needed every 4 to 6 hours." The decisions of how many and how often would require a nurse assessment. Instead, the order should be more specific and the UAP should follow it
4. Expiration date
5. Client's name must be added

Given the above criteria, it is easy to see the situations in which the UAP **should not** assist with giving an OTC medication:

1. Medication is not in original container
2. Medication label is unreadable
3. Medication is past the expiration date
4. The medication is not on the plan of care
5. It is not yet time to take the medication
6. The client's name is not on the container or another person's name is on the container

MODULE 4 MANUAL SKILLS

- None

Module 5: Recording and Reporting

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Expiration date	The date at which the manufacturer can still guarantee the full potency and safety of the drug. Past that date, a drug is said to be "outdated"
Medication administration record (MAR)	A record where UAP indicates a medication has been administered or refused; may be a paper copy or electronic record

DESCRIBE THE CORRECT METHODS OF RECORD-KEEPING FOR MEDICATIONS

A medication administration record (MAR) is a written document that lists patient's medications that have been ordered by the prescriber. It may be paper or electronic. The medication record is part of the patient/client's permanent legal record. UAP's must accurately enter information into the record by "charting" or documenting all assistance provided with medications. As a legal document, the MAR's accuracy is very important. Forgetting to document is the same as saying you did not assist with a medication and therefore the MAR can be used to validate that a medication was not given. Facilities have a wide range of MARs, so they will look different in different facilities. Most will be set up as a graph or a grid. In Home Health and CFH situations, documentation may be simply a notation on the daily log in the appropriate place. What is documented and what is not documented are both equally important. No matter the setting the MARs will all include some basic information including:

1. Date
2. The name of the patient
3. Names of the medications
4. Dosages of medications
5. Times the medications are to be taken
6. Route of administration

Instructor: Please provide an example of a MAR from a local facility.

There are some rules to follow for the correct method of documenting on a MAR. Some will not apply to facilities with computerized medical records

1. There must be a signature on file for everyone who uses initials on the chart
2. Never use "Whiteout" on a medication record
3. Use black or blue ink only (no sparkles)
4. Do not change what someone else wrote
5. Entries must be legible – everything, including your signature, must be written so that it can be read

If you have to correct an error:

1. There are two general rules when correcting an error in documentation:
   a. Draw a single line through the mistake; make sure it is still readable.
   b. Write "error" above the mistake and sign your initials.
2. On the MAR, the error correction procedure changes; here you will draw a circle around the error and then on the back of the MAR (or other designated place) make a notation of the date the error happened, what the error was (wrong date, wrong time, wrong medication, etc.) and sign it. Some facilities have a list of these potential errors (called a key) and all you have to do is put the letter or number by the date and sign your name.
3. There will most likely be another separate form, often called a "medication error report" or "incident report" to fill out. This report will end up in the administrator's office after the RN supervisor has reviewed it. Some facilities have the person who finds the error fill it out, sometimes it is the person who made the error and sometimes a supervisor fills it out; you will learn the correct procedure from your facility or agency.

Remember that anything you document must be objective, that is something you can see or measure; not a conclusion, opinion or diagnosis. For example, if you work in a facility where there are a number of people with the flu and your client has a fever, cough, sore throat, stuffy nose and body aches (these are symptoms of the flu), you cannot say they have the flu unless a diagnosis has been made. It is correct to list and report the symptom of fever, cough, sore throat, stuffy nose and body aches.

DESCRIBE THE PROCEDURE FOR MISSED DOSES

Missed doses of a medication can be serious. The UAP must have instructions from the supervising nurse for what to do if a dose is missed. Generally, you should note the date and time and notify the supervising nurse for directions. The supervisor will advise you on the correct charting procedure depending on the reason there is a missed dose. Most medications can be given late unless it is close to time for the next dose, then it should be skipped. This is only a general guide and it is important to ask your nurse supervisor for instructions.

DESCRIBE THE PROCEDURE FOR PROPER DISPOSAL OF MEDICATION

Ask your agency for their policy on proper disposal of medications.

When should a medication be disposed of?

Single doses should be destroyed if:

1. The patient spit it out
2. The dose was dropped on the floor once removed from the container
3. The patient refused the medication once it is removed from the container

The bottle of medications should be disposed of if:

1. Medication was discontinued
2. Medication is outdated
3. Client left the facility either through death or a move

The two important things for a UAP to do when disposing of medications are:

1. Document per agency policy
2. Have a witness to the destruction – State law requires two signatures on all controlled substances. Often two signatures will be required for all medication disposal. Sometimes it can be two UAPs on shift or at shift change, or a supervisor or RN may need to be one of the signers; the facility and state regulations make this determination for facilities and agencies. For Home Health and CFH, it is the family that makes the decision.

Once the medication is purchased by or for a patient it becomes property of that patient. The family of the patient should take responsibility for destruction of any medications. In a private home, if the patient is unable to destroy the medication on their own and there is no family available, consult your agency policies.

Where to dispose of medications:

Medications should not be thrown away in the trash due to the hazards if another person (especially a child) or an animal gets into the trash and ingests it. That could prove fatal in some situations.

People used to be encouraged to dispose of medications by flushing them down the toilet. Currently that is not recommended due to the large amounts of medications adding trace amounts into the water supply after the sewage goes through the waste water treatment plant. Some pharmacies will take the unwanted medications for disposal. Ask your supervisor for directions.

DESCRIBE THE PROCEDURE FOR COUNTING CONTROLLED SUBSTANCES

Controlled substances must be counted and the records must be reviewed at shift change by both the on-coming and the off -going UAP. This must be done together and both UAPs must sign that the count is correct. Your supervisor will orient you and answer any questions.

DESCRIBE THE APPROPRIATE INFORMATION TO REPORT TO THE SUPERVISOR

When in doubt, call your supervisor. Report **<u>any</u>** change in your client's condition.

Any time things are not going the way you think they should be going/have always gone, are not going the way you want them to go in order to follow procedure, or you have any questions at all, report to your supervisor. That 'report' could be a telephone message, an e-mail or a text message; whatever is acceptable to your facility and/or supervisor. Note: some facilities do not allow texting or e-mailing supervisors and these avenues should never be used in an emergency. Every situation that will happen cannot be covered so the teaching point is that every time you have any doubts or questions, call the supervisor.

MODULE 5 MANUAL SKILLS

Procedure checklists are located in the appendix section of the Curriculum Guide

- Demonstrate proper use of the medication administration record (MAR)
- Demonstrate proper use of the controlled substance record

Module 6: Steps in Problem-Solving

1. Discuss the steps in the problem-solving process

    1. Identify a problem or a question
    2. Get the facts - gather information
    3. Record and report to the supervising nurse
    4. Get a plan. It is usually determined by the nurse supervisor with your input.
    5. Implement the plan
    6. Follow-up: Record and report the results of the plan with the nurse supervisor. Evaluate the plan's effectiveness

    Instructor, give examples of how people have followed these steps in everyday life situations. Start with something common and simple such as:

    1. I am house-sitting for a friend. Her cat is acting differently now than it was an hour ago.
    2. He is actively rubbing against my legs and meowing. I see it is the time of day when he usually gets fed.
    3. I could call my friend - or in this case, I remember she left written instructions. She suggests that the cat will need to be fed a half can of cat food around this time of day and that he likes to be brushed.
    4. I feed the cat.
    5. I make a note that I have fed the cat ½ can of salmon & whitefish cat food, his favorite, and also notice I need to put it on the shopping list since he will run out the day my friend returns. I notice he ate all his food and returned to his favorite spot looking out the picture window.
    6. When I spoke with my friend I reported he was eating well and communicating his needs well.

    Discussion of the steps

    1. Think you have a problem. Discuss intuition – that feeling in your gut that you need to check on something, or that something just isn't right. With practice you can learn

to notice and trust your intuition. That noticing is your wake-up call, but it is not enough. You need concrete information.

2. Gather as much information as possible. Get facts not opinions. If trained, get the client's vital signs. Listen to what they say and quote them when you talk to your supervisor. For example, the client states, "I just don't feel right today" or "It burns when I pee." Check the records and your memory of the past several days looking for information such as: has the client been eating and sleeping as usual? Have there been changes in activity level? When was the last bowel movement? Are they urinating as usual? Do you see anything different such as a runny nose or sneezing? Step two includes what you can see and / or measure and what the client says.
3. Record the information you gathered in step two according to your facility or agency policy. Contact the supervising nurse promptly.
4. Get a plan. A plan of action will be given to you by the nurse supervisor. He or she may involve you in the development of the plan by asking questions such as, "Has your client been like this before and if so, what was effective at that time?" This plan is specific to this situation and instructions for the plan are usually given over the phone by the supervising nurse (note that it is different from the 'plan of care'). Be sure to tell your supervisor if you need help implementing the plan, if it is something you have never done, don't know how to do, or do not feel adequately trained to do.
5. Carry out the plan as directed by the supervisor. It may be as simple as assisting the client to take a PRN medication.
6. Follow-up requires that you again get some facts and report and record. A follow-up must be done on the MAR within 1 hour if a PRN medication is used. Usually the supervisor will want a report.

If an intervention is not effective, the UAP would return to the beginning of the steps and follow them again.

MODULE 6 MANUAL SKILLS

- None

Manual Skills

Objective

Discussion and demonstration as appropriate of the various procedures that UAPs are allowed to do in the State of Idaho will give students the best opportunity to become competent and confident in their abilities to be an effective caregiver. This will be determined by successful completion of a written test and/or practical demonstration of the manual skills by the student. The student must be able to demonstrate the skill or explain the procedures with 100% accuracy.

Please refer to the Manual Skills Checklists (with rationale) provided in the Curriculum Guide for this course. It is posted on the website of the Idaho Department of Professional-Technical Education at: http://www.pte.idaho.gov/Health/Programs_of_Study_Curriculum.html.

The Manual Skills for UAPs taking Assistance with Medications included in this course are:

1. Hand-Washing
2. Removing contaminated gloves
3. Assistance with oral medications
4. Assistance with gastric tube (GT) medications
5. Assistance with topical medications
6. Assistance with metered-dose inhalers (MDI) medications
7. Assistance with pre-mixed nebulizer medication
8. Assistance with eye drops and ointments
9. Assistance with ear drops
10. Assistance with nasal medications
11. Assistance with rectal medications
12. Assistance with vaginal medications

Notes to the Instructor:

- Since this class is intended to be given in a classroom / lab situation, there will be certain procedures that are not possible for the student to demonstrate.
- The majority of what a person learns is forgotten within 6 months if it is not being used. That percentage can be decreased by doing hands-on practice.
- *Emphasis is on oral medications. That is what UAPs will do the most often.*

- Most procedures can be done several different ways and all are correct; this depends on the RN supervisor, the type of the state regulations for the agency or facility in which the procedure is carried out and the patient's individual medical condition and physical health.
- Unless you are teaching in a facility where all of the students are your employees, it is better to give generalizations that are mostly accepted practices and allow them to learn the specifics at work. That on-the-job training may be done by the RN supervisor, another experienced UAP who is assigned to do the training or in a home health situation, a family member, an agency nurse, or even the prescriber's office staff.
- Also, some facilities do not allow certain procedures to be done even if the state will allow it. For example, some facilities/agencies do not allow any abbreviations to be used and some do not allow assistance with suppositories by a UAP.
- This is a crash course with many foreign concepts for students who have never worked the healthcare field. Too many facts and the students become overwhelmed and/or anxious. Keeping it SIMPLE will actual increase learning;
- For the most part, these are adult learners who come with some life experiences.

Skills Check List Completion

Name: _____

#	Manual Skill	Satisfactory	Unsatisfactory
1	Hand washing		
2	Removing contaminated gloves		
3	Oral medication		
4	Gastric tube (GT) medication		
5	Topical medication		
6	Metered dose inhalers (MDI)		
7	Pre-mixed nebulizer medication		
8	Eye drops and ointments		
9	Ear drops		
10	Nasal medication		
11	Rectal medication		
12	Vaginal medication		

Student Signature: _____

Instructors Signature: _____

Date: _____

Frequently Asked Questions & Answers

Question	Answer
Does the Assistance with Medications certificate need to be renewed on a regular basis (like CPR)?	No. It does not have to be renewed unless the UAP is asked to do so by their employer or supervising nurse.
After successful completion of this course, can a UAP give rectal and vaginal suppositories?	It depends on employing agency's policy. The Idaho code says, " Assistance with medication may include: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories." Various agencies may interpret this statement differently.
Can a UAP after successful completion of an Assistance with Medications course assist with Diastat (which is a rectal gel for treatment of grand mal seizures) that is inserted using an applicator with a pre-set dosage?	Only after specialized training with an RN Supervisor and specific applicable paperwork has been completed and submitted.
What is a passing score on the written exam?	80%
How many times can the written exam be taken before it is necessary to re-take the course?	One time. Failure to pass written exam requires re-taking the course.
What is passing on the skills demonstrations?	Student must demonstrate 100% competency for each skill.
Can someone other than a licensed nurse delegate assistance with medications and supervise a UAP?	No. A licensed nurse (RN or LPN) must delegate to a UAP. They are also responsible for training and supervising the UAP.
Does a Certificated Nursing Assistant (CNA) gain the credential needed to assist with medications through the CNA course?	No. They must take the Assistance with Medications for UAP course.

Assistance with Medications for Unlicensed Assistive Personnel **Student Workbook:** Long Version

IDAHO Division of Professional-Technical Education
PTE

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Theory Module 1: Legal Considerations

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Assistance with medications (AWM)	
Assisted living facility (ALF)	
Care plan	
Certified family home (CFH)	
Competency	
Delegation	
Injectable	
Intravenous (IV)	
Licensed practical nurse (LPN)	
Pill organizer	
Policy and procedure (P&P)	
Prescriber	
Prescription	
Registered nurse (RN)	
Residential care facilities (RCF)	
Scope-of-practice	
Stable	
Unit dose	
Unlicensed assistive personnel (UAP)	

IDENTIFY IDAHO STATE BOARD OF NURSING RULES GOVERNING UNLICENSED ASSISTIVE PERSONNEL (UAP)

Idaho's Administrative Rules (Laws) that deal with the Board of Nursing describe the authority of the licensed nurse to delegate tasks to the UAP and defines the UAP and Assistance with Medications.

What is a UAP?

Unlicensed assistive personnel (UAP) are people who are employed to perform basic nursing care services under the supervision of a licensed nurse (RN or LPN). The licensed nurse "delegates" nursing care tasks to the UAP. For our purpose the only people required to take this course are those who will be delegated the task of assisting with medications. UAPs may work privately, for facilities or staffing agencies, in assisted living facilities, home care, certified family homes and in foster homes. UAP may **not** assist with medications in _____ or _____ _____ _____.

What does Assisting with Medications Really Mean?

In Idaho, the Board of Nursing regulates licensed nurses. The rules of the Board say licensed nurses can delegate assisting with medications for individuals who cannot take the medications by themselves where it is permitted by law. There are some requirements for this to happen and you will learn more.

Assisting with medication may include:

1. breaking a _____ tablet;
2. crushing a _____
3. instilling eye, ear or nose _____;
4. assisting with medication through a pre-mixed _____;
5. assisting with medication through a _____ (non-nasogastric) tube (you may hear the gastric tube called a _____, a button, a _____ button or a _____ _____ feeding tube);
6. assisting with _____ medications;
7. assisting with topical _____;
8. assisting with insertion of _____.

You will learn about each of these in this course. Specific forms of medications a UAP **cannot** assist with are covered later in this module.

The Administrative Rules of the Board of Nursing specify the following guidelines.

These things must be in place for a UAP to assist with medications:

1. The UAP has completed a qualified _____ program (like this course) and must feel _____ to do the task.
2. A written plan of _____ has been developed by a _____ _____ (RN).
3. The task has been _____ by a licensed nurse (LPN or RN).
4. The licensed nurse provides _____ of the UAP after determining the degree of _____ required and _____ whether the activity is completed in such a way as to meet _____ results. The degree of supervision shall be based on the _____ of the person being assisted and the _____of the individual to whom the activity is delegated. There must be an _____ (prescription) for the treatment or medication and it should be a _____ medication.
5. Written and oral instructions are provided by a _____ _____with the _____ for the medication, the _____, expected effects, adverse reactions or _____ effects, and _____ to take in an emergency.
6. The medications must be the original medicine container with _____ and _____ (pharmacy-dispensed and over-the-counter medications). The only exception is if it has been removed from the original container and placed in a _____ _____ (pill organizer) by a licensed nurse or _____. (Will discuss again later under UAP responsibilities).
7. Proper measuring devices must be provided for _____ medications.
8. A method of record-keeping must be maintained and include:
    a. a method of maintaining a _____ of narcotic medications .
    b. a method to write down a _____ dose of medication.
    c. a method to report a _____ dose of medication to the _____ supervising person.

IDENTIFY THE UAP'S RESPONSIBILITIES IN ACCEPTING DELEGATED ASSIGNMENTS FOR ASSISTING WITH MEDICATIONS

UAPs are personally accountable and responsible for their actions when doing delegated tasks. Therefore it is important for them to insure they are within their scope–of-practice and covered by the law when performing care. In addition to following the Board of Nursing Rules the UAP must know what things need to be in place for proper delegation of tasks by a licensed nurse as listed below. What a UAP **cannot** do is discussed later in this module.

1. ***UAPs must insure they have taken an approved _____ _____ _____Course for UAP (like this one). UAPs must not accept delegation for any task they have not been trained for and do not feel competent to perform. It is the _____'s responsibility to tell the nurse if they have not been _____ to do a task or if they are not _____ with their ability to performing the task.***

   QUESTION: *In what situation might a UAP be asked to re-take an Assistance with Medications course?*

   QUESTION: *After taking this course will it be necessary for a UAP to have more training specific to their next work setting?*

   QUESTION: *Explain the difference between confident and competent.*

2. ***UAP's may not __-_____ or turn the task over to someone else.***

   QUESTION: *What is the correct action to take if you cannot complete a delegated task?*

3. ***UAPs must follow a _____ of _____ designed by a registered nurse (____).***

   QUESTION: *What is the widely accepted title of a 'plan of care'?*

4. ***UAPs must be supervised by and accept delegation for assisting with medications from a licensed _____.***

   QUESTION: *What will you say to an agency administrator, who has a degree in Health Administration, who delegated assistance with medication to you?*

5. ***UAPs must receive instructions from a licensed nurse about each medication they are assisting with and specific _____ about each medication including the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and _____ to take in an emergency.***

6. ***There must be a doctor's order or _____ for any medication. The doctors' orders may be a list of routine "_____ orders".***

   QUESTION: *While this IBN rule states "doctor's order or prescription", give examples of who else might you see an order from AND what term encompasses them all?*

   QUESTION: *If a UAP is hired to care for someone, what items will you need a prescription for?*

7. ***The patient's health must be stable and the UAP cannot accept delegation of procedures that require nursing _____ or diagnosis, the exercise of nursing _____, or requiring specialized nursing _____, _____ or _____.***

   QUESTION: *Explain the concept of stable health.*

8. ***The medications must be in the original pharmacy-dispensed medicine containers or OTC medicine containers with proper labels and directions.***

   QUESTION: *A UAP can only assist with medication in a unit dose container / pill organizer if it was filled by whom?*

DISCUSS THE IMPORTANCE OF THE UAP KNOWING AGENCY-SPECIFIC POLICIES AND PROCEDURES

QUESTION: *List reasons why everyone should complete a procedure the same way.*

QUESTION: *It is very important that the UAP does things according to their current _____ 's policies, _____, plan of care and any other guidelines provided.*

LIST SITUATIONS IN WHICH A UAP <u>CANNOT</u> ASSIST WITH A MEDICATION

1. **UAP cannot mix a medication:**

   QUESTION: *There is one exception to this rule. What is it?*

2. **UAP cannot prepare or administer injections:**

   QUESTION: *Why is the EpiPen excluded from the above rule?*

3. **<u>UAP cannot prepare, apply or adjust intermittent positive-pressure breathing machines:</u>**

   QUESTION: *Why is preparing, applying or adjusting intermittent positive-pressure breathing machines outside the scope-of-practice of a UAP?*

4. **<u>UAP cannot administer medications or feedings through a nasogastric tube</u>:**

QUESTION: *In what part of the body is the nasogastric tube inserted?*

QUESTION: *What is the danger involved in giving anything through the NG tube?*

DESCRIBE PATIENTS' RIGHTS

QUESTION: *Identify the patient right that UAP's struggle with the most when assisting with medications.*

QUESTION: *When patients exercise that right it's important for the UAP to be patient, compassionate and flexible. List three things to try that might convince the patient to respond differently.*

QUESTION: *List two essentials steps to complete if a client refuses a medication.*

Module 2: Safety Measures

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Allergic reaction	
Anaphylaxis	
Clostridium difficile (C-diff)	
Hand hygiene	
Infection	
Methicillin resistant *staphylococcus aureus* (MRSA)	
Pathogen	
Personal protective equipment (PPE)	
Side effect	
Standard precautions	
Vulnerable population	

PREVENT THE SPREAD OF INFECTION

Common ways infections are spread:

- Open areas in the _____
- _____ contact through touch
- _____ contact through transmission by touching _____ (dirty) surfaces
- Air transfer through _____ or _____
- Contaminated food, _____, _____, _____, and equipment
- Animals and _____

QUESTION: *Discuss important things to remember about:*

Antibiotics:

Resistance:

QUESTION: *Can you tell if a person has an infectious disease by looking at them?*

QUESTION: *What is the single-most important thing you can do to prevent the spread of pathogens?*

QUESTION: *If the hands are not noticeably dirty or contaminated, what else does the CDC support the use of?*

QUESTION: *At a minimum, when should standard precautions be used?*

Standard Precaution Guidelines

Hand Hygiene:

- Wash your hands after touching body _____, secretions, excretions and _____items
- Decontaminate your hands right away after _____ _____
- _____ your hands between patient or resident contacts
- Practice hand hygiene whenever needed, to avoid _____ _____ to other persons or areas
- Decontaminate your hands between tasks and procedures on the _____ person. This prevents _____-_____between different _____ _____.
- Use soap and water for _____ hand washing; alcohol-based hand sanitizers may be used to _____ hands unless they are visibly _____

Gloves:

- Wear _____when _____ blood, body fluids, secretions and excretions
- Wear gloves when touching _____items
- Wash hands for added _____ in case a glove _____
- Put on clean gloves just before touching _____ _____and non-intact _____
- Change gloves between tasks and procedures on the _____person to prevent _____-_____
- Change gloves after contacting _____ that may be highly contaminated
- Remove gloves _____ after use
- Remove contaminated gloves prior to _____ uncontaminated items and surfaces
- Remove gloves before going to another _____
- Decontaminate your hands _____ _____ after removing gloves

Masks, Eye Protection, and Face Shields:

- Wear _____, eye protection, or _____ _____ to protect against airborne pathogens and during procedures and tasks that are likely to cause _____ or _____ of blood, body fluids, secretions, and excretions

Gowns:

- Wear a gown during tasks that are likely to cause _____ or _____ of blood, body fluids, secretions, or _____
- Remove a _____gown as soon as possible
- Decontaminate hands after gown _____

DISCUSS DANGERS ASSOCIATED WITH MEDICATIONS

Working with vulnerable populations

QUESTION: *Everyone in your care should be considered to be in a* _____ population group.

QUESTION: *List factors that increase a person's vulnerability to disease.*

Allergic reactions vs. side effects

QUESTION: *An unintended action of a medication is called a* _____ _____

QUESTION: *There are five common side effects of medications. List them.*

QUESTION: *There are six common allergic reactions to medications. List them.*

Describe Anaphylaxis

QUESTION: *A life-threatening allergic response is called _____*

QUESTION: *What should you do if a person has a life-threatening allergic response?*

QUESTION: *An important thing to remember about allergies is that they can manifest _____ and at any time; even after a patient has been on a medication for _____*

Antibiotic resistant organisms

QUESTION: *C-diff and MRSA are important to know about because they are examples of infectious diseases that could be prevented or at least minimized by use of _____ _____*

Diabetic hyperglycemia and hypoglycemia

QUESTION: *What is insulin?*

QUESTION: *List three <u>life-threatening</u> signs or symptoms of hypoglycemia.*

DESCRIBE APPROPRIATE MEASURES TO TAKE FOR MEDICATION RELATED EMERGENCIES

QUESTION: *Describe what to do in any client emergency.*

LIST THE 6 "RIGHTS" OF MEDICATION ASSISTANCE AS IT PERTAINS TO THE UAP

QUESTION: *List the six rights of medication assistance.*

Right _____

Right _____

Right _____

Right _____

Right _____

Right _____

Module 3: Basic Understanding of Medications

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Anus	
Aspiration	
Auricle	
Cerumen	
Conjunctiva	
Discharge	
Ear canal	
Ear lobe	
Enteric coated	
Gastric Tube (G-tube, percutaneous endoscopic gastrostomy (PEG) tube or mickey button)	
Gastrostomy	
High Fowler's	
Lithotomy position	
Medication abuse	
Metered-dose inhaler	
Nasogastric (NG) tube	

Term	Definition
Nebulizer	
Nostril	
Oral medication	
Pre-mixed	
Pro re nata (PRN)	
Rectum	
Sims' position	
Sublingual	
Suppository	
Systemic	
Transdermal patch	
Vagina	

DESCRIBE VARIOUS MEDICATION ROUTES AS THEY APPLY TO THE UAP.

Note: each of these medication routes will be described in steps in the procedure checklists.

Oral Route

Medications are most frequently administered via the _____ route. It is _____, _____, and acceptable for most patients. Oral medications are generally given with water or other _____ _____. The patient should drink _____ _____to ensure the medication reaches the stomach. Drugs that lodge in the _____can cause irritation and may result in poor _____. Approximately _____ _____is usually sufficient. Some medication tablets may be broken if _____, or crushed if _____, and mixed with _____. There are some medications that should not be crushed or broken such as _____-_____tables and _____-_____medications. One form of time-release medication is a

_____which is a capsule containing what looks like tiny _____. If ordered, these may be opened and the "beads" sprinkled on _____. Oral medication may be in _____form, and should be measured in proper measuring _____or _____. Oral route also includes medications that are to be allowed to _____in the mouth and _____swallowed whole such as: _____, _____, lozenge, and _____forms. When these are given, they should be given _____since they are to be _____in the mouth.

Gastrostomy Route:

These are medications that are instilled directly into the patient's _____via a tube inserted _____. This opening through the skin and into the stomach is called a _____. The tube is called a _____tube which is the abbreviation for percutaneous endoscopic gastrostomy. **A PEG tube is different from a nasogastric (NG) tube which is threaded through the nose, down the back of the throat, down the esophagus and into the stomach.** UAPs do not assist with medications given through ____tubes. Patients with gastric tubes generally have a condition which prevents them from safely swallowing foods or medications _____. Most medications will be in _____ form, or tablets that can be _____. See procedure checklist for other important information about using the gastrostomy route in medication administration.

Topical Route

Topical medications are applied directly to the _____ surface. They may include _____, ointments, creams, _____, lotions, _____, sprays, and _____ _____. With the exception of transdermal patches, most topical medications are used for _____effect. Transdermal patches often contain _____or _____medications. A topical medication should not be applied until previous applications have been _____. They should not be applied to _____ or _____skin unless that is the intent. The sites of application should be _____ (as ordered) and time, date, and initials need to be recorded on the _____ as well as the _____ to insure timely dosing.

Inhaled Route

Medications given via the inhaled route are delivered in pre-mixed doses by _____ _____ inhalers or _____. They are not delivered under _____

_____, that is, the medication enters the lungs only when the patient inhales and is not forced into the lungs by pressure from a _____ machine. This route is intended to deliver medications into the _____tract by inhalation. Medications can be a liquid or a powder reduced to a fine _____ or _____. Inhaled medications are generally given to patients to ease breathing difficulties. These medications are generally _____ and should be given _____-___-_____. Following use, the patient needs to perform _____care.

Eye (optic) Route

Eye medications are usually in the form of _____ or _____. They are supplied in small _____ since each dose contains only a few drops. Eye medications often expire in __-__ weeks so any change in _____, _____, or _____of the medication should be noted and reported. Eye medications are usually given for _____ or _____ purposes. They may be given for chronic conditions, post-operatively for several weeks, for _____and to treat eye _____. Care must be taken that they are given in the correct _____ and at the correct times. It is important to practice good _____ _____in order not to contaminate the other eye. If two different medications are to be given in the same eye, wait at least ___ minutes between medications.

Ear Route

Ear medications are generally in the form of drops and are used to treat _____and _____. They are also used to soften _____. Ear drops should be at _____ _____or luke-warm, never _____. The patient should be in a comfortable position with the affected ear up, and remain in that position for about ____ minutes, repeat to the other ear if ordered. A medication-soaked _____ _____plug may be gently and loosely placed in the ear to prevent _____. A dry cotton ball will absorb the medication, so should _____be used.

Nasal Route

Nasal medications are generally instilled by _____ or _____. They may be prescription or over-the-counter medications. They are used to treat the nasal _____; to produce _____ effects on the sinuses, or for a whole-body (_____) effect. The patient should be

_____ positioned as directed depending on the form of the nasal medication. Non-_____ gloves should be worn and the utmost clean precautions should be used due to the nasal cavity connection to the _____, _____ and _____.

Vaginal Route

Vaginal medications come in the form of _____, suppositories, foams, _____, or irrigations (_____). Vaginal medications are generally used to treat _____, irritation, or _____. The medications may be prescribed or many may be purchased over-the-counter (be sure an _____suppository is ordered and on the care plan before giving to a patient). The patient is generally positioned in the _____ or _____'s position. Care must be taken to provide for the patient's _____, _____ and _____.

Rectal Route

Rectal suppositories are medications used to produce both local and _____effects. Suppositories that produce a local effect include laxatives, which promote defecation. Medications to help relieve _____, _____, bladder spasms, and pain can also be administered via rectal suppository, but produce a systemic effect. Suppositories are prescribed or many can be purchased over-the-counter (be sure an OTC suppository is _____ and on the plan of care). The patient is usually in the _____'s position. Care must be taken to provide for the patient's privacy, comfort, and dignity.

DISCUSS APPROPRIATE USE OF PRN MEDICATIONS

A PRN medication is one that is given to the client ____ _____. It must be given in the time frame and purpose ordered by the prescriber. PRN medications are those that are administered under prescribed circumstances, such as when experiencing _____ or _____. They might be _____ medications or OTC medications and are usually ordered for pain control, _____control or _____ problems (insomnia).

The role of a UAP with PRN medications

When a client requests a PRN medication, many facilities require the supervisor be notified (the supervisor may have the UAP call family in certain circumstances). These are only given

when _____by the client, or the client's _____ indicates it is needed as prescribed. For example the order may specify: "*Assist with 1 tablet of Valium 5 mg. PRN if patient has been combative for10 minutes and redirecting has not helped*".

The UAP must check the MAR for the time the medication was _____ _____. The time frame must be strictly adhered to. There is no '___ _____ _____' rule, on PRN medications. The prescribed time or longer must have elapsed. There must be a _____ order. If the medication is listed on the MAR, the UAP will know a prescriber's order is on file at the _____. In the case of an OTC PRN medication, the client's name must be on the _____and a care plan must be in place. This care plan could be abbreviated, but should include the client's name, a _____of their medications, including the OTC PRN medication, with the reason for the drug and side effects. All PRN medications must be reported to the supervising nurse (_____) and recorded on the MAR; including the name of the medication, the dose, date, time, reason given and effectiveness.

In certain circumstances, PRN medications can be administered without contacting the supervising nurse, but a _____ _____-_____ by the nurse must be present and the outcome must be fully _____ to avoid violating the IBN rule about accepting delegation of procedures requiring nursing _____ or nursing _____.

Recognizing Medication Abuse

Medication abuse is when a medication is taken for the _____ purpose, for the prescribed purpose but in the wrong _____, at the wrong _____; or _____by the wrong _____. People who are performing AWM in the home health setting need to encourage clients to _____ medications no longer needed in order to prevent misuse of those medications by family members or others. (Teens who abuse prescription medications most often start in family's medicine cabinets).

Abuse and even addiction can be seen with OTC medications. For example, a person who uses a laxative (such as Milk of Magnesia) every day for a long period of time will experience _____ on it in order to have a bowel movement. This is laxative abuse.

Dependence, as used here, is a _____ or psychological _____ to use a drug or other substance regularly, despite the fact that it is likely to have a damaging effect.

Medications that are _____ are "controlled substances" which means they are carefully accounted for by pharmacists, nurses and UAP's who assist clients taking them. Controlled substances are primarily prescribed to control _____, to control _____ and to induce _____. Controlled substances are highly regulated in the United States. The UAP will know that the medication is a controlled substance because there will be a need to _____ these medications at every shift change. If you are responsible to pick up the controlled medication, you will need to sign two different forms before receiving the medication. The controlled count sheet is used to _____ UAPs by providing proof the count is correct for both the UAP going off shift and the UAP coming on shift. It is done _____ at the same time and both people sign the sheet indicating the narcotic count is correct.

Medications given for pain control should be given _____ as they are prescribed. If a resident still complains or demonstrates uncontrolled pain, the UAP should _____ this immediately to the _____. The nurse will want to assess the patient and contact the prescriber if an increase in pain medication is indicated. Even when given as prescribed narcotic medications produce side effects that can be uncomfortable or even harmful to the client. These include ***depressed*** _____and cough, _____, nausea and vomiting and _____blood pressure. If any of these are noted, report to the supervising nurse promptly.

The '_____ _____' of medication abuse are when the client shows no non-verbal signs of pain, but asks to have their medications before the prescribed _____ or asks for them at the exact time the medication is due, becoming very _____ if asked to wait.

In addition to the client becoming addicted to a prescribed narcotic, there is also a risk of _____, including _____, stealing the patient's medication for _____use. Any concerns about any medication should be reported to the nurse supervisor promptly. If you suspect your nursing supervisor of inappropriate handling of a control substance, contact someone in the organization who has equal or higher authority than your supervisor. It is a

rare occasion when it is indicated to go over your supervisor's head with a concern, but this would be appropriate.

In the case of a caregiver abusing the medications, you may see _____of the following behaviors: discrepancies in the _____; a caregiver always requesting to care for a patient who is on a _____; or the patient is not getting any _____ _____ when the medication has been documented as given.

Module 4: Care of Medications

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Over-the-counter medication	

DESCRIBE SAFETY FACTORS FOR CORRECTLY STORING MEDICATIONS

Obviously the work setting will determine some of the details of _____and _____medications are stored. There are some general guidelines that apply in most settings for safe care of medications. These are more geared to _____ care as opposed to an individual person's home.

1. Out of _____ _____
2. At _____ _____
3. Out of reach of _____and other clients
4. _____up at all times. Controlled substances require _____ (__) locks.
5. Area for storage must be _____ and contain only _____ client's medications.
6. Caps should be kept on _____ except during the time the medication is being poured into a medicine cup. If a _____ pack breaks for any reason other than to take the medication out to administer it, it needs to be reported to the supervisor _____ administering the medication.
7. No more than _____ client's medication should be out of their assigned storage unit at one time and only while the UAP is assisting with the medications for _____ client. If another client comes to the medicine cart / area and wants a medication, they need to _____until the UAP has completed helping the first person and their medications have been _____to the proper storage area before getting out the second person's medication.

DESCRIBE ITEMS ON A PRESCRIPTION MEDICATION LABEL

1. _____
2. _____

3. _____
4. _____
    a. _____
    b. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

DISCUSS CONSIDERATIONS FOR THE UAP HELPING WITH AN OVER-THE-COUNTER MEDICATION

Over-the-counter (OTC) medications are drugs that are deemed safe enough for sale without a _____. They are products intended for the self-medication of a variety of illnesses. Due to the high risk of _____ _____and _____of OTC medications special care must be taken with their use.

When over-the-counter medications are used in a residential care setting and medication administration assistance is needed, certain criteria are required.

- _____’s _____ are required for all medications, including OTC medications
- The medication needs to be on the person’s _____ ___ _____ in the facility and the _____nurse needs to be aware of all that person’s medications
- The OTC medication is in its _____ container unless state otherwise in _____ policy.
- The resident’s _____ is on the medication
- Generally these medications are kept in the _____medication cart in the facility unless prescribers orders allow the client to keep the medication in their _____ and _____-_____

- If the UAP takes the client _____ for OTC medication, it is important to help the client see the _____ _____ on the medication. Sometimes it is an embossed area on the end of a box and very difficult to _____or _____

DESCRIBE ITEMS INCLUDED ON AN OVER THE COUNTER (OTC) MEDICATION LABEL

1. _____ of th e medication
2. The intended _____of the medication
3. _____ for use. However, use must be according to prescriber's order for _____ medication and _____ person. For example, say the package reads "Take 1 or 2 tablets as needed every 4 to 6 hours." The decisions of how many and how often would require a nurse assessment. Instead, the order should be _____ _____ and the UAP should follow it
4. _____ date
5. Client's _____ must be _____

Given the above criteria, it is easy to see the situations in which the UAP **should not** assist with giving an OTC medication:

1. Medication is not in _____ _____
2. Medication label is _____
3. Medication is _____ the _____ _____
4. The medication is not on the _____ of _____
5. It is not yet _____ to take the medication
6. The client's _____ is not on the container or _____ _____'s name is on the container

Module 5: Recording and Reporting

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Expiration date	
Medication administration record (MAR)	

DESCRIBE THE CORRECT METHODS OF RECORD-KEEPING FOR MEDICATIONS

A medication administration record (_____) is a written document that _____ patient's medications that have been ordered by the prescriber. It may be paper or electronic. The medication record is part of the patient/client's permanent _____ record. UAP's must accurately enter information into the record by "_____" or documenting all assistance provided with medications. As a legal document, the MAR's _____ is very important. Forgetting to document is the same as saying _____ _____ _____ _____ with a medication and therefore the MAR can be used to _____that a medication was not given. Facilities have a wide range of MARs, so they will look _____ in different facilities. Most will be set up as a _____ or a _____. In Home Health and CFH situations, documentation may be simply a notation on the daily _____ in the appropriate place. What ____ documented and what _____ _____ documented are both equally important.

QUESTION: *List the six of basic pieces of information included on a MAR:*

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

QUESTION: *List five rules to follow when documenting on a MAR:*

1) _____
2) _____
3) _____
4) _____
5) _____

If you have to correct an error:

1. There are two general rules when correcting an error in documentation:
    a. Draw a _____ _____ through the mistake; make sure it is still readable.
    b. Write "_____" above the mistake and sign your _____.
2. On the MAR, the error correction procedure changes; here you will draw a _____ around the error and then on the back of the MAR (or other designated place) make a notation of the _____ the error happened, what the error was (wrong date, wrong time, wrong medication, etc.) and _____ it. Some facilities have a list of these potential errors (called a key) and all you have to do is put the letter or number by the date and sign your name.
3. There will most likely be another separate form, often called a "_____ _____ _____" or "_____ report" to fill out. This report will end up in the administrator's office after the RN supervisor has reviewed it. Some facilities have the person who finds the error fill it out, sometimes it is the person who made the error and sometimes a supervisor fills it out; you will learn the correct procedure from your facility or agency.

Remember that anything you document must be _____, that is something you can see or measure; not a _____, _____ or _____. For example, if you work in a facility where there are a number of people with the flu and your client has a fever, cough, sore throat, stuffy nose and body aches (these are symptoms of the flu), you cannot say they have the flu unless a _____ has been made. It is correct to list and _____ the symptom of fever, cough, sore throat, stuffy nose and body aches.

DESCRIBE THE PROCEDURE FOR MISSED DOSES

QUESTION: *List 3 times when a single dose of medication should be disposed of:*

1. _____
2. _____
3. _____

QUESTION: *List 3 situations when a bottle of medications should be disposed of:*

1. _____
2. _____
3. _____

QUESTION: *List the two important things a UAP must do when disposing of medications:*

1. _____
2. _____

QUESTION: *In home care, whose responsibility is it to dispose of medication?*

QUESTION: *Should medications be flushed down the toilet?* _____

Why or why not?

DESCRIBE THE PROCEDURE FOR COUNTING CONTROLLED SUBSTANCES

QUESTION: *How many people must count the medications together?* _____

DESCRIBE THE APPROPRIATE INFORMATION TO REPORT TO THE SUPERVISOR

When in doubt, call your supervisor. Report **<u>any</u>** _____ in your client's condition.

Any time things are not going the way you think they should be going/have always gone, are not going the way you want them to go in order to follow procedure, or you have any

questions at all, _____ to your supervisor. That 'report' could be a _____ message, an __-_____ or a _____ message; whatever is acceptable to your facility and/or supervisor. Note: some facilities do _____ allow texting or e-mailing supervisors and these avenues should never be used in an _____. Every _____ that will happen cannot be covered so the teaching point is that _____ _____ you have any _____ or _____, call the supervisor.

Module 6: Steps in Problem-Solving

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
   _____

QUESTION: *Write an example of how you might use the steps for problem solving in your everyday life (different from instructor/student guide).*

QUESTION: *Write an example of how you might apply the problem solving steps in a work situation with a client (different from instructor/student guide).*

QUESTION: *What should the UAP do if the solution fails?*

Manual Skills

NOTE: With the exception of hand-washing and removal of contaminated gloves, these skills have the exact same pre-steps & post-steps. To reduce redundancy and size of this curriculum they have been removed from each checklist and placed here:

Pre-steps:

1	Assure written and oral instructions have been given by supervisor			Assures proper delegation of this task
2	Check care plan			Prevents medication errors
3	Wash hands			Infection control
4	Put on latex-free gloves			Prevents infection and protects client from possible exposure to latex allergen
5	Gather equipment (only 1 person's medications out at a time)			Prevents medication errors
6	Check expiration date on all medications			Expired medications may have altered potency and actions
7	Follow the six rights			Prevents medication errors
8	Introduce yourself and explain procedure			Prevents errors, increases cooperation and is respectful to client.
9	Inquire from the client the level of assistance needed			Promotes independence and allows for assistance if needed
10	Position and make client comfortable for procedure			Provides effective, efficient administration of medication and is respectful of client
11	Provide privacy if appropriate			Promotes client's rights
12	Replace gloves if contaminated			Gloves may become contaminated as you prepare the medication

Post-steps:

1	Observe for effects			Notice any unusual changes
2	Remove privacy and return client to location prior to medication assistance			Prevents social isolation
4	Clean the area			Infection control
5	Remove gloves			Infection control
6	Wash hands			Infection control
7	Put away medications			Prevents medication errors
9	Report any difficulties or unusual client reactions			Nurse may need to assess client or advise UAP of additional actions.
10	Record your actions on client MAR (paper or electronic)			Prevents medication errors and maintains correct record keeping and good coworker communications

Checklist #1: Hand-Washing

Name: _____

1	Gather equipment needed for hand-washing.			Promotes efficiency.
2	Remove hand jewelry and watch (or push up arm).			Removes potential contaminates.
3	Stand so clothing does not touch sink, but can easily reach sink and faucet handles.			Reduces spread of pathogens.
5	Adjust water temperature so it is warm.			Provides for comfort.
6	Wet hands and wrists with fingers pointed downward.			Allows dirt to run down into the sink, not up arms.
7	Apply soap.			Soap has antimicrobial properties and aids in separation of substances from the skin.
8	Rub hand together thoroughly.			Produces a lather.
9	With finger tips pointed downward cleanse all hand and nail surfaces including wrists for 20 seconds.			Action of friction removes pathogens.
10	Rinse hands thoroughly with finger tips pointed downward.			Removes soap and pathogens. Downward angle prevents microbes dripping up the arms, which are not being washed.
11	Dry hands thoroughly.			Infection control.
12	With clean dry paper towel turn water faucet off.			Microbes can move through web paper or cloth.
13	Discard paper towel.			Provides for a clean environment.

Checklist #2: Removing Contaminated Gloves

Name: _____

1	Touching only the outside of one glove, pull first glove off by pulling down from the cuff toward the fingers.			Keeps bare hands from touching outside of contaminated gloves.
2	Turn glove inside out as it comes off the first hand and hold it in the palm of the still-gloved hand.			Infection control. Allows containment of one glove inside the other.
4	With un-gloved hand reach two fingers inside remaining glove without touching the outside of the glove.			Prevents contamination of bare skin with substances on the outside of the remaining glove.
5	Pull the glove down turning inside out and over the first glove. The second glove is now held from its clean inner side and it is surrounding the first glove.			Bundles both gloves for clean and easy disposal.
6	Drop both gloves into the proper disposal receptacle.			Infection control.
7	Wash hands.			Infection control.

Checklist #3: Assistance with Oral Medications

Name: _____

1	Perform pre-steps. Assist the client, if assistance is needed, to remove the medication from the pre-filled pill organizer, bubble wrap or labeled bottle into a medication cup.			Allows client to self-medicate with assistance.
2	**Scored tablets** may be broken, if so directed, using gloved hands or with a pill cutting device. *Enteric coated tablets, time-release medications and non-scored tablets should not be or broken as it alters the effectiveness of the medication.*			Only tablets that are scored may be broken.
3	**To crush a tablet:** If using a mortar and pestle, place the tablet in a clean mortar and crush thoroughly with a clean pestle. If using a commercial pill crusher, make sure it is clean before use. Place the pill in the chamber and follow manufacturer's directions. May mix with food such as applesauce, yogurt. *Enteric coated tablets and time-release medication should not be crushed.*			Infection control. And prevents contamination of equipment with different medications. Mixing with food is more pleasant tasting.
4	Provide water or other liquid and a straw if needed, to help the client swallow the medication.			Promotes client comfort in swallowing and can improve fluid intake. At least 4 oz. helps insure med gets to the stomach.

5	To assist with **liquid medications**: Shake if directed; remove the bottle cap from the container and place cap upside down on a clean surface. Assist client to hold bottle with the label side up and the medication cup at eye level on a solid surface. Fill the cup to the correct dosage. Wipe the lip of the bottle with a clean paper towel and replace lid.			Shaking mixes ingredients that tend to separate upon standing. Placing the cap upside down on a clean surface prevents contamination of the inside of the container. Holding the bottle with the label up keeps spilled liquid from obliterating the label. Holding the medication cup at eye level ensures accurate dose. Wiping the lip of the bottle prevents the cap from sticking.
6	If using a **measuring syringe**: Pour approximate amount of medication you are going to use in a small disposable cup or medication cup. With syringe, draw up the exact amount of liquid ordered. Pour remainder of medication back into container or dispose according to instructions from the supervising nurse and re-cap the medication.			Syringe insures accurate measuring of dose. Using a cup keeps the bottle of medication from becoming contaminated by repeatedly accessing it with a syringe.
7	For **buccal** administration, assist the client to place the medication between the lower teeth and cheek until it dissolves completely.			This route allows absorption through the mucous membrane of the cheek and into the blood stream, so requires a medication to be completely dissolved.
8	For **sublingual** administration, assist the client to place the medication under the tongue until the medication dissolves completely. Give last if client has other oral meds.			Allows medication to be absorbed via mucous membranes under the tongue.
9	Observe client take medication.			Promotes client compliance.
10	Perform post-steps.			See post-step rationales.

Checklist #4: Assistance with Gastric Tube (GT) Medication

Name: _____

1	Perform pre-steps. Assure client is sitting or in a high-Fowlers position.			Reduces risk of aspiration.
2	Assist the client, if assistance is needed, to remove the medication from the prefilled labeled bottle into a medication cup and dilute with water as ordered. Some crushed tablets may be instilled if diluted and as directed and ordered. Fluids should be room temperature.			Allows client to self-medicate with assistance using correct method and route.
3	To assist with **liquid medications**: Remove the bottle cap from the container and place cap upside down on a clean surface. Assist client to hold bottle with the label side up and the medication cup at eye level. Fill the cup to the correct dosage. Wipe the lip of the bottle with clean paper towel and replace lid.			Placing the bottle cap upside down on a clean surface prevents contamination of the inside of the container. Holding the bottle with the label up keeps spilled liquid from obliterating the label. Holding the medication cup at eye level ensures an accurate dose. Wiping the lip of the bottle prevents the bottle cap from sticking.
4	Inspect site for redness, drainage. Report to supervisor if noted.			Standard check for infection.
5	Unclamp feeding tube. With a 60cc syringe withdraw gastric contents and gently re-instill contents. If no contents can be aspirated, or if blood or other contents are seen, notify supervisor immediately.			Checks for tube placement in stomach. 60cc syringe does not produce undue pressure on gastric mucosa.
6	Pour medication into 60cc syringe and allow contents to gravity flow into the G-tube and stomach. Gentle pressure using plunger may be used, but prevent air bolus entering the tube.			Allows for correct route and avoids gastric distress.

7	Do not mix medications in the tube. Flush between medications with 15 to 30 mL of water.			Prevents possible medication interactions in the tube where they might coagulate or have particles precipitate out.
8	Use liquid form of medications when possible. If pill crushing is required, follow pill crushing procedure then dissolve in warm water. Nurse supervisor must approve and instruct which pill can be crushed.			Nurse may need to ask the prescriber for liquid form of medication. Many medications should not be crushed because of absorption time and many other factors. Hot or cold water may damage stomach lining and/or cause gastric distress.
9	When administration of medication is complete, flush tubing with 60cc of water as directed.			Ensures that medication is not retained in the tube and prevents clogging of tubing.
10	Re-clamp tubing and assist the client to remain sitting for about 30 minutes, providing call light.			Reduces chance of aspiration and nausea, provides for client comfort and safety.
11	Perform post-steps.			See post-step rationales.

Checklist #5: Assistance with Topical Medications

Name: _____

1	Perform pre-steps. Expose the area to be treated and surround with towel.			Provides for privacy; Towel protects client clothing or bed linens.
2	Cleanse the area as instructed and as ordered in the client's care plan. Avoid vigorous rubbing.			Systemically absorbed medication can be affected by residue on the skin, or vigorous rubbing, which causes vasodilatation.
3	Wash hands and re-glove.			Reduces spread of microorganisms, and avoids absorptions of systemic medications by caregiver.
4	Apply medication according to direction (note any precautions).			Allows for correct application and dosage.
5	Use tongue depressor or glove to remove topical med from container and assist client to spread medication using gentle, smooth strokes in the direction of hair growth.			Infection control and comfort of patient.
6	Dispose of tongue depressor in waste container. Do NOT return depressor or unused medication to container.			Prevents contaminating container of medication.
7	If transdermal patches are used generally the site is changed each time the patch is changed. Check site for redness or any change and report to supervisor. Write date, time and initials on the patch (or on tape near patch).			Promotes effective absorption of medication and avoids skin breakdown. Reporting allows for prompt intervention by the nurse if needed. Prevents medication error or over or under-dosing with patches.
8	Perform post-steps.			See post-step rationales.

Checklist #6: Assistance with Metered Dose Inhalers (MDI) Medication

Name: _____

1	Perform pre-steps. Assist the client, if assistance is needed, to set up MDI.			Allows client to self-medicate with assistance if needed.
2	If directed, shake the pre-packaged MDI.			Thoroughly mixes the medication.
3	Assist to sitting position as tolerated.			Facilitates full expansion of lungs.
4	Place aero-chamber (spacer) onto the MDI if needed.			Provides a dead space for the medicated mist while the client inhales.
5	Advise the client to exhale.			Clears the lungs in preparation for inhalation of medication.
6	Assist the client to place mouthpiece in his mouth, forming a tight seal.			Promotes medication delivery into the lungs.
7	Have the client press down on the dispenser as the client simultaneously inhales deeply. (Assist with pressing as needed) Hold breath for 10-15 seconds.			Promotes absorption of the drug.
8	After holding breath, remove mouthpiece and exhale slowly.			Helps keep medication in the lungs as long as possible.
9	Repeat from #6 if more than one puff is ordered. Wait at least one minute between puffs.			Person may suffer hypoxia, even passing out, if asked to hold breath more frequently.
10	Provide mouth care as ordered by the care plan.			Some medications require that the client's mouth be thoroughly rinsed after use to prevent oral yeast infection.
11	Perform post-steps.			See post-step rationales.

Checklist #7: Assistance with Premixed Nebulizer Inhaled Medication

Name: _____

1	Perform pre-steps. Make sure equipment is clean, dry, table height and plugged into a properly-grounded outlet.			Promotes properly functioning, safe equipment.
2	Assist client as needed to put pre-mixed and pre-measured medication into receptacle and connect receptacle to face mask or mouthpiece as ordered.			Premixed and premeasured assures correct dosage.
3	Assist client as needed to attach tubing to nebulizer.			Proper use of equipment.
4	Turn machine on, assuring mist is present.			Assures medication is achieving aerosol form.
5	Assist client as needed to position face mask properly or to seal lips around mouthpiece.			Allows client to receive the medication.
6	Make sure all medication is gone from receptacle before ending treatment.			Assures client is receiving correct dose.
7	Turn off equipment and unplug from outlet.			Equipment safety.
8	Wash receptacle, and mouthpiece if face mask with warm running water and allow to air dry.			Infection control.
9	Perform post-steps.			See post-step rationales.

Checklist # 8: Assistance with Eye Drops and Ointments

Name: _____

1	Perform pre-steps. When checking plan of care, be sure to note which eye is to receive the medication.			Avoids medication errors.
2	Assist client to supine position with head slightly hyper-extended.			Minimizes the drainage of medication from the eyes or thru the tear duct.
3	Place a tissue below the lower lid.			Absorbs medication that may escape from the eye.
4	Assist the client to hold medication dropper ½ - ¾ inch above eye.			Reduces the risk of dropper touching eye and prevents injury to the eye.
5	Assist the client to pull lower lid down exposing lower conjunctival sac.			Positions eye for correct administration of drops.
6	Tell the client to look up and instill prescribed number of drops into center of lower lid (conjunctival sac).			Prevents injury to cornea.
7	If more than one type of eye drops are used, 5 minutes are required between different drops.			Assures one medication does not dilute the other.
8	Instruct the client to gently close eyes and move eyes or blink slowly.			Distributes solution over conjunctival surface on anterior eyeball.
9	If medication is ointment instead of drops, tell the client to look up and gently assist the client to apply the ointment along the inside edge of the entire lower eyelid, from the inner to outer canthus without touching the tube to the eye or conjunctiva.			Reduces stimulation of the blink reflex and keeps cornea out of the way of the medication. Ensures drug is applied to entire lid. Promotes infection control.
10	Perform post-steps.			See post-step rationales.

Checklist # 9 Assistance with Ear Drops

Name: _____

1	Perform pre-steps. When checking care plan, be sure to note which ear is to receive the medication.			Avoids medication errors.
2	Assist client to side-lying position with the affected ear facing up.			Facilitates the administration of the medication.
3	Straighten the ear canal by pulling the outer ear down and back for children, and back and upward for adults.			Straightens the ear canal and facilitates introduction of the medication.
4	If drainage is present, gently wipe with gauze pad and water, then discard into waste container.			Drainage may block medication contact with skin.
5	Assist the client to hold medication dropper approximately ½ inch above ear canal. Do not allow dropper to touch the ear.			Reduces the risk of dropper touching ear and prevents injury to the ear canal and infection control.
6	After assisting with administration, instruct the client to maintain the position for 5-10 minutes, providing call light.			Allows for distribution of the medication. Provides for clients safety and compliance.
7	A medication saturated cotton ball may be placed in the outermost part of the canal.			Prevents the medication from draining out if the client changes to a sitting or standing position.
8	Repeat steps #3 – 8 if other ear is to be medicated.			See rationales #3 – 8.
9	Perform post-steps.			See post-step rationales.

Checklist # 10: Assistance with Nasal Medications

Name: _____

1	Perform pre-steps. When checking care plan; be sure to note which nostril is to receive the medication.			Avoids medication errors.
2	Assist the client to blow nose and clear the nostrils of discharge as much as possible.			Discharge can block contact of medication to skin or might dilute medication.
3	Assist the client to the appropriate position. **Nose drops:** Assist client to supine position with head tilted back and neck slightly hyper-extended. **Nasal Spray:** The client is generally in an upright position.			Nasal medications are effective only if they reach the areas to be medicated.
4	Assist the client to administer the medication. **Nose drops:** Assist the client to hold medication dropper near opening of nostril, avoiding touching the sides of the nostril, as the prescribed number of drops are given. **Nasal Spray:** Ask the client to inhale while the spray is pumped. Repeat process for each number of sprays ordered.			**Nose drops:** Reduces the risk of dropper contamination with bacteria, which can contaminate entire container. Excess medication in the dropper is discarded for the same reason. **Nasal spray:** Nasal spray medications are more effective if instilled during inhalation as they will be carried farther into the nasal passages. Administer only 1 spray at a time.
6	Repeat the procedure for the other nostril if prescribed.			Most often both nostrils are treated.
7	Instruct (assist) the client to gently blot excess drainage from the nostril, but do not have the client blow his/her nose.			Blowing the nose will remove medication.
8	Assist the client to rinse mouth if needed.			Nasal medication can enter the throat and mouth, leaving an unpleasant after taste.
9	Perform post-steps.			See post-step rationales.

Checklist # 11: Assistance with Rectal Medications

Name: _____

1	Perform pre-steps. Assist client into Sims' position and place pad under client.			The Sims' position promotes bowel opening to prevent perforation. Pad prevents soiling of surface under the client.
2	Visually view the anal area.			Determines presence of bleeding or need to cleanse area prior to insertion of suppository.
3	Remove suppository from wrapper and coat pointed end with water soluble lubricant (do not use petroleum based lubricant).			Lubrication reduces friction and eases insertion. Petroleum based products may impede absorption of medication.
4	Instruct the patient to relax and take slow deep breathes. Gently assist the patient to insert suppository through the anus, past the internal sphincter, and against the rectal wall.			Prepares the client for insertion, relaxes the rectal sphincter, and minimizes pain. Correct placement insures adequate absorption and reduces expulsion of medication.
5	Wipe anal area with washcloth or tissue.			Remove lubricant externally. Promotes cleanliness and comfort.
6	Instruct the patient to remain in bed or on his/her left side for 10-20 minutes.			Keeps medication in place for better absorption.
7	Remove gloves.			Infection control.
8	Wash hands.			Infection control.
9	Place call light or remain with patient to assist to commode or toilet as needed.			Provides comfort for the resident and gives client control over situation.
10	If toileting assistance is needed, re-glove and assist as needed to clean anal area and empty and clean commode if needed.			Promotes client comfort and hygiene and promotes infection control.

11	Remove gloves.			Infection control.
12	Wash hands.			Infection control.
13	If client has a bowel movement, observe for color, consistency, amount and odor. Describe in documentation and report to supervisor if unusual.			Notice any unusual effects. Good communication between coworkers supports good client care.
14	Perform post-steps.			See post-step rationales.

Checklist # 12: Assistance with Vaginal Medications

Name: _____

1	Perform pre-steps. Position on back with knees flexed; drape so only the perineum is exposed.			Provides effective, efficient administration of medication.
3	Visually view the vaginal area.			Determines presence of bleeding or discharge and the need to cleanse area prior to insertion of suppository.
4	Remove suppository from wrapper and place in applicator. Lubricate with a water-soluble lubricant (note: cream medication will need to be injected with an applicator, but applicator use is optional with suppository).			Lubrication reduces friction and eases insertion. Petroleum based products may impede absorption of medication.
5	Instruct the patient to relax and take slow deep breathes. Gently assist the patient to insert suppository into the vaginal orifice about 3 inches, along the posterior wall.			Prepares the client for insertion, relaxes the client, and minimizes pain. Correct placement insures adequate absorption and reduces expulsion of medication.
6	Wipe area with washcloth or tissue (from front to back). Provide sanitary pad if needed.			Promotes cleanliness and comfort. Pad collects any drainage of medication as it melts.
7	Instruct the patient to remain on back or side for 20-30 minutes.			Keeps medication in place for better absorption.
8	Place call light or remain with patient to assist as needed.			Provides comfort for the resident and gives client control over situation.
9	Perform post-steps.			See post-step rationales.