

Assistance with Medications for Unlicensed Assistive Personnel

**A Student and Instructor Handbook
to Accompany the Curriculum Guide PTE #365**



**This handbook was adapted by:
College of Eastern Idaho from the PTE State Curriculum**

September 2023

Module 1: Legal Considerations

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Assistance with Medications (AWM)	A course used to train unlicensed assistive personnel to assist others with taking prescribed medications.
Assisted Living Facility (ALF)	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 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.
Plan of Care (POC)/Care Plan	A formal list identifying an individual's existing & potential needs. This may include what needs done for the client; ie., assistance with meds, side effects of meds, who to call and what to do in an emergency.
Certified Family Home (CFH)	A home in which a family member is taking care of a person with developmental disabilities who is older than the age of majority (21) or a person who is otherwise permanently incapacitated. The home may be certified to allow the UAP to be paid for care of a family member.
Competency	Having enough skill or ability to do something well. May also 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: <i>"The process by which a licensed nurse assigns tasks to be performed by others."</i> And clarifies: <i>"When delegating nursing care, the licensed nurse retains accountability for the delegated acts & the consequences of delegation."</i> https://adminrules.idaho.gov/rules/2019%20Archive%20C2/23/230101.pdf
Injectable/Injection	The act of administering a liquid, especially a drug, into the body using a needle and syringe.
Intravenous (IV)	Existing or occurring inside a vein; administered into a vein.

Licensed Practical Nurse (LPN)	A nurse who has completed a program of study & 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 provider.
Pill Organizer	Tray with dividers and lid to arrange daily doses of oral medications.
Policy and Procedure (P&P)	A policy is a rule or set of principles unique to each facility or agency. 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 client 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. 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	A person’s health status is expected to be the same tomorrow as today and yesterday with minimal variations in health care needs. 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 dose 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: IDAPA 23 (Board of Nursing.book) 23.01.01 section 490 Unlicensed Assistive Personnel

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. The 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. Where it is permitted by law, rules of the Board say licensed nurses can delegate assistance with medications for individuals who cannot take the medications by themselves. 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 a premixed nebulizer
5. Assisting with medication through a gastric tube (non nasogastric). You may also hear it called a G tube or 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 that UAP cannot assist with are covered later in this module.

Administrative Rules of the Board of Nursing

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

1. The UAP must **complete a qualified training program (like this course)** and must be 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.
5. There **must be an order (prescription)** for each treatment or medication.
6. **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.
7. The medications must be in 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).
8. **Proper measuring devices** must be provided for liquid medications.
9. A method of **record-keeping** must be maintained and include:
 - A. Method of maintaining a count of narcotic medications.
 - B. Method to write down a missed dose of medication.
 - C. 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 ensure they are within their scope of practice and covered by the law when performing care.

1. UAPs must ensure 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 perform the task.
2. UAP's may not re-delegate or turn the task over to someone else.
3. UAPs must follow a Plan of Care designed and written by a registered nurse (RN).
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 an RN).
5. UAPs must receive instructions from a licensed nurse about each medication; 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.
6. There must be a doctor's order or prescription for any medication. The orders may be on a list of routine "standing orders." Standing order (also called routine orders or prescriber preferences) means a written document containing rules, policies, procedures and orders for the conduct of client care in various stipulated situations.
7. The health status of the client must be **STABLE**. 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. Being in stable health does not necessarily mean in good health. It means the client's health is not expected to change rapidly.
8. 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.

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 client 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 also change. 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.
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 an injection (which has been filled by a pharmacy or RN) then the UAP is acting within the appropriate scope of practice if only handing the syringe to that person.
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 Respirators. This also encompasses all other ventilators and respirators. With the positive pressure breathing machine, the person does not breathe regularly and deeply (apnea or sleep apnea) so 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 medication or feedings through a nasogastric tube:*** A nasogastric(NG) tube is a type of tube which goes through the nose, down the back of the throat, down 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 leading to aspiration and/or choking the client. It takes an assessment by a licensed nurse to check proper placement of NG tubes.

DESCRIBE PATIENTS' RIGHTS

Patient "Bill of Rights" is a list of entitlements for those receiving medical care. Patients admitted to health care facilities are given a copy of their Bill of Rights upon admission.

Patients/clients have a right to refuse medications or treatments. 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 however, must not force the medication.*



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 appropriately.** 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's being charted as refused. The charting for various scenarios often differs between agencies or nurse supervisors.

MODULE 1 MANUAL SKILLS

Module 1-Legal Considerations

Check your Understanding of Module #1

1. UAPs are personally accountable for their actions when doing delegated tasks. In your own words, please list the things that must be in place for proper delegation of tasks by a licensed nurse to a UAP.

2. When must the UAP NOT accept delegation of a task?

3. If you are assigned to assist Mr. Jones with his medications and don't think you will have time. Can you ask another UAP to do it? Why or why not?

4. Who writes the Plan of Care (POC)?

5. Why does a nurse need to delegate assisting with medications and not the director of the facility?

6. What information (both written and verbal) about each medication do you expect the nurse to give you before you assist with that medication?

7. The family brings in a multivitamin. Is there anything that would prevent you from giving the vitamin to the client?

8. Explain what is meant by the client being in "stable health."

Module 2: Safety Measures (Part 1 Standard Precautions)

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 bacterium 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 multidrug 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 donning gloves whenever there is a possibility of contact with any blood, body fluid, non-intact skin or mucous 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.

PREVENTING THE SPREAD OF INFECTION

Discuss the ways infection is spread: Disease is spread by direct contact with an infected person or secretions or indirectly by touching objects contaminated by an infected person. Some organisms can be spread by mucus droplets suspended in the air.

Common ways infections are spread:



- Open areas on the skin
- Direct contact through touch
- Indirect contact by touching contaminated surfaces
- Air transfer through coughing or sneezing called “airborne.” Tuberculosis (TB) or Covid are examples of an airborne infectious disease. The infected person can spread the disease by sneezing, coughing, singing, breathing, talking or even laughing.
- Contaminated food, water utensils, dressings and equipment
- Animals and insects

Microbes

- A microorganism (microbe) is a small living plant or animal that can only be seen with a microscope.
- Microbes are everywhere.
 - Soil
 - Water
 - Air
 - Plants
 - Animals
 - Food products
 - In the human body and on the surface of the human body



Types of
Microbes

Non-Pathogen	Pathogen
<ul style="list-style-type: none">• Usually don't cause infection• But under certain circumstances can cause infection 	<ul style="list-style-type: none">• Harmful and cause disease 

Microbes & Antibiotics

Isolation:

In most situations, the UAP will not be caring for those in isolation. However, with any communicable diseases, UAPs need to know the policies & procedures of the employer agency regarding Isolation PPE & Isolation Precautions.

Who is vulnerable to infection?

Standard Precaution Guidelines

Standard precautions assume everyone is potentially Infected with an organism that can be transmitted.

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 client or resident contact.
- 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 or 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, bodyfluids, secretions or excretions.
- Remove a soiled gown as soon as possible.
- Decontaminate hands after gown removal.

Handwashing & Hand Sanitizers

Module 2 (Part 1)

Assignment # 1

****Instructor demonstrates proper handwashing technique & removal of gloves****

*Demonstrate the procedures for hand hygiene

*Demonstrate the technique of standard precautions

*Demonstrates proper technique for removing gloves

Module 2: Safety Measures (Part 2 Dangers Associated With Medications)
DISCUSS DANGERS ASSOCIATED WITH MEDICATIONS
Working with vulnerable populations

➤ All people that are in the care of a UAP are vulnerable population.

Allergic Reactions vs Side Effects

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

Describe Anaphylaxis

A person may have difficulty breathing & become unconscious & die unless help is found promptly. Allergies can manifest immediately or even after taking medications for years. In some cases, the allergens can trigger a life threatening response called anaphylaxis or anaphylactic shock. This is a 9-1-1 emergency!



Antibiotic Resistant Organisms

MRSA - Methicillin Resistant Staphylococcus Aureus. Caused by a type of staph bacteria that has become resistant to many of the antibiotics used to treat ordinary staph infections.

C-diff - Clostridium Difficile. Bacteria that infects the bowel and causes severe diarrhea. It occurs when antibiotics have killed off normal bacteria in the bowel.

Diabetic hypoglycemia & hyperglycemia

Diabetes is a chronic illness in which the body cannot produce enough insulin or cannot effectively use insulin. Insulin is needed for glucose to enter the cells of the body. When glucose cannot enter the cells, it stays in the bloodstream. Both hypo & hyperglycemia can lead to life-threatening emergencies like coma or death. You NEED to know the common signs/symptoms!

Hypoglycemia (Low Blood Sugar)	Hyperglycemia (High Blood Sugar)
Blood glucose below 60 mg/ dl (*below 50 mg/ dl is life threatening) Cool, clammy skin* Nervousness or trembling Poor coordination* Fatigue Confusion* Irritability Dizziness, blurred vision, headache Nausea Loss of consciousness*	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

*Serious signs and symptoms requiring immediate notification of an 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 a life-threatening emergency, call 9-1-1 first and then call your supervisor. Supervisors need to be notified of any change in the client's condition, normal behaviors or mental attitudes 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.

Module 2- Safety Measures (Part 2) Assignment #1

Please give a specific example of how infection is spread for each of the following means of transmission and explain how you would prevent the infection from spreading to another client.

A. Open areas in the skin

B. Direct contact

C. Indirect contact

D. Air transfer

E. Contaminated equipment

F. Animals and/or insects

The 6 "Rights" of Medication

1. Right Person (usually 2 patient identifiers needed)
2. Right Medication
3. Right Time
4. Right Route
5. Right Dose
6. Right Documentation



Module 2 - Safety Measures (Part 2) Assignment #2

Medication Rights: Please match the correct 'Right' with the medication error.

- | | |
|---------------------|------------------------|
| A. Right Route | E. Right Documentation |
| B. Right Patient | F. Right Dose |
| C. Right Time | G. No Error Made |
| D. Right Medication | |

1. ___ Mary thought she was to take her medication at 9:00 pm and did so. But, the medication was to be taken at 9:00 am.
2. ___ The UAP assisted John Smith with Abe Smith's daily vitamin tablet.
3. ___ The medication label ordered Zoloft tablets 150 mg in the morning. The UAP assisted Mrs. Jones with 3 tablets of 50 mg Zoloft tablets in the morning.
4. ___ Susan Smith's medication label reads that she is to take the medication sublingually. Susan swallows the medication.
5. ___ UAP Mary telephoned her supervisor immediately when she discovered she had missed assisting client Peter Brown with his HS medications. She documented her actions.
6. ___ You are a new employee at an Assisted Living Facility. An elderly gentleman approaches you saying his name is Jim Jones and he needs his PRN medication for arthritis pain. You assist him with medication from the medication cart for James T. Jones. You later find out there are three (3) Jim Jones' who reside at the facility. Now you are not sure if you gave the medication to the correct Jim Jones.
7. ___ The UAP is assisting home care client, Helen Spirt. The prescription calls for 15 mL of prune juice everyday. Mrs. Spirt uses one of the tablespoons from her drawer to measure the medicine. The UAP feels this is accurate because she thinks one tablespoon is equal to 15 mL.
8. ___ Mary's medication reads, "Take medication every 8 hours with food." Mary takes the medication following breakfast, lunch and dinner.
9. ___ Mrs. White lives in an assisted living facility. She went to supper with a friend. She returns at 2:20pm. Mrs. White requested her noon medication. Her next scheduled dose is at 4:00pm.

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	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 eardrum.
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 avoiding stomach irritation from the medication.
Gastric Tube, G-Tube, PEG, 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. Percutaneous Endoscopic Gastrostomy (PEG)
Gastrostomy	Surgical creation of an opening to the stomach through the abdominal wall for insertion of a G-tube or PEG tube.
High Fowler's	Sitting position with person's head raised at an angle of 80-90 degrees.

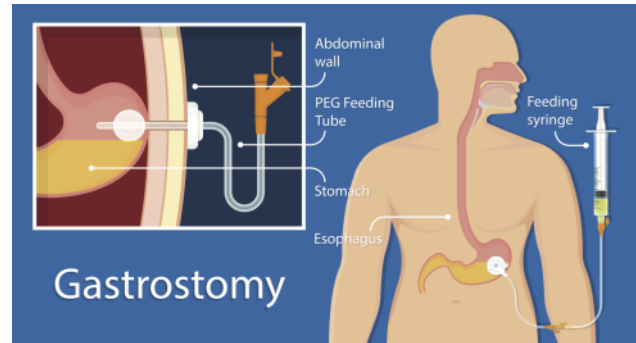
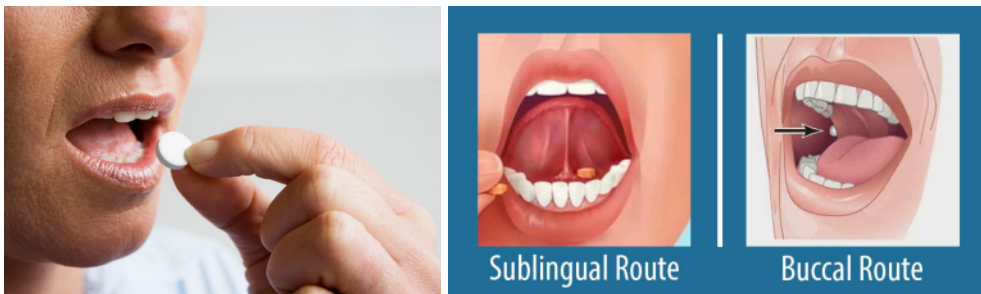
Lithotomy Position	Lying on the back with knees bent and legs spread.
Medication Abuse	When a medication is taken for the wrong purpose, for the prescribed purpose but in the wrong amount, at the wrong time or intentionally by the wrong person.
Metered Dose Inhaler	A device that delivers a specific amount 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	A 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 with the right knee and thigh drawn up. The left arm is positioned 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 for the procedure checklists.

Oral Route

- Liquid medication – Be sure to shake if directed. Place the cap on its top. These medications can be administered with either a syringe or small disposable medicine cup.
 - Includes buccal, sublingual, lozenge or spray form.
 - Sublingual medications are placed under the tongue until the medication is completely dissolved.
- Give last if the client has other medications.**
- Buccal medications are placed between the lower teeth and cheek until completely dissolved.



Gastrostomy Route

- Medications are instilled directly into a client's stomach via a tube that is surgically inserted.
- The opening through the skin is called a gastrostomy.
- The tube is called a PEG tube (Percutaneous Endoscopic Gastrostomy). This is different from an NG tube (Nasogastric tube). UAPs **CANNOT** give medications via an NG tube.
- Most of the medications will be in liquid form or tablets that can be dissolved.

Topical Route

- Pastes, ointment, powders, shampoos, sprays, lotions, creams that are applied directly to the skin surface (Used for localized effect).
- Transdermal patches can contain cardiac, hormone or pain medication. Always remove old patches before applying new patches. Must rotate sites to prevent skin breakdown. Must initial, date & time all patches. You must document the new site on MAR.
- Expose area to be treated.
- Wash hands and don gloves.
- Cleanse the area where the patch is to be placed. Avoid vigorous rubbing.
- Apply medication according to direction – do not apply to irritated or broken skin unless ordered.
- If necessary, use tongue depressor to remove medication from the container. Dispose of tongue depressor. Do not reuse to avoid contamination.
- Spread using smooth and gentle strokes in the direction of hair growth.

Inhaled Route

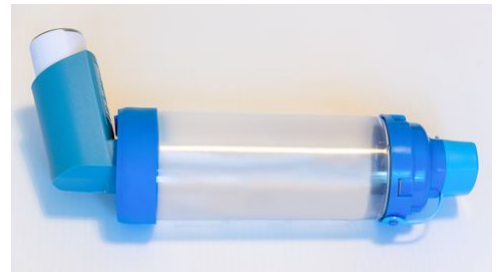
>Pre-mixed doses by handheld inhalers or nebulizers.

>For breathing difficulties.

>Only give as ordered.

>Pressurized Metered Dose Inhaler (PMDI)

**Perform oral care after dosing.



Nebulizer

Pressurized air passes through the tube and turns the liquid medicine into a mist. During an asthma attack or a respiratory infection, the mist may be easier to inhale than the spray from a pocket inhaler. When your airways become narrow — like during an asthma attack — you can't take deep breaths. For this reason, a nebulizer is a more effective way to deliver the medication than an inhaler which requires you to take a deep breath.

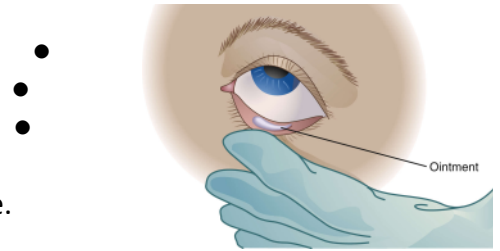


Eye Route (Otic)

Make sure you know which eye is to receive the medication.
Assist client to supine position with head slightly hyperextended.
Use a tissue to place below the lower lid.

- Assist the client to hold the medication about ½ to ¾ inch above the eye.
- Pull the lower lid down to make a pocket.
- Tell the client to look up and instill the number of drops ordered. If a client has more than one type of eye drop, wait 5 minutes between medications.
- Instruct the client to gently close eyes and move eyes or blink.
- If ointment is used, tell the client to look up and place ointment into the pocket of the lower lid from inner canthus to outer canthus.
- Never touch tips of tubes to the eye surface.

Eye medications often expire in 2-3 weeks. Any change to color, odor or texture should be reported to your supervisor.



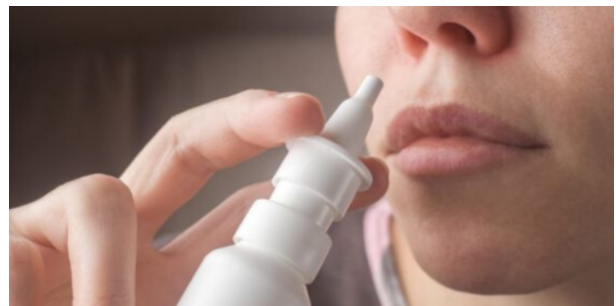
Ear Route (Otic)

- Generally, in the form of drops and used to treat infections and inflammation.
- Can also be used to soften cerumen (ear wax).
- Ear drops should be kept at room temperature. Do not refrigerate.
- The client should be in a comfortable position with the ear up for about 10 minutes. Repeat 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

- Usually drops or sprays.
- Can be a prescription or over the counter.
- Used to treat the nasal mucosa, produce effects on the sinuses or for a whole body (systemic) effect.
- Wear gloves and use clean technique because the nose connects to the sinuses, ears and eyes.



Vaginal Route - Lithotomy Position

- Lithotomy Position is lying on your back with knees bent and legs spread.
- View the vaginal area.
- Remove the suppository from the wrapper or place in the applicator.
- Lubricate with water soluble lubricant.
- Instruct the patient to relax and take some slow deep breaths.
- Gently assist the client to insert suppository into the vaginal orifice about 3 inches along the posterior wall.
- Wipe with washcloth or tissue.
- Instruct the client to remain on back for 20-30 minutes.

Rectal Route

- Assist client to Sims position and view the anal area.
- Remove suppository from wrapper & lubricate.
- Instruct the client to relax and take some slow deep breaths.
- Gently assist the client to insert suppository through the anus past the internal sphincter and against the rectal wall. (*Insert the pointed end first with your finger until it passes the muscular sphincter of the rectum, about **1 inch** in adults. If not inserted past this sphincter, the suppository may pop out. Hold buttocks together for a few seconds*).
- Wipe anal area with washcloth or tissue.
- Instruct clients to remain in bed or on their left side for 10-20 minutes.
- Remove gloves.
- Wash hands.

Sims position

On left side, right leg drawn up high and forward, left arm along back, chest forward resting on bed



**Enemas are given as above. Assistance to the bathroom is needed to allow the patient to expel any stool.*

High Fowler's Position is never used when administering vaginal or rectal medications.

DISCUSS APPROPRIATE USE OF PRN MEDICATIONS

A PRN medication is one that is given as needed to the client. It must be given in the time frame and with the 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

- All PRN medications **MUST** be reported to the supervising nurse (before given) and recorded on the MAR; include the name of the medication, dose, time, date, reason given, name of supervisor notified and the effectiveness of the drug.
- 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.
- In case of OTC PRN medication, the client's name must be on the container and a Plan of Care must be in place.

Recognizing Medication Abuse

- Medication taken for the wrong purpose, for the prescribed purpose but in the wrong amount, at the wrong times or intentionally by the wrong person.
- Can even be seen in OTC medications.
- Medications that are addictive are "Controlled Substances" and must be carefully accounted for by pharmacists, nurses and UAPs who assist clients. When using controlled substances for pain control, must give exactly as prescribed.
- Controlled count sheets are used to protect UAPs.
- Controlled medications can sometimes cause untoward side effects that can be uncomfortable or even harmful to the client: ***depressed respirations***, cough, constipation, nausea, vomiting, low blood pressure. These need to be reported to the supervising nurse immediately!
- Know the "Red Flags" of abuse. 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 client who is taking narcotics or the client is not getting any pain relief when the medication has been documented as given.

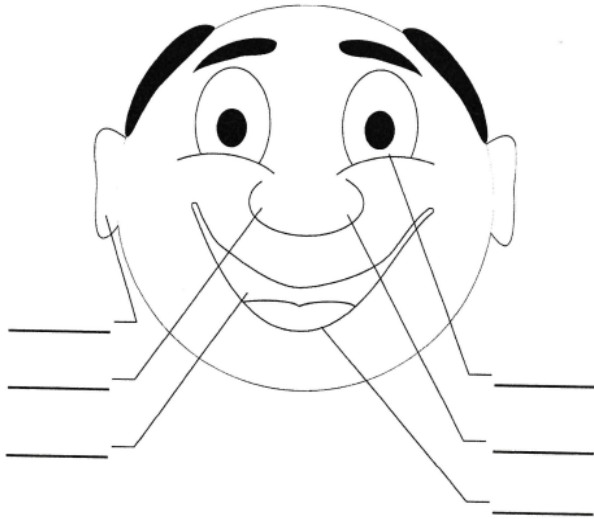
MODULE 3 MANUAL SKILLS

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

Module 3: Basic Understanding of Medications

Assignment #3-1

A client has an order for Tylenol 600 mg every 4 hours PRN for headache. The client complains of pain and asks for his Tylenol. What information do you need to know before you give it to them?



Place the correct route for medication on the line indicating the correct location.

Check your Understanding #3-3

1. When assisting with liquid medication you should use a labeled plastic medication cup. T F
2. When assisting with liquid medication you should use a pharmacy issued syringe. T F
3. When assisting with liquid medication you should use a standard teaspoon. T F

Module 4: Care of Medications

DEFINE VOCABULARY FOR THIS MODULE

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

DESCRIBE ITEMS ON A *PRESCRIPTION* MEDICATION LABEL

1. Client's name
2. Name of the medication
3. Dose of the medication
4. Directions for use; amount to take and 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; 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 or without food, taking the medication with plenty of water, refrigerating medication, etc. Watch for a colored sticker on the container or bubble pack. That sticker is placed specifically for that medication and 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 (OTC) MEDICATION

- Drugs that are deemed safe enough for sale without a prescription
- High risk of drug interactions and abuse
- Has to have *prescriber's order*
- Medication needs to be on the care plan and supervising nurse needs to be aware of all other medications
- Should be in its *original container* unless packaged by nursing personnel or pharmacist
- *Patient's name is on the medication*
- Kept in locked cart; sometimes is allowed to keep at bedside

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 the prescriber's order for that medication. For example, 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 so the UAP can assist with ordered OTC medications.
4. Expiration date
5. Client's name must be on the medication.

Given the above criteria, it is easy to see the situations in which the UAP SHOULD NEVER assist with giving an OTC medication

- Medication is not in original container
- Medication label is unreadable
- Medication is past the expiration date
- The medication is not on the Plan of Care or MAR
- It is not yet time to take the medication
- The client's name is not on the container or another person's name is on the container

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.

MODULE 4 MANUAL SKILLS

Check your Understanding #4-1

Please list the seven safety factors for correctly storing medications.

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

Check your Understanding #4-2

Please fill in the 10 items that must be on a prescription label.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Check your Understanding #4-3

Please put a Y (yes) if the following items are needed for the UAP to assist with OTC medication and N (no) if they cannot assist with the OTC medicine if that situation occurs.

- _____ 1. If the medication is not in the original container.
- _____ 2. If it is to be given at bedtime and it is 4:00pm.
- _____ 3. If it has a physician's order.
- _____ 4. If the expiration date is clear and expires in 2 days.
- _____ 5. If there are clear directions on how much and when to take it.
- _____ 6. If the nurse has added it to the POC.
- _____ 7. If it has the client's spouse's name on it.
- _____ 8. If it clearly has the name and use of the medication.

Module 5: Recording and Reporting (Documentation & Disposal)

DEFINE VOCABULARY FOR THIS MODULE

Term	Definition
Expiration Date	The date to which the manufacturer can still guarantee the full potency and safety of the drug. Past that date, a drug is said to be “outdated” or “expired.”
Medication Administration Record (MAR)	A record kept for the UAP to indicate if a medication has been administered, missed or refused; may be on paper or in electronic record.

Common Abbreviations

Abbreviation	Meaning
QD	Once Daily
BID	Twice Daily
TID	Three Times Daily
PO	By Mouth
NPO	Nothing By Mouth
HS	At Bedtime
PR	Per Rectum

Abbreviation	Meaning
OTC	Over The Counter
– c	With
– q	Every
– s	Without
mg	Milligram
mcg	Microgram

Abbreviation	Meaning
STAT	Immediately
PRN	As Needed
NKA	No Known Allergies
NKDA	No Known Drug Allergies
mEq	Milli-Equivalent
ml (cc)	Milliliter (cubic centimeter)

DESCRIBE THE CORRECT METHODS OF RECORD KEEPING FOR MEDICATIONS

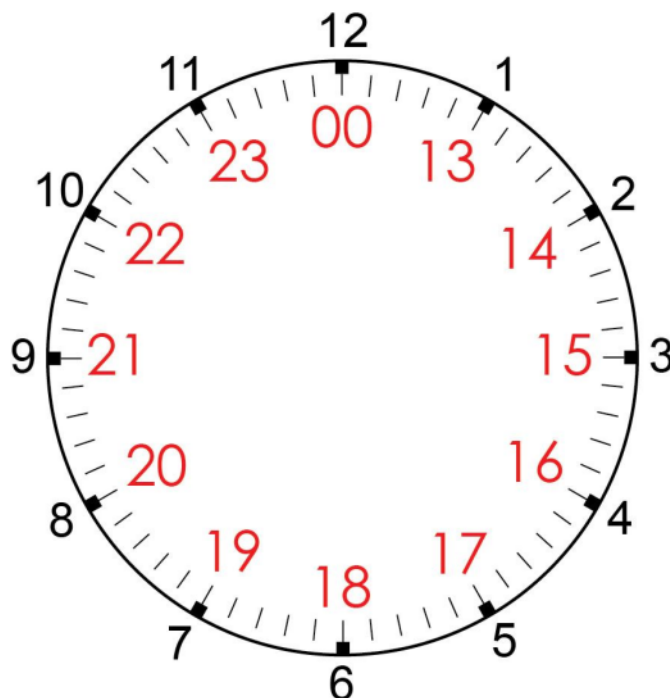
A medication administration record (MAR) is a written document that lists a client's medications ordered by the prescriber. It may be paper or electronic. No matter the setting, the MAR will need to include some basic information.

1. Name of client
2. Date of birth (DOB) of the client
3. Name of prescribed medications
4. Dosages of medications
5. Times the medications are to be taken
6. Route of administration

*There are rules to follow for the correct method of documenting on a MAR. Some methods of documenting may vary if facilities use computerized medical records.

1. There must be initials & a signature on file for everyone who documents on the MAR.
2. NEVER use "whiteout" on a medication record (or any other medical record or document).
3. Use black or blue ink only.
4. Do not change what someone else wrote.
5. Entries must be legible. Everything you write, including your signature, must be written so that it can be read clearly.

Documentation Using Military Time



Correcting Documentation Errors

- A. There are two general rules when correcting an error in documentation.
 - 1. Draw a single line through the mistake making sure the error is still readable.
 - 2. Write “error” above the mistake and sign your initials.
- B. There are two general rules when correcting an error on the MAR.
 - 1. Draw a circle around the error.
 - 2. 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) who you notified 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.
- C. 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, the person who made the error or a supervisor fill out the report. You will learn the correct procedure from your facility or agency.

Remember that anything you document must be **OBJECTIVE**— something you can see, hear, touch 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 symptoms 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. Missed doses must be documented. The supervisor may also advise you on the correct charting procedure depending on the reason there is a missed dose. Some medications can be given late unless it is close to time for the next dose, then it should not be given. 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 client spit it out
- 2. The dose was dropped on the floor once removed from the container
- 3. The client refused the medication once it is removed from the container

Bottles 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 or facility policy.
2. Have a witness to the destruction. 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.

Where to dispose of medication:

- Medications should not be thrown away in the trash due to hazards if another person (especially a child) or animal gets into the trash and ingests it. Could be fatal!
- It is NOT recommended to flush any medication down the toilet. Trace amounts of the medication can be added to the water supply after the sewage goes through the water treatment plant.
- Some pharmacies will take unwanted medications for disposal.
- Ask your supervisors for directions.

DESCRIBE THE PROCEDURE FOR COUNTING CONTROLLED SUBSTANCES

State law requires two signatures on all 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

- Any time things are not going the way you want them to go in order to follow procedure
- Any time you have any questions at all

“Report” can mean text, phone call or email. Check policies with your facility. Some may not allow texts or email. Using information identifying the client via media can be a HIPPA violation.

When in doubt, call your supervisor! Report ANY changes in your client’s condition!

****Presentation on MAR****

MODULE 5 MANUAL SKILLS

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

Module 5: Recording and Reporting

Check your Understanding #5-1

Assignment: In Class instruction on documenting on MAR. You will need to pass the Skills Test.

Manual skills: Pre-steps

1. Assure delegation with written & oral instructions has been given by your supervisor
2. Check Plan of Care
3. Wash hands
4. Put on latex free gloves
5. Gather equipment
6. Check expiration dates on all medications
7. Put away unused medication before leaving work area
8. Introduce yourself & explain procedure
9. Follow the 6 rights of medication administration
10. Ask client if assistance is needed
11. Provide privacy
12. Make sure your client is comfortable
13. Replace gloves if contaminated

Manual skills: Post-steps

1. Observe for any unusual changes
2. Remove privacy
3. Clean the area
4. Remove gloves
5. Wash hands
6. Record medication
7. Record fluid intake if ordered

Check your Understanding #5-2

When do medications need to be destroyed? Single dose:

- 1.
- 2.
- 3.

Bottle of medication:

- 1.
- 2.
- 3.

What two things are important for the UAP to do when disposing of medications?

- 1.
- 2.

Why can't medications be put in the trash?

Check your Understanding #5-3

1. Controlled substances must be counted at the beginning and end of each shift. T F
2. Controlled substances are only counted by the supervising nurse as they are narcotics. T F
3. Controlled substances are counted by both UAP's at shift change. T F
4. Controlled substances need to be recorded once a week. T F

Module 6: Steps in Problem Solving (Know The Steps)

Discuss the steps in the problem solving process

1. Identify a problem or a question.
2. Get the facts and 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.

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.
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

Module 6: Problem-Solving

Assignment #6-1

Choose one of the following problems. Using the steps in problem solving, what would you do? If you decide to contact the nurse, what information would you need to give?

1. You have just assisted a client with his medication and within fifteen minutes he is in the bathroom and has thrown up.

2. Your client comes up to you at 10:30 am and wants his 9:00 am medication. He was out of the building for a walk at 9 am. This is the second day this has happened.

3. You go to assist a client with his medications and the client complains of nausea.

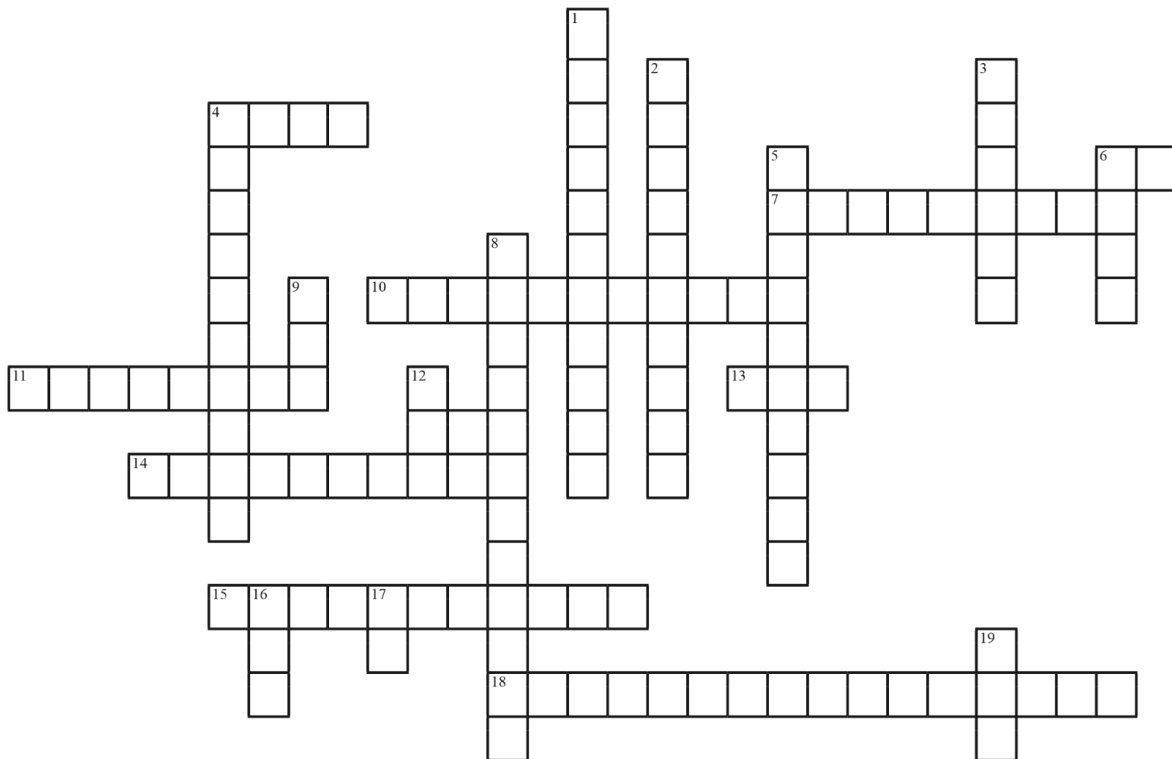
Vocabulary Crossword Puzzle

Across

4. A semi-prone position on the left side
6. Milliliter, the same measurement as cubic centimeter (cc)
7. Electrical device to turn liquid in fine mist for inhalation
10. Tube inserted into the stomach through skin
11. A microorganism that causes disease
13. Over the counter
14. A list of what needs to be done for clients
15. Severe reaction causing swelling and difficulty breathing
18. Medication given by absorption through skin

Down

1. Cone shaped medication inserted into a body opening
2. Having enough skill to do something well
3. Bacteria causing infectious diarrhea & colitis
4. Under the tongue
5. Substance inserted into the body using a needle and syringe
6. Resistant organism responsible for difficulty treating infections
8. No variations in level of health care
9. Given as needed per the doctor's order
12. No known allergies
16. Nothing by mouth
17. Bedtime
19. Document for recording administration of medication



Manual Skills

Objective

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

Please refer to the Manual Skills Checklists.

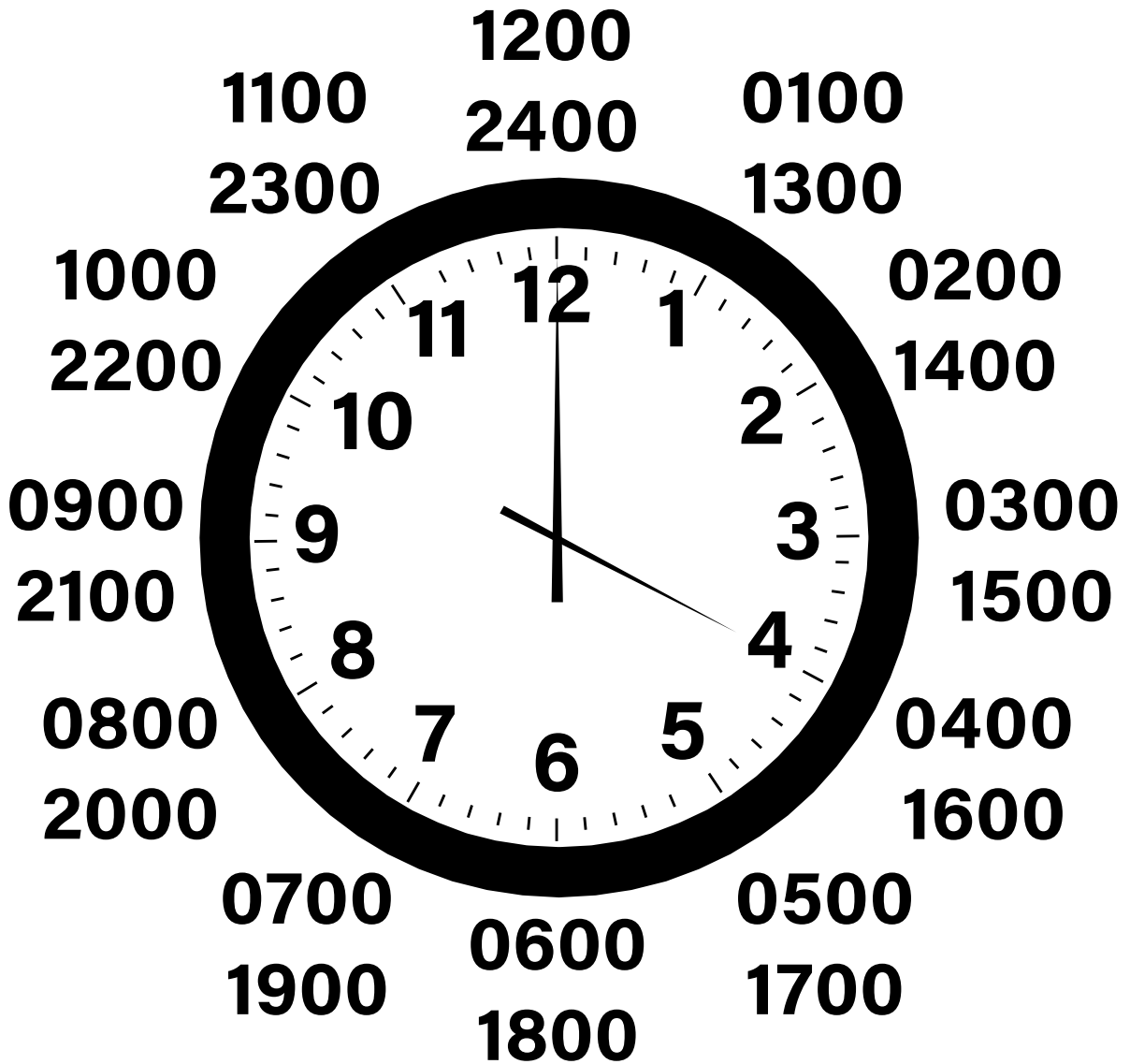
The Manual Skills for UAPs taking Assistance with Medications included in this course are:

1. Handwashing
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 inhaler (pMDI) medications
7. Assistance with premixed 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

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 the employer'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 premixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories." Various agencies may interpret this statement differently.
After successful completion of the Assistance with Medications course, can a UAP 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 retake the course?	One time. Failure to pass a written exam requires retaking the course.
What is passing on the skills demonstrations?	Students 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 the 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 course for UAP.

Military Time



HYPERGLYCEMIA (High Blood Sugar)

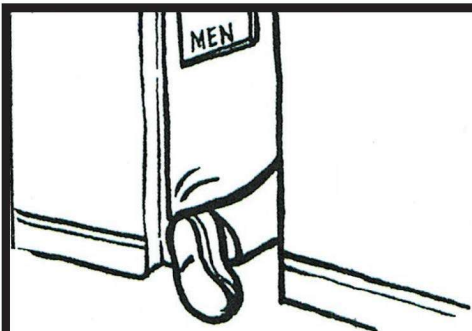
Causes: Too much food, too little insulin, illness or stress

Onset: Gradual, may progress to diabetic coma

Blood Sugar: Above 200 mg/dL

What you can do? Test blood sugar, If over 250 mg/dl for several tests, CALL YOUR DOCTOR.

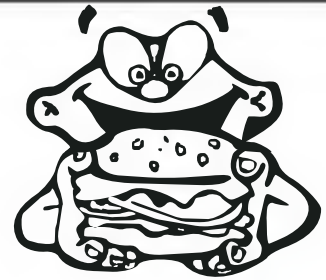
SYMPTOMS



FREQUENT URINATION



DRY SKIN



HUNGER



BLURRED VISION



DROWSINESS



NAUSEA



EXTREME THIRST

HYPOGLYCEMIA (Low Blood Sugar)



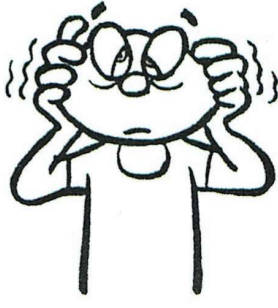







Causes: Too little food, too much insulin, too much diabetic med, or extra exercise.

Onset: Sudden, may progress to insulin shock

Blood Sugar: Below 60 mg/dL. Normal range is 70-100 mg/dL.

What you can do? Drink 1/2 cup orange juice or milk, test blood sugar, within 30 minutes after symptoms go away eat a snack of peanut butter sandwich and a glass of milk.

SYMPTOMS

 <p>A cartoon character with large eyes and a worried expression, with several sweat droplets falling from his forehead and chest.</p>	 <p>A cartoon character with a wide-eyed, nervous expression, his hands are raised near his chest.</p>	 <p>A cartoon character with a dazed expression, holding his hands to his temples. There are wavy lines around his head to indicate dizziness.</p>	 <p>A cartoon character with a wide, happy grin, holding a large sandwich with both hands.</p>
SWEATING	ANXIOUS	DIZZINESS	HUNGER
 <p>A cartoon character with a worried expression, his eyes are wide and staring, and his hands are raised near his face.</p>	 <p>A cartoon character sitting on the ground, looking exhausted and weak, with his hands near his face.</p>	 <p>A cartoon character with a pained expression, holding his hands to his temples. There are lightning bolts around his head to indicate a headache.</p>	 <p>A cartoon character with a grumpy, angry expression, his mouth is downturned and his hands are clenched into fists.</p>
IMPAIRED VISION	WEAKNESS, FATIGUE	HEADACHE	IRRITABLE
 <p>A cartoon character with a worried expression, his body is surrounded by wavy lines to indicate shaking or tremors.</p>	 <p>A cartoon character with a worried expression, his hands are raised to his chest where a heart symbol is drawn, indicating a fast heartbeat.</p>		
SHAKING	FAST HEARTBEAT		

Medication Administration Record

Resident: Mickey Mouse DOB: 02-02-1928 Month/Year Physician: Dr. Roy Disney RM: 222-A Allergies: NKDA

MEDICATION	FREQUENCY	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Prune Juice 15 ml PO once daily for constipation	Daily	800																																
Potassium XL 20 mEq PO once daily for A-fib (Take with food)	Daily	800																																
Coumadin (warfarin) 2 mg PO daily @ 5 pm	Daily	1700																																
Neurontin (gabapentin) 600mg PO three times daily for neuropathy (Crush & give with food)	TID	800 1400 2000																																

PRN Medications	FREQUENCY	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Tylenol (acetaminophen) 500 mg PO PRN q 4 hours for headache (Not to exceed 3000 mg/24 hrs)	Every 4 hours as needed	PRN																																
Vicodin (hydrocodone) 5 mg PO PRN q 8 hours for pain greater than "4" (0-10 pain scale)	Every 8 hours as needed	PRN																																

Initials	Signature	Initials	Signature

