

MEDICATION ADMINISTRATION COURSE

SELF-TEST STUDY ANSWERS

REVISED - 1998

INTRODUCTION
SELF TEST QUESTIONS

TRUE OR FALSE

- TRUE** 1. The CMA may only administer those medications ordered by a physician or dentist.
- FALSE** 2. The CMA may administer medication by Intramuscular, intravenous and subcutaneous routes.
- FALSE** 3. The CMA may receive and assume responsibility for reducing to writing oral or telephone orders from a physician.
- TRUE** 4. The CMA should record in the clients chart, doses delivered to and/or administered to client.
- TRUE** 5. The CMA is responsible to chart drug effects and side effects: obtain vital signs as indicated or ordered.
- TRUE** 6. The CMA may not administer medication by the oral inhalant route unless administering a pre-measured dosage unit provided by the manufacturer.
- TRUE** 7. The CMA may deliver pro-re-nata, PRN, as needed, medications when authorized by a licensed physician, dentist or registered nurse. This documentation must be documented in writing within 24 hours.
- TRUE** 8. The CMA may not alter medication doses as delivered from the pharmacy unless authorized by a physician or dentist.
- FALSE** 9. The CMA may administer medication in an acute care unit funded or operated by the Department of Health and Hospitals and/or Department of Social Services.

RESPONSIBILITIES IN THE AREA OF MEDICATION ADMINISTRATION AND LEGAL MANDATES

SELF-TEST QUESTIONS-Lesson 1

1. Malpractice is MALPRACTICE IS ANY IMPROPER OR INJURIOUS PRACTICE OR ANY UNSKILLFUL OR FAULTY MEDICAL TREATMENT.
2. Negligence is PERFORMING AN ACT THAT A REASONABLE PRUDENT PERSON UNDER SIMILAR CIRCUMSTANCES WOULD NOT DO, OR FAILING TO PERFORM AN ACT THAT A REASONABLE PRUDENT PERSON UNDER SIMILAR CIRCUMSTANCES WOULD DO.
3. List the "Six Medication Rights":
GIVE THE RIGHT MEDICATION
GIVE THE RIGHT DOSE
GIVE THE MEDICATION TO THE RIGHT INDIVIDUAL
GIVE MEDICATION BY THE RIGHT ROUTE
GIVE MEDICATION AT THE RIGHT TIME
PROVIDE THE RIGHT DOCUMENTATION
4. List three conditions that can cause medication errors.
LACK OF CONCENTRATION, LACK OF KNOWLEDGE, FAILURE TO FOLLOW CORRECT PROCEDURE, POOR COMMUNICATION, PERFORMING A JOB BEYOND YOUR SCOPE OF DUTY.
5. Your signature on a chart means that YOU ASSUME RESPONSIBILITY FOR THE ENTRY. YOU ADMINISTERED OR SUPERVISED THE ADMINISTRATION OF THE MEDICATION, MADE THE OBSERVATION, KNEW THAT THE CARE WAS GIVEN AS CHARTED.
6. Give four words that describe ethical behavior: HONESTY, SINCERITY, LOYALTY, DEPENDABILITY.
7. The first things to do if you make an error is REPORT TO YOUR STAFF NURSE and OBSERVE THE CLIENT FOR UNDESIRABLE EFFECTS.
8. CONTROLLED SUBSTANCES are medications that produce or sustain either mental or physical dependence.
9. There are many commonly used medications which LOOK alike and SOUND ALIKE.

BASIC PHARMACOLOGY
SELF TEST QUESTIONS - Lesson 2

1. GENERIC is the commonly used name for a drug.
2. TRADE NAME is the manufacturers name.
3. Medication Therapy may be defined as the use of substances that CURE, RELIVE, PREVENT AND DIAGNOSE disease
4. Name the four sources of medication: ANIMAL, PLANT, MINERALS AND SYNTHETIC.
5. Name the three systems of measurement used when ordering medication
APOTHECARY, METRIC AND HOUSEHOLD SYSTEM.
6. Match the following:

a) po	1) 1 cc	<u>C</u>
b) stat	2) by mouth	<u>A</u>
c) 1 ml	3) 1 tsp	<u>D</u>
d) 5 ml	4) immediately	<u>B</u>
e) 1000 ml	5) 1 quart	<u>E</u>
f) 30 cc	6) 1 grain	<u>G</u>
g) 60 mg	7) 1 fluid ounce	<u>F</u>
7. The only tablets which may be broken are those that are SCORED
8. ENTERIC COATED tablets are treated so they can pass through the stomach unchanged and then disintegrate in the intestine. They must NEVER be CRUSHED.
9. Match the following:

a) bid	1) four times a day	<u>C</u>
b) tid	2) everyday	<u>D</u>
c) qid	3) every other day	<u>F</u>
d) qd	4) before meals	<u>G</u>
e) hs	5) twice a day	<u>A</u>
f) qod	6) after meals	<u>H</u>
g) ac	7) three times a day	<u>B</u>
h) pc	8) at bedtime	<u>E</u>
i) qhs	9) every night at bedtime	<u>I</u>

10. Match the following

- | | |
|-------------|--|
| a) qh | 1) if necessary, one time only |
| b) q2h | 2) every three hours |
| c) q3h | 3) as needed, usually ordered with a certain time interval |
| d) q4h | 4) every hour |
| e) ad lib | 5) every four hours |
| f) s.o.s. | 6) every two hours |
| g) prn | 7) as desired |
| h) gtt | 8) nothing by mouth |
| i) mg | 9) blood pressure |
| j) mcg | 10) milliter |
| k) ml | 11) drop |
| l) NPO, npo | 12) microgram |
| m) gr | 13) milligram |
| n) B/P | 14) grain |
| o) ss | 15) one half |

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11. Most drugs are metabolized in the LIVER

12. List four factors which may result in a change of dosage of a medication.

CHANGES IN BODY WEIGHT

AGE

KIDNEY FUNCTION

ADDITIONS OR DELETIONS OF OTHER MEDICATIONS

FUNDAMENTALS OF MEDICATION THERAPY

SELF-TEST QUESTIONS Lesson 3

1. The most common routes of administration are ORAL and TOPICAL

2. Define:
Capsule: SMALL CYLINDRIC GELATIN CONTAINERS THAT HOLD DRY POWDER OR LIQUID DRUGS.

4. Never, CRUSH, OPEN or EMPTY time released capsules before administration.

5. Define:
Tablet: POWDERED MEDICATIONS COMPRESSED INTO SMALL DISKS.

6. Suspensions must be SHAKEN WELL before use.

7. Define:
Suppository: MIXTURES OF MEDICATIONS WITH A FIRM BASE, SUCH AS COCOA BUTTER, MOLDED INTO A SHAPE SUITABLE FOR INSERTION INTO A BODY OPENING

8. Suppositories melt at BODY temperature.

9. Define:
Lotions: SOOTHING APPLICATIONS USED TO PROTECT THE SKIN , RELIEVE RASHES AND ITCHING.

10. Define:
Desired effect: WHEN THE MEDICATION IS WORKING CORRECTLY

11. Define:
Side effects: EFFECTS PRODUCED BY THE MEDICATION OTHER THAN THE DESIRED EFFECTS

12. Side effects may be EXPECTED AND PREDICTABLE or UNEXPECTED AND UNPREDICTABLE.

13. If medications do not appear to work, the PHYSICIAN should be notified.

14. Food/Medication interactions can be the same as MEDICATION INTERACTIONS

15. Define:

Synergistic: ONE MEDICATION WILL INCREASE THE EFFECTS OF ANOTHER MEDICATION

16. Define:

Antagonistic: ONE MEDICATION WILL DECREASE THE EFFECTS OF ANOTHER MEDICATION

17. Define:

Medication Allergy: A RESPONSE WHICH MAY BE IMMEDIATE AND LIFE THREATENING OR DELAYED AND SLOW TO APPEAR.

18. Define:

Cumulation: THE BODY DOES NOT ELIMINATE ONE DOSE OF A DRUG BEFORE ANOTHER DOSE IS GIVEN

19. Define:

Addictive effect: THE PHYSICAL OR EMOTIONAL DEPENDENCE ON CERTAIN MEDICATIONS

20. A medication may be stopped but effects can last SEVERAL DAYS

PRINCIPLES AND FUNDAMENTALS OF ADMINISTERING MEDICATIONS
SELF TEST QUESTIONS Lesson 4

1. Describe the RULE OF THREE
FOR EACH DOSE OF MEDICATION, READ THE LABEL THREE TIMES
1) BEFORE REMOVING CONTAINER FROM THE MEDICINE CABINET,
2) BEFORE YOU POUR IT,
3) BEFORE REPLACING CONTAINER IN MEDICINE CABINET.
2. Chart medications only AFTER you have given them.
3. Obtain ordered vital signs BEFORE administering medications.
4. List three precautions that aid in preventing errors when administering medications:
ADDRESSING THE INDIVIDUAL BY NAME, REMAIN WITH THE INDIVIDUAL WHILE HE/SHE SWALLOW THE MEDICATION, ALWAYS CHECK THE MEDICATION SHEET TO MAKE SURE MEDICATION HAS NOT ALREADY BEEN GIVEN, DO NOT ALLOW ANYONE TO CARRY OR GIVE MEDICATION TO ANOTHER INDIVIDUAL, LISTEN TO CLIENTS' EXPRESSION OF CONCERN REGARDING MEDICATION, OBSERVE FOR UNDESIRABLE EFFECTS.
5. List three precautions that aid in preventing errors when preparing medications.
NEVER ADMINISTER MEDICATION FROM AN UNLABELED CONTAINER, NEVER BORROW MEDICATIONS FROM ONE INDIVIDUAL TO GIVE TO ANOTHER, ALWAYS PREPARE MEDICATION WITH GOOD LIGHT, CHECK LABEL THREE TIMES.
6. The omission of a medication should be reported to the nurse
AS SOON AS IT IS DISCOVERED.
7. Describe the procedure to follow when an individual refuses medication:
LISTEN TO THE REASON , EXPLAIN WHY IT IS IMPORTANT THAT HE/SHE TAKES THE MEDICATION. DOCUMENT THE EXPLANATION AND NOTIFY THE NURSE.
8. State at least four reasons other than refusal when medications might be omitted.
INABILITY OF THE INDIVIDUAL TO SWALLOW THE MEDICATION, WHEN THE CLIENT IS NPO, FOR CARDIOTONICS , A PULSE BELOW 60, IF INDIVIDUAL HAS ALCOHOL ON HIS/HER BREATH.
9. Never flush wasted or contaminated controlled substances BY YOURSELF .
10. Medication must be stored in a LOCKED cabinet.
11. Topical medications must be stored SEPARATELY from oral medications.
12. Suppositories are to be stored in THE REFRIGERATOR
13. Medications stored in the refrigerator must be kept in a LOCKED BOX

14. Labels on medication bottles must always be CLEAN and READABLE
15. When receiving medications from the pharmacy you must SIGN FOR IT, check it against the list of medications ORDERED and STORE it correctly.
16. Never pour medication into your HAND.
17. After pouring a liquid medication always WIPE the outside of the bottle with a clean wet cloth.
18. The single most important step to take to prevent the spread of infection is HANDWASHING.
19. Define Universal Precautions:
REFERS TO THE USE OF BARRIER PRECAUTIONS BY EMPLOYEES TO PREVENT DIRECT SKIN OR MUCOUS MEMBRANE CONTACT WITH BLOOD OR OTHER BODY FLUIDS THAT ARE VISIBLY CONTAMINATED WITH BLOOD
20. The best means of protection from direct exposure to blood or visibly contaminated body fluids is to wear GLOVES
21. Gloves shall be REMOVED and DISCARDED after contact with each client .
22. Scientific evidence indicates that only DIRECT contact with semen, vaginal secretions, blood, or visibly blood contaminated body fluids carries a potential risk for HIV transmission.

THE MEDICATION CYCLE

A. OBSERVING FOR PHYSICAL AND BEHAVIOR PROBLEMS AND/OR CHANGES

SELF-TEST QUESTIONS--Lesson 5-A

1. The individuals who have the most contact with the clients are: THE DIRECT CARE STAFF.
2. Define:
Objective Symptoms: A CHANGE THAT CAN BE CLEARLY SEEN
Subjective Symptoms: A CHANGE WHICH IS ONLY PERCEPTIBLE TO THE INDIVIDUAL
3. When observing the individual report ONLY THOSE SYMPTOMS THAT CAN BE CLEARLY SEEN (OBJECTIVE SYMPTOMS) to the staff nurse
4. When charting an Axillary temperature add AX after the reading.
5. When charting the general appearance of the client's skin color, note: PALLOR, FLUSHING, CYANOSIS AND/OR JAUNDICE.
6. When charting the emotional status of an individual, it is always important to describe in detail his ACTIONS.

THE MEDICATION CYCLE
B REPORTING AND RECORDING PHYSICAL AND
BEHAVIOR PROBLEMS AND/OR CHANGES

SELF-TEST QUESTIONS--Lesson 5-B

1. List some emergency conditions: EXCESSIVE BLEEDING WHICH YOU ARE UNABLE TO CONTROL, BROKEN BONES, CHOKING, NOT BREATHING, NO HEARTBEAT, BEHAVIOR WHICH POSES A THREAT TO THE INDIVIDUAL, LOSS OF CONSCIOUSNESS NOT RELATED TO A SEIZURE, PROLONGED SEIZURE ACTIVITY.

2. Get HELP, but stay with the individual until HELP arrives.

3. Can you think of some non-emergencies? A FEVER WHICH IS NOT REDUCED BY NORMAL PROCEDURES, SUCH AS ASPIRIN; REPEATED EPISODES OF ANGRY, AGGRESSIVE BEHAVIOR WHICH WHILE CONTROLLABLE, ARE NOT TYPICAL FOR THE INDIVIDUAL; DIARRHEA WHICH IS NOT AFFECTED BY PRESCRIBED MEDICATION; A RASH WHICH LASTS FOR SEVERAL DAYS OR SEEMS TO BE GETTING WORSE; INCREASED SEIZURE ACTIVITY; SEVERE SEIZURE FOR AN INDIVIDUAL WHO HAS A HISTORY OF MILD SEIZURES, COLD SYMPTOMES WHICH LAST LONGER THAN A WEEK; UNEXPLAINED BLACK AND BLUE MARKS; AND LACK OF BALANCE OR COORDINATION.

4. If you are in doubt as to whether a situation is an emergency, your best bet is to: BE ON THE SAFE SIDE AND TREAT IT AS AN EMERGENCY.

5. When should an emergency situation be reported?
AS SOON AS POSSIBLE AFTER THE SITUATION IS OBSERVED.

**THE MEDICATION CYCLE
C. ASSISTING IN VISIT TO THE PHYSICIAN
AND PHARMACIST**

SELF-TEST QUESTIONS--Lesson 5-C

1. List information you need to tell and/or give the physician:

INDIVIDUAL'S COMPLETE MEDICAL RECORD IF HE/SHE IS SEEING THE PHYSICIAN FOR THE FIRST TIME; HISTORY OF DRUG ALLERGIES; CURRENT MEDICATIONS BEING ADMINISTERED AND FOR WHAT PURPOSE (INCLUDING NON-PRESCRIPTION, OVER THE COUNTER (OTC) MEDICATIONS); CURRENT MEDICAL AND DENTAL CONDITIONS NOT BEING TREATED BY MEDICATIONS; WRITTEN OBSERVATIONS OF RECENT CHANGES IN PHYSICAL SYMPTOMS OR BEHAVIORAL SIGNS.

2. List questions you should ask about a medication:

WHAT IS THE PURPOSE AND DESIRED EFFECT OF THE MEDICATION? WHAT IS THE RESPONSE TIME? ARE THERE ANY SIDE EFFECTS THAT SHOULD BE ESPECIALLY WATCHED FOR? ARE THERE ANY POSSIBLE INTERACTIONS WITH OTHER MEDICATIONS AND/OR FOODS? ARE THERE ANY SPECIAL ADMINISTRATION OR STORAGE INSTRUCTIONS.

3. Describe Unit Dose: **A MEDICATION PACKAGE SYSTEM THAT CONTAINS THE ORDERED AMOUNT OF MEDICINE FOR A SINGLE UNIT DOSE, INDIVIDUALLY WRAPPED.**

Refer back to Clara Barton, Prescription Label and answer the following questions:

4. Is phenytoin a generic or trade name? GENERIC
5. How many times a day does Clara receive her medication? THREE
6. How many capsules does Clara take each time? ONE
7. How many capsules will be given per day? THREE
8. How many times can the prescription be refilled? TWO

9. List some questions you may have to ask the pharmacist about the medication

WHAT ARE THE SIDE EFFECTS? HOW SHOULD IT BE STORED? ARE THERE ANY DIET OR OTHER MEDICATION RESTRICTIONS?

10. List some ways to assure the individual receives medication when out of the residence: **SEND THE MEDICATION BOTTLE AS DISPENSED BY THE PHARMACIST WITH INDIVIDUAL AND/OR FAMILY. AT THE TIME THE MEDICATION IS PRESCRIBED, REQUEST THE PRESCRIBING PHYSICIAN TO WRITE A SEPERATE PRESCRIPTION FOR THE PERIOD OF ABSENCE. BRING THE MEDICATION BOTTLE TO THE PHARMACIST AND ASK HIM TO DISPENSE THE NEEDED AMOUNT INTO ANOTHER LABELED CONTAINER. ASK THE PHARMACIST TO FILL A PRESCRIPTION BY DIVIDING INTO TWO SEPERATE LABELED CONTAINERS WHEN ADVANCE KNOWLEDGE OF THE PERIOD OF ABSENCE IS KNOWN.**

THE MEDICATION CYCLE
D. RECORDING AND STORAGE OF MEDICATIONS

SELF-TEST QUESTIONS--Lesson 5-D

1. Drug supplies for each individual must be stored under the proper conditions of: SANITATION, TEMPERATURE, LIGHT, REFRIGERATION AND MOISTURE.

2. Bottles must always be CAPPED when not in use to prevent deterioration of the medicine.

3. List the 3 conditions which must be met before over the counter drugs may be administered: THE PHYSICIAN ORDERED THE MEDICATION; THE MEDICATION IS MAINTAINED IN THE ORIGINAL CONTAINER; THE INDIVIDUAL'S NAME IS TAPED TO THE CONTAINER AS NOT TO OBSCURE THE ORIGINAL LABEL.

4. Any drug container having a detached or unreadable label must be: RETURNED TO THE PHARMACY FOR RE-LABELING.

5. The area in which medications for external use are stored, must be marked: "EXTERNAL MEDICATIONS"

MEDICATION ADMINISTRATION

SELF-TEST QUESTIONS--Lesson 6

1. List the "Six Rights" of medication administration:
RIGHT MEDICATION
RIGHT DOSE
RIGHT INDIVIDUAL
RIGHT ROUTE
RIGHT TIME
RIGHT DOCUMENTATION
2. Describe procedure to determine right individual: COMPARE THE NAME ON THE MEDICATION SHEET WITH THE INDIVIDUAL'S PHOTO / ID BAND (OR OTHER MEANS OF IDENTIFYING INDIVIDUAL
3. Describe procedure to determine right medication: COMPARE THE LABEL ON THE MEDICATION CONTAINER WITH THE INDIVIDUAL'S MEDICATION SHEET.
4. Describe procedure to determine right dosage: COMPARE THE ORDER ON THE MEDICATION SHEET WITH THE LABEL ON THE MEDICATION.
5. Medications should be administered as ORDERED.
6. If a medication is to be administered at 9:00 a.m., it can be given from 8:00 A.M. TO 10:00 A.M.
7. Describe procedure to determine right route COMPARE THE MEDICATION SHEET AND THE LABEL
8. Documentation that a medication was given is done: AFTER administration.
9. List some DO's and DON'Ts of medication administration: DO GIVE YOUR FULL ATTENTION TO THE TASK; DO REMAIN WITH THE INDIVIDUAL UNTIL THE MEDICATION HAS BEEN TAKEN; DO PREPARE MEDICATION FOR ONLY ONE INDIVIDUAL AT A TIME; DON'T GIVE A MEDICATION FROM A CONTAINER WHICH HAS A LABEL THAT CANNOT BE READ; DON'T GIVE A MEDICATION FROM ANOTHER PERSON'S CONTAINER; DON'T TRY TO HIDE A MEDICATION ERROR.

10. The MAR is a record that describes the medications used by the individual, the dose, the route and the times the medication is to be taken

11. A medication that is given "as needed" is called a PRN medication.

12. When a medication error occurs, you must IMMEDIATELY REPORT and RECORD the error.

13. A medication error occurs when any one or more of the "SIX RIGHTS" of medication administration is violated.

14. List examples of violations in medication administration which results in medication errors: THE WRONG INDIVIDUAL WAS GIVEN A MEDICATION; THE WRONG MEDICATION WAS GIVEN TO AN INDIVIDUAL; THE WRONG DASAGE WAS GIVEN TO AN INDIVIDUAL; A MEDICATION WAS ADMINISTERED AT THE WRONG TIME TO AN INDIVIDUAL, OR A MEDICATION WAS NOT GIVEN AT ALL; A MEDICATION WAS ADMINISTERED BY THE WRONG ROUTE.

15. List four occasions when not to give medications: DISCREPANCY WITH MEDICATION LABEL; INDIVIDUAL EXHIBITS A DRAMATIC CHANGE IN STATUS; WRONG INDIVIDUAL, MEDICATION, TIME OR ROUTE; INDIVIDUAL REFUSES TO TAKE MEDICATION.

DOCUMENTATION

DOCUMENTATION

SELF-TEST QUESTIONS--Lesson 7

- I or F 1. Legibility is not very important on the chart.
- T or F 2. You may use white out or liquid paper on the record.
- I or F 3. The date and time of an entry are very important parts of the record.
- T or F 4. Chart what you see, hear, smell, touch and what you think or feel.
5. Every medication given must be charted for the correct individual and include the following information.
1. NAME AND DOSAGE OF MEDICATION
 2. TIME OF ADMINISTRATION
 3. ROUTE OF ADMINISTRATION
6. Name the parts of a medication order.
INDIVIDUAL'S NAME, NAME OF MEDICATION, ROUTE OF ADMINISTRATION, FREQUENCY OF ADMINISTRATION, DOSAGE, DURATION, DOCTOR'S SIGNATURE, MISC. INFORMATION (NUMBER OF REFILLS, TAKE ON EMPTY STOMACH)
7. Routine medication are charted by putting your INITIALS in the appropriate box on the medication record, and by SIGNING your complete name and title in the appropriate space.
8. The effects of PRN medications must be charted after an appropriate period of time.
9. If a medication is not charted and legible, it is NOT CONSIDERED DONE.

INTRODUCTION TO USE OF MEDICATION REFERENCES

INTRODUCTION TO USE OF MEDICATION REFERENCES

SELF-TEST QUESTIONS--Lesson 8

1. The initials PDR stands for PHYSICIANS DESK REFERENCE
2. The PDR is divided into 6 sections.
3. Which section of the PDR would you find a color picture of the drug product?
SECTION 5
4. Which section list drug products alphabetically by brand names?
2.
5. A FORMULARY is a list of drugs most commonly used in your agency and developed by the pharmacist.
6. A package brochure must accompany each package of the drug product and be approved by the FOOD AND DRUG ADMINISTRATION before the product is released for marketing.

MEDICATION CLASSIFICATIONS - OVERVIEW

SELF-TEST QUESTIONS-Lesson 9

MEDICATION CLASSIFICATIONS - OVERVIEW

SELF-TEST QUESTIONS--Lesson 9

1. Define the term classification: A MEANS TO ARRANGE OR PUT IN A CLASS ON THE BASIS OF RESEMBLANCES OR DIFFERENCES.

2. Give the action of the following classifications:
 - a. antacids: NEUTRALIZES ACIDITY
 - b. steroids: DECREASES INFLAMMATION
 - c. urinary antiseptics: PREVENTS GROWTH OF DISEASE PRODUCING ORGANISM
 - d. diuretics: DECREASE B/P, INCREASE URINARY OUTPUT

3. List two adverse effects of the following classifications:
 - a. antidiarrheals: CONSTIPATION, DROWSINESS
 - b. saline laxatives: DIARRHEA, CRAMPING
 - c. non-steroidal/
anti-inflammatory agents: NAUSEA, VOMITING, HEADACHE
 - d. adrenergic blocking agents: DIZZINESS, WEAKNESS

4. Give the classification for each drug:
 - a. Propoxyphene (Darvon) NON NARCOTIC ANALGESIC
 - b. Nalidixic acid (NegGram) URINARY ANTISEPTIC
 - c. Furosemide (Lasix) DIURETIC
 - d. Magnesium salts (Milk of Magnesia) SALINE LAXATIVE
 - e. Levodopa-carbidopa (Sinemet) ANTI-PARKINSON
 - f. Auralgan EAR MEDICATION
 - g. Methyldopa (Aldomet) ADRENERGIC BLOCKER
 - h. Diphenhydramine (Benadryl) ANTIHISTAMINE
 - i. Folic Acid VITAMIN
 - j. Kenalog STERIOD
 - k. Indomethacin (Indocin) NSAIA
 - l. Dexamethasone (Decadron) STERIOD
 - m. Loperamide (Imodium) ANTIDIARRHEAL
 - n. Meperidine HCl (Demerol) ANALGESIC
 - o. Ortho-Novum ORAL CONTRACEPTIVE

VITAMINS AND MINERALS

SELF-TEST QUESTIONS--Lesson 10, Section 1

1. Eating a WELL BALANCED diet will provide adequate vitamins and minerals.
2. List four periods when additional vitamins and minerals may be required.
POOR NUTRITION, ILLNESS, PREGNANCY, PERIODS OF GROWTH.
3. List your responsibilities when administering vitamins and minerals.
FOLLOW LABEL DIRECTIONS AND STORE IN A COOL, DARK PLACE.
4. Define:
Hematinic: IRON PREPARATIONS
5. List two (2) side effects of Hematinics.
 1. ABDOMINAL CRAMPING
 2. CONSTIPATION
6. Side effects can be reduced if: HEMATINICS ARE GIVEN RIGHT AFTER MEALS AND THE INDIVIDUAL IS ENCOURAGED TO DRINK AT LEAST 6 GLASSES OF FLUIDS PER DAY.
7. Liquid iron preparations should be given through a STRAW.

MEDICATIONS THAT AFFECT THE RESPIRATORY SYSTEM

SELF-TEST QUESTIONS--Lesson 10, Section 2

1. List the symptoms of an allergic response: RED WATERY EYES, SNEEZING, RUNNY NOSE, RASH, HIVES.
2. Symptoms of anaphylactic shock are: SHORTNESS OF BREATH, NECK & FACIAL SWELLING, DECREASED B/P, WEAK FAST PULSE.
3. Anaphylactic shock may be caused by: MEDICATIONS, BEE STINGS.
4. Define. Antihistamine: MEDICATIONS THAT REDUCE THE AFFECTS OF HISTAMINE
5. Antihistamines are used for: HIVES, INSECT BITES, TO RELIEVE ALLERGY SYMPTOMS, PREVENT MOITION SICKNESS.
6. Most common side effects of antihistamines are: DROWSINESS, DRY MOUTH.
7. Define. Expectorant: MEDICATIONS THAT BREAK UP MUCOUS AND FACILITATES ITS EXPULSION FROM THE LUNGS.
8. Define. Antitussives: SUPRESSES COUGH REFLEX
9. Two cautions to observe: CONTENTS OF SUGAR & ALCOHOL.
10. List three (3) side effects of cough preparations: NAUSEA, VOMITING, DROWSINESS
11. Define. Bronchodilators: MEDICATIONS THAT RELAX THE CONSTRICTION OF THE BRONCHIAL TREE.
12. List the side effects of bronchodilators: NERVOUSNESS, HEADACHE, NAUSEA, VOMITING, SEATING, RESTLESSNESS
13. Antitubercular medications are used to treat: TUBERCULOSIS.
14. List side effects of antitubercular medications NAUSEA, FEVER, VOMITING, RASH.
15. The possibility of nausea and vomiting may be REDUCED by giving medications AFTER meals.

**GENERAL AND LOCAL ANTI-INFECTIVES
SELF-TEST QUESTIONS--Lesson 10, Section 3**

1. Antibiotic medications are used to DESTROY or control bacteria.
2. Some antibiotics are BACTERIAL SPECIFIC for certain bacteria.
3. Bacteria can be gram POSITIVE or gram NEGATIVE.
4. Broad spectrum antibiotics have a BROAD RANGE of activity.
5. Narrow spectrum antibiotics have a narrow NARROW RANGE of activity.
6. If a individual is seriously ill, he/she may be given a BROAD SPECTRUM antibiotic prior to lab results.
7. Always read label for STORAGE directions.
8. Before giving ANTIBIOTICS check the EXPIRATION date.
9. Antibiotics should not be used for MINOR infections. With frequent use of antibiotics a body can become RESISTANT.
10. An allergic reaction is the body's reaction to A FOREIGN substance.
11. Toxic effect can be LIFE THREATENING and leave permanent DAMAGE.
12. Toxic reactions are RARE but are SERIOUS when they occur.
13. Possible signs of toxic reactions are: DECREASED URINARY UTPUT; CHANGE IN SKIN COLOR; LACK OF ENERGY; HEARING IMPAIRMENT.
14. Never administer an antibiotic unless you are sure the individual has never had an ALLERGIC reaction.
15. If a individual has had an ALLERGY it must be DOCUMENTED and reported.
16. List responsibilities when administering antibiotics: OBSERVE FOR TOXIC REACTIONS, ALLERGIC REACTIONS AND SERIOUS INFECTIONS; INQUIRE FOR HISTORY OF ALLERGIES; READ LABEL FOR STORAGE DIRECTIONS AND EXPIRATION DATE; GIVE ANTIBIOTICS ON TIME; USE ENTIRE PRESCRIPTION UNLESS ORDER IS CHANGED.
17. Define. Antifungal Agents: TREAT FUNGAL INFECTIONS OF THE HAIR, SKIN, NAILS, MOUTH AND VAGINA.
18. Define. Amebicides: DESTROY AMOEBA-TYPE INFECTIONS.
19. Define. Trichomonacides DESTROYS TRICHOMONAL INFECTIONS.

20. List responsibilities when administering:

Amebicides: OBSERVE INDIVIDUALS CLOSELY AND ENCOURAGE GOOD HYGIENE.

Trichomonacides: INSTRUCT INDIVIDUALS IN DOUCHING. TEACH METHODS OF VAGINAL SUPPOSITORY INSERTION. ENCOURAGE INDIVIDUALS NOT TO HAVE SEXUAL INTERCOURSE UNTIL INFECTION IS CLEARED.

21. Kwell should never be used on OPEN skin areas.

22. List the forms that Kwell comes in: LOITION, SHAMPOO, CREAM.

23. List directions for use of Kwell for scabies or lice on body: BATHE ENTIRE BODY WITH SOAP AND WATER. APPLY LOTION CREAM TO ENTIRE BODY FROM NECK TO TOES. WAIT 24 HOURS, THEN WASH OFF MEDICATION (BATHE INDIVIDUAL).

24. List directions for use of Kwell for head lice: SHAMPOO WITH KWELL. WORK IN LATHER FOR 4 - 5 MINUTES. RINSE HAIR AND DRY. COMB HAIR WITH FINE TOOTH COMB TO REMOVE NITS.

25. List cautions: 1. IF ONE INDIVIDUAL HAS AN INFECTION, ALL INDIVIDUALS IN CLOSE CONTACT SHOULD BE EXAMINED. 2. ALL CLOTHING AND BEDDING SHOULD BE MACHINE WASHED OR DRY CLEANED.

26. Define. Anthelmintics: DESTROY WORM INFECTIONS.

List side effects of Anthelmintics: NAUSEA, FEVER, HEADACHE, DIARRHEA.

MEDICATIONS THAT AFFECT THE CARDIOVASCULAR SYSTEM

SELF-TEST QUESTIONS--Lesson 10, Section 4

1. What is the action of Digitalis? TO SLOW AND STRENGTHEN THE HEARTBEAT.
2. Digitalis preparations have SIMILAR spelling.
3. If the pulse is 60 or below, you should request further guidance before administering Digitalis preparations.
4. List side effects of Digitalis preparations: LOSS OF APPETITE, VISUAL DISTURBANCES, NAUSEA/VOMITING, HEADACHE, DIARRHEA.
5. Define. Antiarrhythmic Medications: USED TO CORRECT DISORDERS OF THE HEAR RATE AND RHYTHM.
6. Two responsibilities when administering antiarrhythmic medications include: MONITORING OF THE BLOOD PRESSURE AND THE PULSE.
7. List possible side effects of Antiarrhythmics: RINGING IN THE EARS, CONFUSION, MENTAL DEPRESSION, HEADACHE, NAUSEA/VOMITING.
8. Vasodilators may be used to prevent CHEST pain and increase CIRCULATION.
9. Define. Sublingual TABLET HELD UNDER THE TONGUE AND ALLOWED TO DISSOLVE.
10. List side effects of Vasodilators: HEADACHE, LOW BLOOD PRESSURE, NAUSEA/VOMITING, DIZZINESS, WEAKNESS, SKIN RASHES.
11. Salt can contribute to HYPERTENSION.
12. Diuretics INCREASE urine and salt excretion.
13. Potassium is necessary for SKELETAL and HEART MUSCLE function.
14. Signs of potassium depletion are: MUSCLE WEAKNESS, IRREGULAR HEARBEAT, FATIGUE, LEG CRAMPS.
15. Responsibilities when administering diuretics are: OBSERVE FOR SIGNS OF LOW POTASSIUM, ENCOURAGE FOODS HIGH IN POTASSIUM, MONITOR BLOOD PRESSUR, GIVE MEDICATION IN THE MORNING.
16. Define:
Antihypertensives: USED TO TREAT HIGH BLOOD PRESSURE.
17. Major caution with Antihypertensives is to monitor BLOOD PRESSURE
18. List possible side effects of Antihypertensive medications: FATIGUE, DIZZINESS, NASAL CONGESTION, LOSS OF APPETITE, DRYNESS OF MOUTH.
19. Two Most common side effects are: NASAL CONGESTION, DRYNESS OF MOUTH.

20. Anticoagulants are medications which DECREASE CLOT FORMATION.
Coagulants INCREASE clot formation.
21. Signs of hemorrhage are: NOSEBLEEDS, BLOOD IN STOOLS, BLEEDING GUMS, BLACK AND BLUE MARKS, BLOOD IN URINE, CHANGE IN VITAL SIGNS.
22. When an individual is on ANTICOAGULANT therapy, PROTHROMBIN TIME should be done routinely and whenever stopping and starting another medication.

MEDICATIONS THAT AFFECT THE URINARY SYSTEM
SELF-TEST QUESTIONS--Lesson 10, Section 5

1. Sulfonamides are used to treat URINARY TRACT INFECTIONS.
2. List two responsibilities: AVOID FOODS HIGH IN CALCIUM, INCREASE FLUID INTAKE.
3. List side effects: NAUSEA, VOMITING, BLOOD IN URINE, DIARRHEA, SKIN RASH.
4. Once an individual has urinary tract infection, it is likely to REOCCUR.
5. Urinary antiseptics may CHANGE The color of urine and cause stomach UPSET
6. List your responsibilities: INFORM INDIVIDUAL OF COLOR CHANGE IN URINE, ENCOURAGE FLUID INTAKE OF 1 - 2 QUARTS/DAY, FIND OUT IF ACID OR BASE MEDIUM IS DESIRED.
7. When a urinary antiseptic has AZO before the name, PYRIDIUM has been added.
8. Urecholine RELIEVES urinary retention.
9. Side effects associated with urecholine include: CRAMPING, DIARRHEA, HEADACHE.

MEDICATIONS THAT AFFECT THE NERVOUS SYSTEM
SELF-TEST QUESTIONS--Lesson 10, Section 6

1. C.N.S. stimulants will:

Increase SHARPNESS OF SENSATION AND PERCEPTION.

Increase BODY ACTIVITY

Increase ALERTNESS AND CONCENTRATION

Suppress FATIGUE AND INHIBIT SLEEP

2. Caffeine is a mild C. N. S. stimulant.

3. List side effects of Caffeine: INABILITY TO SLEEP (INSOMNIA), RESTLESSNESS/NERVOUSNESS, INCREASES HEART RATE.

4. Amphetamines are C. N. S. stimulants.

5. Amphetamines may be used to treat DEPRESSION, but are more often used for HYPERKINETIC children.

6. List common side effects of amphetamines: LOSS OF APPETITE, DRY MOUTH, FAST HEART RATE, HIGH BLOOD PRESSURE, RESTLESSNESS, INABILITY TO SLEEP.

7. Central Nervous System depressants will:

Decrease SHARPNESS OF SENSATION AND PERCEPTION OF STIMULI

Lessen BODY ACTIVITY

Decrease ALERTNESS AND CONCENTRATION

Promote DROWSINESS AND SLEEP

8. Define:

Hypnotic: USED TO PRODUCE SLEEP

Sedative: QUIETS AND RELAXES A PERSON WITHOUT PRODUCING SLEEP

9. List side effects of sedative-hypnotics: DROWSINESS, LETHARGY, DRY MOUTH, POOR BALANCE.
10. The major caution associated with sedative-hypnotics is ADDICTION.
11. Can you think of ways to calm a individual other than drugs? QUIET ENVIRONMENT, WARM MILK, REASSURANCE.
12. Sedative-hypnotics will interact with ANTIHYPERTENSIVES, TRANQUILIZERS, ANTIHISTAMINES, ALCOHOL.
13. Alcohol is a C.N.S DEPRESSANT.
(Continue) Page 2 MEDICATIONS THAT AFFECT THE NERVOUS SYSTEM
SELF-TEST QUESTIONS--Lesson 10, Section 6
14. Sedative hypnotics reduce effectiveness of: ANTICOAGULANTS, ORAL CONTRACEPTIVES.
15. Major life threatening side effects of sedative hypnotics: SLURRED SPEECH, DEPRESSED RESPIRATIONS, TREMORS.
16. If you observe life threatening signs, immediately NOTIFY the physician or nurse.
17. Define:
Analgesics: RELIEVES PAIN .
18. Two classes of analgesics are: NARCOTIC, NON-NARCOTIC .
19. Narcotic analgesics are capable of ALTERING OR RELIEVING SEVERE PAIN.
20. Common side effects of narcotics are: SLOW RESPIRATIONS, SWEATING, CONSTIPATION, NAUSEA/VOMITING.
21. When individuals are taking narcotics, the rate RESPIRATORY RATE should be checked.
22. Define:
Antipyretics REDUCES FEVER .
Anti-inflammatory: REDUCES PAIN ASSOCIATED WITH INFLAMMATION.

23. List side effects of analgesics: RINGING IN THE EARS (TINNITUS), NAUSEA, HEADACHE
24. When possible, administer salicylates with MILK or after MEALS.
25. Define:
Anti-Anxiety Medications: USED TO TREAT MILD/MODERATE STATES OF EMOTIONAL UPSET.
26. Anti-Anxiety Medications can cause MENTAL and PHYSICAL dependence
27. List side effects of anti-Anxiety Medications ALLERGIC REACTIONS, LOW BLOOD PRESSURE, NAUSEA/VOMITING, SLURRED SPEECH.
28. When taking anti-anxiety medication, stomach distress can be minimized by: GIVING WITH OR AFTER MEALS.
29. Define:
Antipsychotic Medications: USED TO TREAT AGGRESSIVE AND AGITATED BEHAVIOR.
30. List the severe side effects of antipsychotics: TREMORS OF HANDS AND FEET, RESTLESSNESS, SHUFFLING WALK, BODY RIGIDITY.
31. Define:
Tardive Dyskinesia: COMBINATION OF EPS AND MORE SEVERE, IRREVERSIBLE SIDE EFFECTS AROUND THE MOUTH AND JAWS, AS WELL AS SOME INTERNAL CHANGES.
32. List some signs of a blood dyscrasia: TIRED, ACHING FEELING, SORE THROAT, SWOLLEN GLANDS IN THE NECK.
33. Antidepressants will relieve and DEPRESSION and ANXIETY.
34. List side effects of Antidepressants: DRY MOUTH, LOW BLOOD PRESSURE, CONSTIPATION, DROWSINESS.
35. FOODS RICH IN TYRAMINE should be avoided when individual is taking MA01 medications.

36. LITHIUM is a medication used for individuals who are diagnosed as manic-depressives.
37. Anticonvulsants are used to control: CHRONIC SEIZURES.
38. List side effects of Anticonvulsants: DIZZINESS, INCREASED HAIR GROWTH, VISUAL DISTURBANCES, SKIN RASHES, GASTRIC DISTRESS, GUM OVERGROWTH.
39. A way to decrease gum overgrowth is: GOOD HYGIENE.
40. Always give Anticonvulsants with large amounts of FLUIDS OR AFTER MEALS.

MEDICATIONS THAT AFFECT THE ENDOCRINE SYSTEM

SELF-TEST QUESTIONS--Lesson 10, Section 7

1. Define: Diabetes Mellitus: BODY'S INABILITY TO EFFICIENTLY BURN CARBOHYDRATES
2. List the functions of insulin: TRANSPORTS SUGAR INTO CELLS, CONTROLS THE RATE OF SUGAR USED FOR ENERGY, STORES SUGAR IN THE BODY FOR USE LATER, ASSISTS WITH STORAGE OF FAT, STIMULATES PROTEIN TISSUE GROWTH
3. List the most common signs of Diabetes Mellitus: INCREASED THIRST, INCREASED URINE OUTPUT, WEIGHT LOSS, SLOW WOUND HEALING, INCREASED APPETITE, FRUITY ODOR TO BREATH

4. Complete the Chart:

Causes of Insulin shock TOO MUCH INSULIN, TOO LITTLE FOOD, EXCESSIVE EXERCISE, VOMITING

Onset: SUDDEN, WITHIN MINUTES

Signs: SKIN PALE AND MOIST, WEAK, HUNGRY, NERVOUSNESS, HEADACHE, DIZZINESS, VISUAL CHANGES, ALTERATIONS IN CONSCIOUSNESS, FAINTING, SEIZURES, COMA

First aid measure for shock: GIVE ORANGE JUICE, SUGAR BY MOUTH, CANDY UNDER TONGUE.

Causes of Diabetic Coma TOO LITTLE INSULIN, TOO MUCH FOOD, ILLNESS

Onset: SLOW, HOURS TO DEVELOP

Signs: SKIN WARM, FLUSHED AND DRY, EYEBALLS SOFT, RESPIRATIONS DEEP AND RAPID (KUSSMAUL), FRUITY ODOR TO BREATH, NAUSEA, VOMITING, ABDOMINAL PAIN, ALTERATION IN LEVEL OF CONSCIOUSNESS, LETHARGIC COMA

5. Oral hypoglycemics resemble INSULIN activity.
6. List side effects of oral hypoglycemics: STOMACH UPSET, ITCHING, HIVES
7. Steroids may be used for: RHEUMATOID ARTHRITIS, BURSITIS, ALLERGIC REACTIONS
8. Define: Steroids: DECREASES INFLAMMATION AND THE BODY'S RESISTANCE TO INFECTION
9. List responsibilities when administering steroid medication: OBSERVE FOR SIGNS OF INFECTION, ADMINISTER STEROID WITH MILK OR FOOD, REPORT ANY SIGNS OF STOMACH DISTRESS, GIVE MEDICATION ON TIME.

10. List side effects to steroids: PUFFY FACE (MOON FACE), CHANGE IN MOOD, MUSCULAR WEAKNESS, EASY BRUISING OF SKIN, ABNORMAL HAIR GROWTH, ACNE
11. When giving birth control medications, always READ label for directions.
12. List dangerous side effects of the birth control pills: ABDOMINAL PAIN, CHEST PAIN, HEADACHE, SEVERE LEG PAIN, EYE PROBLEMS

MEDICATIONS THAT AFFECT THE GASTROINTESTINAL SYSTEM
SELF-TEST QUESTIONS--Lesson 10, Section 8

1. Define: Antacid: USED TO NEUTRALIZE EXCESS STOMACH ACID
2. Signs of excess stomach acid are: BURNING IN STOMACH, UPSET STOMACH, BURPING
3. Define: Emetic: USED TO CAUSE VOMITING
4. Do not give emetics if the poison is: CORROSIVE
5. A medication used to cause vomiting is: SYRUP OF IPECAC
6. Define: Antiemetics: RELIEVE NAUSEA AND VOMITING
7. Antihistamines may be used as: ANTIEMETICS
8. Side effects of antiemetics may include: DROWSINESS, DRY MOUTH
9. Household remedies for nausea and vomiting are: COCA COLA, WARM TEA
10. Cathartics and laxatives are used for: CONSTIPATION
11. List causes of constipation: IMPROPER DIET, TENSION AND WORRY, POOR FLUID INTAKE, LACK OF EXERCISE
12. Cathartics and laxatives should not be given if individual complains of: ABDOMINAL CRAMPS, NAUSEA, ABDOMINAL PAIN
13. List side effects of laxatives: ABDOMINAL CRAMPS, NAUSEA, ABDOMINAL PAIN
14. List causes of diarrhea: CONTAMINATED OR PARTIALLY DIGESTED FOOD, INTESTINAL INFECTION, NERVOUS DISORDER, CIRCULATORY DISTURBANCES, CERTAIN ALLERGY DISORDERS

15. Simple diarrhea is due to POOR EATING HABITS, EMOTIONAL STRESS.

16. Most frequent side effects of antidiarrheal medications is: CONSTIPATION.

MEDICATIONS THAT AFFECT THE SKIN AND MUCOUS MEMBRANES

SELF-TEST QUESTIONS--Lesson 10, Section 9

1. Medications applied to skin may have a LOCAL or GENERAL effect.

2. Define:

Emollient: OIL SUBSTANCE APPLIED TO SOOTHE THE SKIN OR MUCOUS MEMBRANES.

Demulcent: ALLEVIATES IRRITATION, PARTICULARLY OF MUCOUS MEMBRANES

Astringent: LESSENS SECRETIONS, STOPS MINOR BLEEDING AND SHRINKS SWOLLEN AND INFLAMMED TISSUES

Counterirritants: USED TO IRRITATE UNBROKEN SKIN AREAS IN ORDER TO RELIEVE PAIN IN DEEPER TISSUES.

Antipruritics: RELIEVE ITCHING

3. Define: Antiseptics: DESTROY OR PREVENT GROWTH OF BACTERIA ON THE SKIN

4. Always read THE LABELS for directions.

MEDICATIONS THAT AFFECT THE EYE AND EAR

SELF-TEST QUESTIONS--Lesson 10, Section 10

1. Define: Miotics: CONstrict PUPILS

2. List two antibiotic ophthalmic ointments:

AUREOMYCIN

NEOSPORIN

3. What are your major responsibilities when working with eye medications?

A) ADMINISTER THE DROPS TO THE DESIGNATED EYE

B) MAINTAIN CLEAN TECHNIQUE

4. ORAL ANTIBIOTICS are used for ear infections.

5. Nausea and vomiting may be relieved by: ANTIEMETICS.

MEDICATION ADMINISTRATION COURSE

PART IV

PRACTICAL CHECKLISTS 1 - 25

REVISED - 1998

MEDICATION ADMINISTRATION TRAINING COURSE

PRACTICAL DIRECTIONS

1. The trainee must pass each of the following practicals to the satisfaction of the instructor. (The LPN may observe the trainee performing the practical tasks under the delegation of the RN instructor.)
2. The Medication Attendant guidelines state that 20 hours of practical training is needed to complete this course. 10 hours can be in classroom instruction and demonstration, and the remaining 10 hours are to be in the living unit. Each medication pass can be counted as 30 minutes of practical time.
3. Each step of the practical checklist is rated by the instructor as satisfactory (S) or unsatisfactory (U) as the trainee demonstrates the specific task. In order to pass a specific practical, the trainee must receive a satisfactory rating on all steps of the checklist. The overall rating by the instructor should be satisfactory. The trainee can be allowed to retake the specific practical they failed until a satisfactory rating is obtained. If the trainee does not encounter a specific task included in the checklists in their work environment, a verbal explanation of the procedure may be accepted with the instructor's permission.
4. Certification as a Medication Attendant is not awarded to an individual until he/she has passed the written exam administered by the state, and all practical checklists have been rated satisfactory by the instructor.

LISTING OF PRACTICAL CHECKLISTS

1. Handwashing
2. Oral medications (Tablets/Capsules)
3. Liquid Medications
4. Topical Medications
5. Eye Medications
6. Ear Medications
7. Nose Drops
8. Rectal Suppositories
9. Vaginal Suppositories/Creams
10. Disposable Enemas
11. Disposable Douches
12. Counting Pulse
13. Counting Respirations
14. Taking Blood Pressure
15. Oral Temperatures
16. Rectal Temperatures
17. Axillary Temperatures
18. Transdermal Patches
19. Nasal Atomizer
20. Oral Powdered Medications
21. Charting
22. Crushing Tablets
23. Rectal Creams
- 24-A Oral Inhalant Aerosol (Nebulizer)
- 24-B Oral Inhalant Atomizer
25. Sublingual Tablets

OCDD - State of Louisiana - Medication Administration Course
MONITOR'S CHECKLIST FOR PRACTICE SESSIONS

STAFF MEMBER: _____ DATE: _____

NURSE: _____ TOTAL TRAINING TIME: _____

Directions:

1. This checklist is to be used during the 20 hours of practical required prior to the final practical session.
2. This general checklist is rated satisfactory (S), unsatisfactory (U) or Non-applicable (N/A).
3. Check off procedures performed and comment as needed.
4. Review this checklist with trainee after the practice session and discuss your findings. Have staff member sign this sheet to verify the practice session and your findings.
5. Sign below and file with trainee's folder to document the 20 hours of practice.

Monitor's Checklist	S	U	N/A
1. Cleaned top of cabinet/cart where medication will be administered.			
2. Washed hands			
3. Gathered appropriate equipment.			
4. Checked label 3 times: Before removing container from shelf; before administering; and, before retiring container to shelf.			
5. Prepared specific medication correctly.			
6. Administered specific medication correctly.			
7. Documented medication administration/observations correctly.			
8. Observed individual swallowing medication.			
9. Returned medication and secured medication area.			
10. Washed hands.			

PROCEDURES PERFORMED:

- | | | |
|----------------------------------|---------------------------|---------------------------------------|
| ___ Handwashing | ___ Disposable Enemas | ___ Nasal Atomizer |
| ___ Oral Meds (Tablets/Capsules) | ___ Disposable Douches | ___ Oral Powdered Medications |
| ___ Liquid Medications | ___ Counting Pulse | ___ Charting |
| ___ Topical Medications | ___ Counting Respirations | ___ Crushing Tablets |
| ___ Eye Medications | ___ Taking Blood Pressure | ___ Rectal Creams |
| ___ Ear Medications | ___ Oral Temperatures | ___ Oral Inhalant Aerosol (Nebulizer) |
| ___ Nose Drops | ___ Rectal Temperatures | ___ Oral Inhalant Atomizer |
| ___ Rectal Suppositories/Creams | ___ Axillary Temperatures | ___ Sublingual Tablets |
| ___ Vaginal Suppositories/Creams | ___ Transdermal Patches | |

Comments _____

Staff Signature _____

Signature of Nurse _____

OCDD - State of Louisiana - Medication Administration Course
Practical Checklist #1
HANDWASHING

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Handwashing		S	U	N/A
1.	Check equipment (soap, paper towels, sink, running water).			
2.	Remove and/or adjust jewelry.			
3.	Approach sink without clothing touching sink.			
4.	Hold hands and wrist downward and wet hands.			
5.	Lather hands with soap.			
6.	Continue scrubbing action for 1-2 minutes cleaning between fingers, back and palms of hands and fingernails by rubbing in palms of hands.			
7.	Hold hands down and rinse hands.			
8.	Dry one hand with paper towel from wrists to fingertips, with one wiping motion and then discard and repeat if necessary.			
9.	Repeat other hands. (Do not use same towel twice)			
10.	Turn water off with clean paper towel.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

 Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #2

ORAL MEDICATION (TABLETS/CAPSULES)

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Oral Medication (Tablets/Capsules)		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Take vital signs if necessary.			
8.	Do 2nd check: using the 6 Right's of Medication Administration.			
9.	Pour correct dosage.			
10.	Do 3rd check: using the 6 Right's of Medication Administration.			
11.	Identify individual, then administer medication with cup of water. Explain procedure.			
12.	Observe individual to ensure swallowing of medication.			
13.	Document administration of medication in medication administration record.			
14.	Clean medication administration area.			
15.	Wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #3

LIQUID MEDICATIONS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Liquid Medications	S	U	N/A
1. Clean top of cart/cabinet where medication will be administered.			
2. Wash hands.			
3. Read Medication Administration Record (MAR)			
4. Obtain proper equipment.			
5. Unlock medication storage area & obtain medication.			
6. 1st check: Check medication label according to the 6 Right's of Medication Administration.			
7. Shake medication.			
8. Do 2nd check: using the 6 Right's of Medication Administration.			
9. Remove cap properly and place open side up on counter.			
10. Place thumb nail at correct dosage line			
11. Place measuring cup on flat surface at eye level and pour the prescribed dose.			
12. Wipe bottle and replace cap			
13. Do 3rd check: using the 6 Right's of Medication Administration.			
14. Identify individual then administer medication.			
15. Follow with water unless otherwise indicated and observe individual swallowing medication.			
16. Document administration of medication in Medication Administration Record (MAR)			
17. Clean medication administration area and wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #4

TOPICAL MEDICATIONS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Topical Medications	S	U	N/A
1. Clean top of cart/cabinet where medication will be administered.			
2. Wash hands.			
3. Read Medication Administration Record (MAR)			
4. Obtain proper equipment.			
5. Unlock medication storage area & obtain medication.			
6. 1st check: Check medication label according to the 6 Right's of Medication Administration.			
7. Do 2nd check: using the 6 Right's of Medication Administration.			
8. Identify individual.			
9. Do 3rd check: using the 6 Right's of Medication Administration.			
10. Explain procedure, provide privacy and help individual undress if necessary.			
11. Put on gloves and clean area if necessary			
12. Administer medication using gloves or applicator.			
13. Apply dressing if necessary.			
14. Remove gloves, dispose of equipment and wash hands.			
15. Document administration of medication in Medication Administration Record (MAR)			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #5

EYE MEDICATIONS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Eye Medications		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration. Shake medication well			
8.	Identify individual, then position head tilted backward.			
9.	Do 3rd check: using the 6 Right's of Medication Administration.			
10.	Remove top properly and place upright on counter			
11.	Explain procedure to individual. Instruct individual to look upward.			
12.	Make conjunctival sac & administer eye drops, counting outloud & using sterile technique.			
13.	For eye ointments, gently squeeze appropriate amount from inner to outer canthus.			
14.	Close individual's eye and press gently on inner canthus.			
15.	Wipe away excess ointment gently with tissue.			
16.	Document administration of medication in Medication Administration Record (MAR)			
17.	Clean medication administration area and wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCCD - State of Louisiana - Medication Administration Course

Practical Checklist #6

EAR DROPS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Ear Drops		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Identify individual, then clean ears with warm moist wash cloth.			
9.	Warm ear medication.			
10.	Do 3rd check: using the 6 Right's of Medication Administration.			
11.	Explain procedure, position individual on unaffected side.			
12.	Straighten ear canal & administer medication.			
13.	Allow medication to drain into ear canal.			
14.	Document administration of medication in Medication Administration Record (MAR)			
15.	Clean medication administration area and wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #7

NOSE DROPS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Nose Drops		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Identify individual by name and ask individual to blow his/her nose to clear nasal passages. Position correctly..			
9.	Do 3rd check: using the 6 Right's of Medication Administration.			
10.	Explain procedure to individual. Remove top of medication and place right side up on counter.			
11.	Administer medication counting the drops outloud.			
12.	Position properly.			
13.	Document administration of medication in Medication Administration Record (MAR)			
14.	Clean medication administration area and wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #8

RECTAL SUPPOSITORIES

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Rectal Suppositories		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Put gloves on & prepare suppository for insertion by placing small amount of water soluble lubricate on tapered end.			
9.	Do 3rd check: using the 6 Right's of Medication Administration.			
10.	Provide private area, explain procedure & help individual undress.			
11.	Position on side & expose on the rectal area.			
12.	Separate buttock with one hand & gently insert tapered end of suppository into rectum with gloved finger (2" for adults; 1" for child) (Do not insert against resistance)			
13.	Press buttocks together for one minute.			
14.	Instruct individual to remain in position for 15 minutes if possible.			
15.	Remove gloves, dispose of equipment & wash hands.			
16.	Document administration of medication in Medication Administration Record (MAR)			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #9

VAGINAL SUPPOSITORIES/VAGINAL CREAM

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Vaginal Suppositories/Vaginal Cream		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Identify individual.			
9.	Put gloves on.			
10.	Prepare suppository for insertion by inserting in applicator and applying a small amount of water soluble lubricate on tapered end.			
11.	Prepare vaginal cream by attaching applicator to tube squeeze applicator full of cream.			
12.	For application on external vaginal area squeeze appropriate amount of cream on gauze sponges.			
13.	Do 3rd check: using the 6 Right's of Medication Administration.			
14.	Provide private area for administration, explain procedure to individual, help undress & position individual in dorsal recumbent position with bed protector under individual's buttocks. Expose only the perineum area.			
15.	Separate Labia with one hand & cleanse area from front to back with appropriate cleaning agent.			
16.	Insert suppository/cream into vagina with applicator, administer & remove applicator.			
17.	Administer vaginal cream externally by applying liberally to area.			
18.	Put sanitary pad on. Instruct individual to remain laying down for 15 minutes.			
19.	Remove gloves & dispose of equipment, clean applicator with water.			
20.	Wash hands.			
21.	Document Administration on Medication Administration record			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD- State of Louisiana - Medication Administration Course

Practical Checklist #10

DISPOSABLE ENEMAS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Disposable Enemas

S U N/A

		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain enema.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Do 3rd check: using the 6 Right's of Medication Administration.			
9.	Provide private area, explain procedure and help individual undress			
10.	Position on left side and expose rectal area only.			
11.	Put on gloves and squeeze excess air from disposable enema.			
12.	Separate buttocks with one hand, insert tip of disposable enema and squeeze into rectum. (Do not insert against resistance.)			
13.	Press buttocks together after withdrawing tip and instruct individual to remain in position for one minute (15 minutes if possible).			
14.	Remove gloves, dispose of equipment and wash hands.			
15.	Document administration and results on MAR			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #11

DISPOSABLE DOUCHES

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Disposable Douches		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Do 3rd check: using the 6 Right's of Medication Administration.			
9.	Identify individual and explain procedure.			
10.	Help undress in privacy, recline individual in shower or tub.			
11.	Put on gloves and push air out of container.			
12.	Separate labia with one hand and administer douche into the vagina gently.			
13.	Dry area with towel and help individual dress.			
14.	Remove gloves, dispose of equipment, clean area and wash hands.			
15.	Document administration of medication in Medication Administration Record (MAR)			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #12

COUNTING PULSE

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Counting Pulse		S	U	N/A
1.	Wash hands.			
2.	Gather equipment (watch with 2nd hand, pencil, paper).			
3.	Identify individual and match with MAR			
4.	Explain procedure to individual.			
5.	Position individual (lie down or sit down with palm of individual's hand facing down with arm supported).			
6.	Place flat surface of your middle finger lightly over individual's radial artery.			
7.	When pulse beat is felt, note rhythm and strength of beat.			
8.	Count pulse for 1 full minute.			
9.	Record pulse on paper.			
10.	If pulse is below 60 and/or any irregular beats or volume noted, report immediately to supervisor.			
11.	Wash hands.			
12.	Document pulse on correct form.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

**OCDD - State of Louisiana - Medication Administration Course
Practical Checklist #13**

COUNTING RESPIRATIONS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Counting Respirations		S	U	N/A
1.	Wash hands.			
2.	Gather equipment (watch with 2nd hand, pencil, paper).			
3.	Identify individual and match with MAR			
4.	Hold individual's wrist as if you were taking his pulse so he will not be aware of you watching him breathe.			
5.	Count rise and fall of chest as one respiration.			
6.	Count respirations for one full minute.			
7.	Write down the number immediately.			
8.	Report to your supervisor if respirations are less than 14 or more than 28 a minute, and if respirations are noisy, labored or have irregular pattern.			
9.	Document respirations on correct form.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #14

TAKING BLOOD PRESSURE

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Taking Blood Pressure		S	U	N/A
1.	Wash hands.			
2.	Gather equipment (select right size cuff & Stethoscope).			
3.	Identify individual and match with MAR			
4.	Explain procedure to individual.			
5.	Wrap cuff securely but not tightly around upper arm.			
6.	Locate brachial artery with fingers and position arrow above artery.			
7.	Place stethoscope over brachial artery.			
8.	Inflate cuff. (Usually not over 160)			
9.	Slowly release valve.			
10.	Note when 1st thump is heard (systolic pressure)			
11.	Note when last thump or muffling is heard (diastolic).			
12.	Release all of air in cuff and remove from arm.			
13.	Document Blood Pressure on correct form.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #15

TAKING ORAL TEMPERATURES

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Taking Oral Temperature		S	U	N/A
1.	Wash hands.			
2.	Gather equipment (oral thermometer).			
3.	Explain procedure to individual.			
4.	Remove thermometer and shake so that the mercury is below 96 degrees			
5.	Place bulb end in mouth, well under the tongue and to one side Instruct individual to keep lips tight..			
6.	After 5 - 8 minutes, remove thermometer and read temperature.			
7.	Record temperature on correct form.(be sure to record O for oral route)			
8.	Clean equipment with cool soapy water and put into disinfectant solution for 15 minutes. Then rinse and dry for storage.			
9.	Wash hands.			

Note: Electronic thermometers may be used if Agency Policy agrees.

Note: Oral Glass thermometers should never be used if the individual has a history of seizures

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #16

TAKING RECTAL TEMPERATURES

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Taking Rectal Temperature		S	U	N/A
1.	Wash hands.			
2.	Gather equipment (rectal thermometer).			
3.	Explain procedure to individual.			
4.	Remove thermometer and shake so that the mercury is below 96 degrees			
5.	Position individual on side & expose buttocks only.			
6.	Put on gloves & lift buttocks to see opening of rectum.			
7.	Lubricate silver tip of thermometer & place 1" into rectum for adults (1/2" for children).			
8.	Hold thermometer in place for 3 - 5 minutes. Always hold the thermometer.			
9.	Remove the thermometer & wipe it off with tissue.			
10.	Read the temperature & record on correct form.(be sure to record R for rectal route)			
11.	Clean thermometer with cool soapy water & replace in container of disinfectant solution.			
12.	Wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD- State of Louisiana- Medication Administration Course

Practical Checklist #17

TAKING AXILLARY TEMPERATURES

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Taking Axillary Temperature		S	U	N/A
1.	Wash hands.			
2.	Gather equipment (thermometer).			
3.	Explain procedure to individual.			
4.	Remove thermometer and shake so that the mercury is below 96 degrees			
5.	Gently dry the axillary area without using friction that would increase heat in axilla.			
6.	Hold bulb end in hollow of armpit with stem pointing toward chest. Place arm down touching chest wall.			
7.	Hold thermometer in place for 10 minutes, read the temperature and record on correct form. (be sure to record Ax for axillary route			
8.	Clean thermometer with cool soapy water & replace in container of disinfectant solution.			
9.	Wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD- State of Louisiana - Medication Administration Course

Practical Checklist #18

PRE MEASURED TRANSDERMAL PATCHES

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Premeasured Transdermal Patches		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Do 3rd check: using the 6 Right's of Medication Administration.			
9.	Identify individual and explain procedure.			
10.	Provide privacy and help the individual undress if necessary.			
11.	Remove previous patch. Clean and dry the area where new patch will be placed. Rotate sites.			
12.	Adhere medication patch securely.			
13.	Dispose of equipment and wash hands.			
14.	Document administration of medication in Medication Administration Record (MAR)			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #19

NASAL ATOMIZER

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Nasal Atomizer		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Identify individual and ask individual to blow his/her nose to clear nasal passages. Position correctly..			
9.	Do 3rd check: using the 6 Right's of Medication Administration.			
10.	Remove top of medication and place right side up on counter.			
11.	Administer medication, ask individual to inhale at proper time..			
12.	Repeat for other nares, if ordered.			
13.	Document administration of medication in Medication Administration Record (MAR)			
14.	Clean medication administration area and wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #20

ORAL POWDERED MEDICATION (i.e., FIBER LAXATIVES)

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Oral Powdered Medication (i.e.: Fiber laxatives)

S U N/A

		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Take vital signs if necessary.			
8.	Do 2nd check: using the 6 Right's of Medication Administration.			
9.	Pour correct dosage.			
10.	Do 3rd check: using the 6 Right's of Medication Administration.			
11.	Mix powdered medication in amount of water prescribed (or described by directions);			
12.	Identify individual. Explain procedure to individual, then administer medication: the individual must swallow entire amount quickly (give with an additional cup of water).			
13.	Observe the individual to ensure that he has swallowed the medication and water.			
14.	Document administration of medication in Medication Administration Record (MAR)			
15.	Clean medication administration area and wash hands.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #21

CHARTING

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Charting	S	U	N/A
Charting is done immediately after the administration of medication.			
Charting accurately indicates person, drug, dose, time & route.			
Medication Administration Record (MAR) is signed.			
Charting is done with indelible ink and in accordance with agency policy.			
Charting is legible.			
If needed, corrections are done properly.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #22

CRUSHING TABLETS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Crushing Tablets		S	U	N/A
1.	Check Medication Administration Record (MAR) and Physician's order to determine if medication may be crushed.			
2.	Follow procedure for Administering oral medication.			
3.	Following the third medication label check: Remove tablet from the packaging using aseptic technique and place the tablet between two appropriate aseptic surfaces (pill crushers, mortar & pestle, etc.) and crush.			
4.	Administer either in powder form or mix in an appropriate medium (i.e.: water or applesauce).			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD- State of Louisiana - Medication Administration Course

Practical Checklist #23

RECTAL CREAMS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Rectal Creams		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Put gloves on & prepare cream...			
9.	Do 3rd check: using the 6 Right's of Medication Administration.			
10.	Provide private areas, explain procedure & help individual undress.			
11.	Position on side & expose only the rectal area.			
12.	Separate buttock with one hand & gently insert the cream			
13.	into the rectum (Do not insert against resistance).			
14.	Instruct the individual to remain in position for 15 minutes if possible.			
15.	Remove gloves, dispose of equipment & wash hands.			
16.	Document administration of medication & results in Medication Administration Record (MAR)			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication Administration Course

Practical Checklist #24-A

ORAL INHALANT AEROSOL (NEBULIZER)

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Oral Inhalant Aerosol		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment. Nebulizer, tubing, nebulizer unit (machine), mask or mouthpiece (Supervising nurse should predetermine if a mask or mouthpiece is appropriate) premeasured medication solution, tissue for coughing			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Do 2nd check: using the 6 Right's of Medication Administration.			
8.	Prepare the nebulizer. Connect the tubing to nebulizer and machine			
9.	Identify the client, explain procedure			
10.	Obtain pulse and respirations			
11.	Do 3rd check: using the 6 Right's of Medication Administration.			
12.	Fill the nebulizer with the premeasured medication solution.			
14.	Turn the machine on and place mask on client or give the nebulizer with the mouth piece to the client (Have client hold nebulizer upright)			
15.	Monitor client for signs of distress during treatment. (If distress noted discontinue treatment and notify nurse)			
16.	When all the medication solution is nebulized, remove mouth piece. Turn Nebulizer unit off.			
17.	Obtain respirations and pulse. Record according to facility policy.			
18.	Wash hands and document administration on MAR.			
19.	Disconnect nebulizer and tubing, store (Nebulizer and tubing should be discarded/replaced after 24 hrs.)			
20.	Monitor for any adverse effects and report any unusual findings			
21.	CMA should be able to describe to the nurse the steps to be taken should profound tachycardia or bronchospasms occur.			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

**OCDD - State of Louisiana -Medication Administration Course
Practical Checklist #24-B**

ORAL INHALANT ATOMIZER

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Oral Inhalant Atomizer		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Measure pulse rate and respirations			
8.	Do 2nd check: using the 6 Right's of Medication Administration.			
9.	Prepare the atomizer.			
10.	Do 3rd check: using the 6 Right's of Medication Administration.			
11.	Identify individual and explain the procedure			
12.	Have the client hold the atomizer up right, squeeze the prescribed number of puffs and inhale			
13.	Measure respirations and pulse. Record according to facility procedure			
14.	Wash hand and document the administration on the MAR			
15.	Monitor for any adverse effects and report any unusual findings			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse

OCDD - State of Louisiana - Medication

Administration Course

Practical Checklist #25

SUBLINGUAL TABLETS

STAFF MEMBER: _____ DATE: _____

INSTRUCTOR: _____

- Directions:**
1. Trainee must perform all applicable steps in the task below under the direct supervision of a nurse (RN or LPN).
 2. The nurse will rate each step in the task satisfactory (S), unsatisfactory (U).
 3. The trainee must have a rating of satisfactory on all steps to pass this practical.

Sublingual Tablets

S U N/A

		S	U	N/A
1.	Clean top of cart/cabinet where medication will be administered.			
2.	Wash hands.			
3.	Read Medication Administration Record (MAR)			
4.	Obtain proper equipment.(Possible gloves)			
5.	Unlock medication storage area & obtain medication.			
6.	1st check: Check medication label according to the 6 Right's of Medication Administration.			
7.	Check Vital Signs if ordered or indicated			
8.	Do 2nd check: using the 6 Right's of Medication Administration.			
9.	Pour the correct dose			
10.	Do 3rd check: using the 6 Right's of Medication Administration.			
11.	Identify individual and explain the procedure			
12.	Tell the client to place the tablet under his tongue. If the client is unable to place the tablet, the CMA may need to assist him by dropping the tablet under his tongue. The CMA should wear gloves if doing so. (Remove gloves if used and discard property)			
13.	Remind client to allow the tablet to dissolve and monitor			
14.	Wash hands and document the administration on the MAR			
15.	Monitor for any adverse effects and report any unusual findings			

Comments: _____

OVERALL RATING: _____ SATISFACTORY _____ UNSATISFACTORY (Needs to repeat practical.)

Signature of Nurse