



# Building Nursing Pathways

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## Medication Assistant Certificate Curriculum

Prepared by BTC Nursing Faculty

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## Course Syllabus

**DEPT/COURSE #: NA 104**

**CREDITS: 6**

**Lecture Hours: 30**

**Lab Hours: 30**

**Work-Based Hours: 40**

**COURSE TITLE: Medication Assistant Essentials**

### **COURSE DESCRIPTION:**

This medication assistant program is a 100-hour course intended to prepare already certified nursing assistants (with at least 1000 hours of nursing home work experience in the previous year) to administer medications and nursing commission-approved treatments to residents in nursing homes, under the direct supervision of a designated registered nurse. This program is a competency based course that assures all completers are able to demonstrate the competencies defined in the Washington Administrative Code (WAC 246-841).

### **COURSE OUTCOME:**

Upon completion of the medication assistant program, the student will be able to successfully complete a nursing commission-approved medication assistant competency evaluation thereby qualifying for a medication assistant endorsement.

### **COURSE OUTCOME ASSESSMENT:**

Course outcomes will be achieved by the successful completion. . .

Course outcomes will be met by successful achievement. . .

### **STUDENT PERFORMANCE OBJECTIVES (Course competencies):**

The learner will:

- Describe the different documents on which medications can be ordered and reordered
- Detail the elements of a complete medication order for safe administration
- Discuss the various tasks to be performed for medications to be safely stored
- Identify conditions necessitating disposal of medications or questioning an incomplete medication order
- State the ways to measure medications
- State the different forms in which medications can be manufactured
- Recognize that the same medications may have different names
- Identify accepted abbreviations
- Recognize the abbreviations that should not be used
- List the different effects medications can cause locally and systemically



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- State the types of information that should be known about a specific medication prior to giving that medication
  
- List the three safety checks of medication administration
- Identify the six rights of medication administration
- Describe basic steps of medication preparation prior to administration
- Identify information needed about the patient and medication prior to medication administration
- Identify common causes of medication errors
- State what steps should be taken when a medication error occurs
- Discuss building relationships
- State when the nurse must be notified of a change in the client's normal condition
- Discuss when the nurse should be notified about vital sign changes
- State when the nurse should be notified of a client's pain
- Identify other alterations of conditions that should be reported to the nurse
- State documentation requirements for medication administration
- Explain the responsibilities of the delegating/supervising nurse when delegating medication administration to the medication assistant
- Identify common methods of medication administration
- Identify factors that may affect how the body uses medication
- Identify classifications of medications; state common effects of medication on the body
- Identify resource materials and professionals to contact for clarification of medication questions
- Identify when a delegated task should or should not be performed by the medication assistant
- Recognize when and how to report errors
- Recognize what should be reported to the licensed nurse
- Distinguish between the tasks a medication assistant can and cannot accept
- Define re-delegation
- Identify skills that enhance the delegation process
- Describe the rights of the client
- Discuss that types of abuse that must be reported
- Describe examples of the type of legal problems that can occur
- List the three steps to take before medication is safe to give
- Recognize the numerous rights that must be followed before and after medication is administered
- Demonstrate safe administration of medications to clients in a clinical setting



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## COURSE OUTLINE:

### **Medication Orders, Documentation, Storage and Disposal:**

- Medication prescription/order: recorded on patient record, complete order (signed, legible, drug name, dose, route, time, frequency), medication assistant should not take verbal or telephone orders, questioning an incomplete medication order
- Medication documentation: documentation of orders onto agency's medication document, MAR, controlled substance medication log
- Medication storage: storage area, medication room, medication cart, medication tray
- Disposal of outdated, contaminated or unused medication

### **Mathematics, Weights and Measures:**

- Medication assistant does not convert medication dosages
- Systems of measurement: Apothecaries' system, metric system, common household measures, Roman numerals- drams or grains, weight is grain, volume is minim

### **Forms of Medication:**

- Liquid forms of medication: aerosol, inhalant, drops, elixir, spray, solution, suspension, syrup, tincture
- Solids and semi-solid medication: capsules, tablet, scored vs unscored, caplets, time-released, covered with special coating, lozenges, ointment, paste, powder, cream, lotion, liniment

### **Medication Basics:**

- Terminology: generic and brand names
- Abbreviations: using standardized abbreviations, acronyms and symbols; do not use abbreviations that should no longer be used
- Dosage range
- Actions
- Implications for administration
- Therapeutic effects
- Side effects
- Precautions
- Contraindications
- Allergic reactions
- Adverse reactions
- Tolerance
- Interactions: specific administration information; certain classes of medications that should not be prescribed at the same time
- Additive or antagonistic effect



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- Idiosyncratic effects
- Paradoxical effects

## **Safety and Rights of Medication Administration:**

- Three safety checks: when removing medication package from storage; when removing the medication from the package or container; when returning the package to storage
- Six rights of medication administration: right client, right drug, right dose, right route, right time, right documentation

## **Preparation and Actual Medication Administration:**

- Wash hands
- Review medications that require checking of pulse or blood pressure before administering
- Identify client
- Introduce yourself
- Explain what you are going to do
- Glove if necessary
- Position the client
- Do what you explained
- Wash hands
- Special considerations
- Document

## **Prevention of Medication Errors:**

- Know the following before administering: name, purpose, effect, length of time to take effect, side effects, adverse effects, interactions, special instructions, where to get help

## **Causes and Reporting of Medication Errors:**

- Failure to follow prescriber's orders exactly
- Failure to follow manufacture's specifications/directions for use
- Failure to follow accepted standards for medication administration
- Failure to listen to a client's or family's concerns
- Notify the agency's nurse/supervisor/pharmacist/physician or other prescriber, according to the agency policy
- Complete a medication error or incident report

## **Building Relationships:**

- Review the communication process
- Review barriers to effective listening and communication
- Setting boundaries
- Review team building



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## **Reporting of Symptoms or Side Effects:**

- Observe, monitor and report any change that is different from the client's normal condition
- Notify the nurse as soon as possible with as much information as available
- Record changes

## **Report any Change from the Client's Normal Condition:**

- Temperature
- Pulse
- Respiration
  
- Blood Pressure
- Observe and report complaints of pain
- Other changes in condition such as: urinary output, mental status, activity, etc.

## **Documentation of Medication Administration:**

- Identifying initials and time on MAR
- Circle and document the reasons that a client may not take a medication

## **Role of the Delegating/Supervising Nurse:**

- The nurse must determine the level of supervision, monitoring and accessibility she or he must provide for nursing assistive personnel
- The nurse continues to have responsibility for the overall nursing care
- To delegate effectively, nurses need to be able to rely on nursing assistive personnel's credentials and job descriptions, especially for a first time assignment
- Nursing administration has the responsibility for validating credentials and qualifications of employees
- Both nurse and medication assistant need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues
- Trust is central to the working relationships between nurses and assistive personnel. Good relationships have two-way communication, initiative, appreciation and willingness to help each other.

## **Route of Administration:**

- Oral
- Buccal
- Sublingual
- Inhaler
- Nebulizer
- Nasal
- Ophthalmic
- Otic



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- Topical
- Dressings
- Soaks
- Transdermal
- Suppositories

## **Factors Affecting How the Body Uses Medication:**

- Age
- Size
- Family traits
- Diet
- Disease
- Psychological issues
- Gender and basic metabolic rate
- Dosage

## **Classes of Medications Related to Body Systems and Common Actions:**

- Antimicrobials: controls or prevents growth of bacteria, fungus, virus or other organisms
- Cardiovascular: corrects irregular, fast or slow heart rate; prevents blood clotting; lowers blood pressure
- Dermatological: anti-infective or anti-inflammatory
- Endocrine: anti-diabetic; reduces inflammation; hormones
- Gastrointestinal: promotes bowel movements; antacids; anti-diarrheal; reduces gastric acid
- Musculoskeletal: relaxes muscles
- Neurological: prevents seizures; relieves pain; lowers body temperature; anti-parkinsonian; antidepressants; promotes sleep; relieves anxiety; antipsychotics; mood stabilizer
- Nutrients/Vitamins/Minerals: replaces chemicals missing or low in the body
- Respiratory: decreases mucus production; bronchodilation; cough depressant/expectorant; decongestant
- Sensory: anti-glaucoma; artificial tears; earwax emulsifiers
- Urinary: increase water loss through kidneys

## **Location of Resources and References:**

- Nurse
- Pharmacist
- Physician
- Package/Drug insert
- Drug reference manual



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## **Role of Medication Assistant:**

- Medication Assistant may perform a task involving administration of medications if the assignment is under the direct supervision of a designated registered nurse in accordance with WAC 246-841 and the delegation is not prohibited by WAC 246-841
- The following acts shall not be delegated to the medication assistant as per WAC 246-841: assessment of resident need for or response to a medication, acceptance of telephone or verbal orders, conversion or calculation of drug dosages, injection of any medication, administration of chemotherapeutic agents or experimental drugs, performance of any sterile task or treatment, medication administration through a tube, administration or participation in the handling, counting or disposal of any schedule I, II, or III controlled substance, participation in handling, counting, or disposal of schedule IV and V controlled substances other than when administering those medications, performance of any task requiring nursing judgment such as administration of PRN medications
- Any medication assistant who has any reason to believe that he/she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error
- The medication assistant shall report to the supervising nurse: s/s that appear life threatening; events that appear health threatening; medications that produce no results or undesirable effects as reported by the client
- A licensed nurse shall review periodically the following: authorized provider orders; client medication records

## **The responsibility of the medication assistant when accepting delegated tasks:**

- The medication assistant has the responsibility not to accept a delegations that he/she knows is beyond his/her knowledge and skills
- Delegation is client specific. Having done a task for one client does not automatically mean assistive personnel can do the task for all clients. In addition, delegation is also situation specific; doing a task for one client in one situation does not mean the nursing assistive personnel may perform that task for this client in all situations.
- A task delegated to assistive personnel cannot be redelegated by the nursing assistive personnel.
- The medication assistant is expected to speak up and ask for training and assistance in performing the delegation, or request not to be delegated a particular task, function or activity.
- Both nurse and medication assistant need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues.

## **Rights of Individuals:**

- Maintaining confidentiality
- Respecting client's rights
- Respecting client's privacy





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- Respecting client's individuality and autonomy
- Communicating respectfully
- Respecting client's wishes whenever possible
- Right to refuse medication
- Right to be informed

## **Specific Legal and Ethical Issues:**

- Identify types of abuse: physical, verbal, psychological, sexual and financial
- Preventative measures
- Duty to report
- Exposure to medical malpractice/negligence claims/lawsuits
- Fraud
- Theft
- Diversion

## **Safety and Rights of Medication Administration:**

- Review the three safety checks
- Review the six rights of medication administration

## **Practicum:**

- 40 hours of supervised clinical practicum, which should be progressive, where the instructor observes medication administration; gradually, the instructor increases the number of clients to whom the student administers medications.

## **METHODS OF INSTRUCTION:**

Lecture, discussion, reading assignments, demonstration, clinical experience, laboratory practice and skills evaluation

## **STUDENT ASSIGNMENTS/REQUIREMENTS:**

Reading assignments and classroom discussion

## **EVALUATION AND GRADING STANDARDS:**

Successful completion of the objectives is demonstrated through examinations, return demonstration or other appropriate measure of achieving the outcomes of the module. Before actual patient contact, skills lab exercises and evaluations should be completed for all skills.

**Theory Quizzes and Final Exam:** 73% or higher on each quiz and final exam



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## **Clinical Grading and Lab Evaluation:**

- A= Above Entry Level: exceptional competence needing minimal supervision
- B= Entry Level: work ready and competent needing minimal supervision
- C= Progressing: competent but still requiring close supervision
- D= Not Employable: has not demonstrated competence

## **REQUIRED STUDENT SUPPLIES & MATERIALS:**

- Online Resources
- Davis' Drug Guide
- Medication Assistant Essentials Curriculum Handbook
- Navy Blue scrub top and bottom
- White duty shoes
- Watch with sweeping second hand

## **ADDITIONAL INSTRUCTIONAL RESOURCES:**

- BTC library
- Tutoring Center

**Campus Emergencies:** If an emergency arises, your instructor may inform you of actions to follow. You are responsible for knowing emergency evacuation routes from your classroom. If police or university officials order you to evacuate, do so calmly and assist those needing help. You may receive emergency information alerts via the building enunciation system, text message, email, or BTC's webpage, Facebook and Twitter. Refer to the emergency flipchart in your room for more information on specific types of emergencies.

If you think you could benefit from classroom accommodations for a disability (physical, mental, emotional, or learning), please contact our Accessibility Resources office. Call (360) 752-8345, email [ar@btc.ctc.edu](mailto:ar@btc.ctc.edu), or stop by the AR Office in the Admissions and Student Resource Center (ASRC), Room 106, College Services Building.



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## Course Schedule

Date	Topics	Resources
<b>Day # 1</b> <b>9-12</b>	1. Building Relationships 2. Legal and Ethical Issues 3. Rights of Individuals	<a href="http://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf">www.ncsbn.org/Professional_Boundaries_2007_Web.pdf</a> WAC 246-841
<b>Day # 2</b> <b>9-12</b>	1. Role of Medication Assistant 2. Role of Supervising Nurse 3. Responsibility of Medication Assistant when accepting delegated tasks	WAC 246-841 <a href="https://www.ncsbn.org/Working_with_Others.pdf">https://www.ncsbn.org/Working_with_Others.pdf</a>
<b>Day # 3</b> <b>9-12</b> <b>LAB: 3 hours</b>	1. Medication Orders, Documentation, Storage and Disposal	Davis' Drug Guide <a href="http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/SOM107ap_pp_Guidelines_tpcf.pdf">http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/SOM107ap_pp_Guidelines_tpcf.pdf</a> (F-TAG 431)
<b>Day # 4</b> <b>9-12</b> <b>LAB: 1 hour</b>	1. Weights and Measures 2. Forms of Medication	Davis' Drug Guide
<b>Day # 5</b> <b>9-12</b>	1. Medication Basics: terminology, abbreviations, dosage ranges, actions, implications for administration, therapeutic effects	<a href="http://www.ismp.org/Tools/confuseddrugnames.pdf">www.ismp.org/Tools/confuseddrugnames.pdf</a> <a href="http://www.jointcommission.org/facts_about_the_official/">www.jointcommission.org/facts_about_the_official/</a> Davis' Drug Guide
<b>Day # 6</b> <b>9-12</b>	1. Medication Basics: side effects, precautions, contraindications, allergic reactions, adverse reactions, tolerance, interactions, antagonist effect, idiosyncratic effect, paradoxical effects	Davis' Drug Guide
<b>Day # 7</b> <b>9-12</b> <b>LAB: 3 hours</b>	1. Safety and Rights of Medication Administration	<a href="http://www.nccmerp.org/council/council1999-06-29.html">www.nccmerp.org/council/council1999-06-29.html</a>
<b>Day # 8</b> <b>9-12</b> <b>LAB: 3 hours</b>	1. Preparation and Actual Medication Administration	Skills lab check list <a href="http://familydoctor.org/040.xml">http://familydoctor.org/040.xml</a> <a href="http://www.mayoclinic.com/health/asthma-inhalers/HQ01081">www.mayoclinic.com/health/asthma-inhalers/HQ01081</a>
<b>Day # 9</b> <b>9-12</b> <b>LAB: 3 hours</b>	1. Preparation and Actual Medication Administration	Skills lab check list
<b>Day # 10</b> <b>9-12</b> <b>LAB: 3 hours</b>	*Practice and Review	
<b>Day # 11</b> <b>9-12</b> <b>LAB: 1 hour</b>	1. Prevention of Medication Errors 2. Causes and Reporting of Medication Errors	<a href="http://www.nccmerp.org/council/council1999-06-29.html">www.nccmerp.org/council/council1999-06-29.html</a> <a href="http://www.iom.edu/Reports/2006/Preventing-Medication-Errors-Quality-Chasm-Series.aspx">www.iom.edu/Reports/2006/Preventing-Medication-Errors-Quality-Chasm-Series.aspx</a>



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<b>Day # 12</b> 9-12 <b>LAB: 1 hour</b>	1. Reporting of Symptoms or Side Effects 2. Report Any Change from the Client's Normal Condition	
<b>Day # 13</b> 9-12 <b>LAB: 3 hours</b>	1. Documentation of Medication Administration 2. Location of Resources 3. Prescribed treatments: Blood glucose, pulse oximetry & oxygen administration	Skills lab check list
<b>Day # 14</b> 9-12 <b>LAB: 3 hours</b>	1. Routes of Administration 2. Factors Affecting How the Body Uses Medication 3. Prescribed treatments: clean dressing changes	Davis' Drug Guide Skills lab check list
<b>Day # 15</b> 9-12 <b>LAB: 3 hours</b>	*Practice and Review	
<b>Day # 16</b> 9-12	1. Classes of Medications r/t Body Systems: Antimicrobials, Cardiovascular, Dermatological, Endocrine	Davis' Drug Guide
<b>Day # 17</b> 9-12	1. Classes of Medications r/t Body Systems: Gastrointestinal, Musculoskeletal, Neurological	Davis' Drug Guide
<b>Day # 18</b> 9-12	1. Classes of Medications r/t Body Systems: nutrients, Respiratory, Sensory, Urinary	Davis' Drug Guide
<b>Day # 19</b> 9-12 <b>LAB: 3 hours</b>	*Final Lab Evaluation	
<b>Clinical Day # 1</b> 6:30-3	*Clinicals	
<b>Clinical Day # 2</b> 6:30-3	*Clinicals	
<b>Clinical Day # 3</b> 6-2:30	*Clinicals	
<b>Clinical Day # 4</b> 6:30-3	*Clinicals	
<b>Clinical Day # 5</b> 6:30-3	*Clinicals	
<b>FINAL Day</b> 9-12	*Final Exam	Final Exam