

# 68 HOUR REGISTERED MEDICATION AIDE CURRICULUM

MEDICATION AIDE CURRICULUM FOR REGISTERED MEDICATION AIDES  
VIRGINIA BOARD OF NURSING

REVISED 2022

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# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify legal and ethical issues in medication management	<ul style="list-style-type: none"> <li>A. Ethical and legal standards               <ul style="list-style-type: none"> <li>1. To guarantee that residents receive safe and competent care</li> <li>2. To protect the Medication Aide</li> </ul> </li> <li>B. Distinguish between ethical standards and legal standards               <ul style="list-style-type: none"> <li>1. Ethical standards are guides to moral behavior</li> <li>2. Legal Standards are guides to lawful behavior</li> </ul> </li> <li>C. Legal issues of importance to Medication Aides. The Medication Aide:               <ul style="list-style-type: none"> <li>1. Must work within her/his scope of practice</li> <li>2. Performs only those acts which she/he is trained to do</li> <li>3. Keeps skills and knowledge up-to-date</li> <li>4. Requests help before taking action in a questionable situation</li> <li>5. Always protects the safety and well-being of the resident</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>6. Performs their job according to facility policy and applicable laws and regulations</li> <li>D. Violation of ethical or legal standards               <ul style="list-style-type: none"> <li>1. May result in:                   <ul style="list-style-type: none"> <li>a. Loss of registration</li> <li>b. Loss of eligibility to work in assisted living facilities</li> <li>c. Disciplinary action by the facility and/or the Board of Nursing</li> </ul> </li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>2. Demonstrate the implication of client's rights regarding medications, treatment decisions, and confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>A. Client rights regarding medications and treatment decisions               <ul style="list-style-type: none"> <li>1. Right to be informed of rights, responsibilities, policies and rules</li> <li>2. Right to participate in planning personal medical treatment</li> <li>3. Right to refuse medical treatment</li> <li>4. Right to privacy during medical treatment including the administering of medications</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>5. Right to take only medications prescribed by personal Healthcare Provider (HCP)</li> <li>6. Right to refuse to participate in research or experimentation</li> <li>7. Right to choose physicians and other health care providers</li> <li>8. The right to move around freely (free from chemical and physical restraints)</li> <li>B. Client rights regarding confidentiality               <ul style="list-style-type: none"> <li>1. Right that only staff members providing care to a client may have access to the clients' medical records</li> <li>2. Right to approve or refuse to release personal records to an individual outside the facility (except as otherwise provided by law)</li> </ul> </li> <li>C. Implications for facility staff (§63.2-1808)               <ul style="list-style-type: none"> <li>1. Must make rights, responsibilities &amp; rules known to the client</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>2. Must not restrict any client rights</li> <li>3. Must train staff to implement client rights</li> </ol>	
<ol style="list-style-type: none"> <li>3. Identify permitted practices and identify acts prohibited by Medication Aides in Virginia</li> </ol>	<ol style="list-style-type: none"> <li>A. Permitted Practice of a Medication Aide               <ol style="list-style-type: none"> <li>1. May administer medications in assisted living facilities licensed by the Department of Social Services</li> <li>2. May administer medications which the client would normally self-administer</li> <li>3. May administer insulin injections as ordered by prescriber and as would normally be self-administered by the client</li> <li>4. May administer EpiPen® and Glucagon as ordered by prescriber, in emergency situations only</li> <li>5. Observe and report</li> </ol> </li> <li>B. Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.) define acts prohibited by the Board of Nursing</li> <li>C. Regulations of the Virginia Board of Pharmacy (18VAC110-20-10 et seq.) and</li> </ol>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

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	<p>The Drug Control Act of Virginia (§54.1-3408) define acts prohibited by the Board of Pharmacy</p> <p>D. Regulations of the Virginia Department of Social Services (DSS) (§ 22VAC40-73 et seq.) define acts prohibited by the Department of Social Services</p> <p>E. Other Prohibited Practices</p> <ol style="list-style-type: none"> <li>1. Medication Aides may not administer medications which have been poured by another person</li> <li>2. Medication Aides may not pour medication for another person to administer</li> <li>3. Medication Aides may not pre-pour medications for anyone (including self)</li> <li>4. Medication Aides may not label or change the label of a medication</li> <li>5. Medication Aides may not write prescriptions or order new medications</li> <li>6. Medication Aides may not</li> </ol>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	administer medications to clients until all requirements for training and certification are met	
4. Identify the legal requirement to report client abuse, neglect and exploitation	<p>A. Mandated reporting is a legal requirement in Virginia (§ 63.2-1606.A)</p> <ol style="list-style-type: none"> <li>1. Who is mandated to report as defined by law?               <ol style="list-style-type: none"> <li>a. Any person licensed, certified or registered by a health regulatory board (except veterinary)</li> <li>b. Any guardian or conservator of an adult</li> <li>c. Any person employed by or contracted with a public or private agency or facility, and working with adults in an administrative, supportive or direct care capacity</li> <li>d. Any person providing full, intermittent or occasional</li> </ol> </li> </ol>	



# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p style="text-align: center;">care to an adult for compensation</p> <ul style="list-style-type: none"> <li>e. Any law enforcement officer</li> </ul> <p>2. What specific facts are mandated to report?</p> <ul style="list-style-type: none"> <li>a. The age of the abused individual (60 years or more, or 18 years or more and incapacitated)</li> <li>b. The identity of the adult or location of the adult about whom the report is being made</li> <li>c. The circumstances about the risk or suspected abuse, neglect and/or exploitation</li> </ul> <p>3. Mandate reports should be submitted or called into:</p> <ul style="list-style-type: none"> <li>a. Adult Protective Services (APS)</li> </ul>	

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	<ul style="list-style-type: none"> <li>b. Law enforcement and/or medical examiner, if appropriate</li> <li>4. Other responsibilities of the person reporting:               <ul style="list-style-type: none"> <li>a. Report suspicion that an adult had died as a result of abuse or neglect</li> <li>b. Report suspected sexual abuse</li> <li>c. Report other criminal activity involving abuse or neglect that puts an adult in danger of harm or death</li> </ul> </li> <li>5. Rights of the person reporting               <ul style="list-style-type: none"> <li>a. Immunity from civil and criminal liability unless the reporter acted in bad faith or with a malicious purpose</li> <li>b. Right to have identity kept confidential unless consent to reveal his/her identity is given or unless the court</li> </ul> </li> </ul>	

# UNIT I

## LEGAL AND ETHICAL ISSUES

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>orders that the identity of the reporter be revealed</li> <li>c. The right to hear from the investigating local DSS confirming that the report was investigated</li> <li>6. Penalty for failure to report:               <ul style="list-style-type: none"> <li>a. Civil monetary penalties</li> </ul> </li> <li>7. APS refers matters as necessary to the appropriate licensing, regulatory or legal authority for administrative action or criminal investigation</li> </ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Demonstrate principles of maintaining aseptic technique	<p>A. The Occupational Safety and Health Administration (OSHA)</p> <ol style="list-style-type: none"><li>1. A government agency responsible for the safety of workers with set standards for equipment use when working in facilities</li><li>2. Standard Precautions is one of the OSHA safety guidelines</li></ol> <p>B. Procedure for Standard Precautions (follow CDC and facility guidelines)</p> <ol style="list-style-type: none"><li>1. Always wear gloves when in contact with body fluids, or when a possibility of contact with body fluids exists</li><li>2. Perform appropriate hand hygiene before and after all procedures</li><li>3. If skin is contaminated with blood or body fluid, wash immediately with soap and</li></ol>	

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	<p>water</p> <ol style="list-style-type: none"><li>4. If assisting a client with insulin injections or blood glucose monitoring, place used needles and lancets into a rigid sharps container</li><li>5. Discard body waste directly into the toilet. Discard waste containing blood in accordance with the facility's exposure control plan</li><li>6. Discard used gloves into plastic bags for disposal in designated containers</li><li>7. Spills of blood, or body fluid visibly stained with blood, should be cleaned with chlorine bleach or spill kit and left for several minutes, in accordance with the facility's exposure</li></ol>	

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Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>control plan</p> <p>C. Personal Protective Equipment (PPE)</p> <ol style="list-style-type: none"><li>1. To be worn when there is danger of contact with blood or body fluids</li><li>2. PPE includes: face coverings, gloves, gowns, and goggles</li></ol> <p>D. Employee precautions</p> <ol style="list-style-type: none"><li>1. All employees must have access to protective gloves</li><li>2. Should a needle stick occur, follow facility policy to protect employee and/or client's health</li><li>3. Working in the health care industry also puts you at greater risk for other illnesses. The CDC's Advisory Committee on Immunization Practices (ACIP) is responsible for creating immunization</li></ol>	

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	<p>recommendations and has special recommendations just for health care personnel</p> <ol style="list-style-type: none"><li>4. Open wounds or breaks in the skin should be covered with a protective dressing</li></ol> <p>E. Cleaning and disinfecting storage areas</p> <ol style="list-style-type: none"><li>1. It is important to use proper cleaning and disinfecting practices to maintain aseptic conditions</li><li>2. Always use approved cleaners and follow the facilities procedures for cleaning</li><li>3. PPE should be worn when processing dirty equipment</li></ol> <p>F. How infectious waste is packaged and labeled for disposal</p> <ol style="list-style-type: none"><li>1. Infectious wastes should be contained in red, leak-proof</li></ol>	

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Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>plastic bags</li> <li>2. Bags are labeled, sealed, and disposed of according to facility policy</li> <li>3. Needles and syringes must be placed in special rigid containers for disposal</li> <li>G. Special considerations for medication aides               <ul style="list-style-type: none"> <li>1. Do not come to work ill</li> <li>2. Ensure open skin areas or draining wounds are covered</li> <li>3. Stay up to date on required immunizations</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>2. Recognize emergencies and other health-threatening conditions and respond accordingly</li> </ul>	<ul style="list-style-type: none"> <li>A. Types of health-threatening conditions which should be reported               <ul style="list-style-type: none"> <li>1. Life threatening emergencies</li> <li>2. Non-emergency, but health-threatening conditions</li> <li>3. Other significant changes in physical conditions or behavior</li> </ul> </li> </ul>	



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### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>B. Causes for emergencies may include<ul style="list-style-type: none"><li>1. Injuries</li><li>2. Illnesses</li><li>3. Complications related to illness or injury</li><li>4. Unwanted effects of medication</li></ul></li><li>C. Appropriate responses to emergencies<ul style="list-style-type: none"><li>1. Call 911</li><li>2. Provide assistance to client until help arrives</li><li>3. Collect client's medical record for HCP</li></ul></li><li>D. Appropriate follow-up to emergencies<ul style="list-style-type: none"><li>1. Follow facility protocol for reporting and documentation</li></ul></li><li>E. Appropriate responses to non-emergency but health-threatening conditions<ul style="list-style-type: none"><li>1. Follow facility protocol for reporting and documentation</li></ul></li><li>F. Other significant changes in physical conditions or behavior<ul style="list-style-type: none"><li>1. Follow facility protocol for reporting and documentation</li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
<p>3. Demonstrate basic concepts of communication with the cognitively impaired client</p>	<p>A. Basic communication skills</p> <ol style="list-style-type: none"> <li>1. There must be message, a sender and a receiver</li> <li>2. Be a positive communicator</li> <li>3. Be a good listener</li> </ol> <p>B. Communication barriers</p> <ol style="list-style-type: none"> <li>1. Caregiver barriers               <ol style="list-style-type: none"> <li>a. Failure to listen</li> <li>b. Doing something else while client is trying to communicate</li> <li>c. Assuming the client has nothing of value to say because of cognitive impairment</li> </ol> </li> <li>2. Cognitive Impairment               <ol style="list-style-type: none"> <li>a. Cognitive impairment is the inability to think, to reason, and/or to remember</li> <li>b. This inability is severe enough to interfere with the ability to function</li> </ol> </li> </ol>	

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Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>c. It may be temporary or permanent, depending on the cause</li><li>C. Communicating with the cognitively impaired client<ul style="list-style-type: none"><li>1. Follow the plan of action regarding communication techniques that are effective for each client. This may be called the ISP (Individualized Service Plan) or, in some facilities, the "Action Plan"</li><li>2. Remember that what works for one client may not work for another, be flexible</li></ul></li><li>D. Communication with the aphasic client<ul style="list-style-type: none"><li>1. Aphasia is the inability to speak<ul style="list-style-type: none"><li>a. Stand where client can see you</li><li>b. Look at the client the entire time</li><li>c. DO NOT SHOUT (clients who cannot speak are not necessarily hearing-</li></ul></li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<p>impaired and shouting may cause aggressive behavior)</p> <ul style="list-style-type: none"> <li>d. Speak clearly and enunciate carefully</li> <li>e. Do not rush the client</li> <li>f. Use writing pads, chalk boards or a communication board</li> </ul> <p>E. Managing behavior problems</p> <ul style="list-style-type: none"> <li>1. The best way to manage difficult behavior is to prevent it by following sound behavior management principles</li> <li>2. Knowing the client is a good way to avoid difficult behavior. Consistency of caregivers is important in this group of patients</li> <li>3. To effectively manage challenging behavior:               <ul style="list-style-type: none"> <li>a. Identify the behavior and the cause using the ABC's of behavior management:</li> </ul> </li> </ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"><li>1) Antecedent – what happens before the behavior?</li><li>2) Behavior – what IS the behavior? (identify accurately)</li><li>3) Consequence – what happens as a result of the behavior?</li><li>4. Tools for managing behavior<ol style="list-style-type: none"><li>a. Directing and redirecting<ol style="list-style-type: none"><li>1) When the client is not achieving goals, DIRECT them using such actions as cueing or mirroring</li><li>2) When the client is doing something inappropriate or of danger to self or others, we REDIRECT them to another action</li></ol></li></ol></li></ol>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>b. Ignore the behavior, when appropriate</li><li>c. Increase your tolerance for the behavior, especially with the dementia client</li><li>F. Actions for managing the angry client<ul style="list-style-type: none"><li>1. Agitation<ul style="list-style-type: none"><li>a. Listen closely and try to determine what triggered the behavior</li><li>b. Watch the client's body language for signs of escalating anger such as:<ul style="list-style-type: none"><li>1) loss of eye contact</li><li>2) repetitive movement, wringing of the hands, clenched fists</li><li>3) Increase in motor activity, such as frequent changes in position or pacing</li></ul></li></ul></li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>4) Change in tone of voice, repetitive sounds, crying, complaining</li><li>c. Remain calm; think before you speak</li><li>d. Leave the client alone if appropriate and allow them to calm down</li><li>2. Physical aggression<ul style="list-style-type: none"><li>a. Avoid actions and issues that cause the client to become combative</li><li>b. Call for assistance if the client loses control</li><li>c. Back off when it is appropriate and allow the client time to settle down</li><li>d. Keep yourself and others at a safe distance; protect yourself and the patient</li><li>e. Stay calm; don't threaten; never hit back</li></ul></li></ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	f. When anger passes, talk with the client to try to understand and comfort	
4. Measure and document vital signs	<p>A. When to measure Vital Signs</p> <ol style="list-style-type: none"> <li>1. When ordered by HCP</li> <li>2. To determine baseline vital signs</li> <li>3. If required by facility policy and procedure on a routine basis</li> <li>4. When monitoring the client's response to certain medications</li> <li>5. When the client shows signs of physical distress</li> </ol> <p>B. Measuring and recording vital signs *ranges may vary per client</p> <ol style="list-style-type: none"> <li>1. Temperature               <ol style="list-style-type: none"> <li>a. Older adults often have diminished ability to regulate body temperature putting them at higher risk for hypothermia</li> </ol> </li> <li>2. Pulse               <ol style="list-style-type: none"> <li>a. Rate</li> <li>b. Rhythm</li> </ol> </li> </ol>	



## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>c. Quality</li> <li>3. Respirations               <ul style="list-style-type: none"> <li>a. Rate</li> <li>b. Rhythm</li> <li>c. Quality</li> </ul> </li> <li>4. Blood pressure               <ul style="list-style-type: none"> <li>a. Causes of Inaccurate Blood Pressure Readings</li> </ul> </li> <li>5. Pulse oximetry               <ul style="list-style-type: none"> <li>a. Oximeter may be placed on a fingertip, toe or ear lobe</li> </ul> </li> <li>6. Document vital sign measurements in the client's record</li> <li>7. Report abnormal findings per facility protocol</li> <li>8. Administer medications per facility protocol</li> </ul>	
5. Demonstrate the use of International/Military Time	<ul style="list-style-type: none"> <li>A. International Time               <ul style="list-style-type: none"> <li>1. Counted from the first hour of the day (number 1) to the last hour of the day (number 24)</li> </ul> </li> </ul>	

## UNIT II

### PREPARING FOR SAFE ADMINISTRATION OF MEDICATIONS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>2. For hours after noon (12 pm) add 12 to the hour to determine the international time</li> <li>3. Minutes remain the same</li> </ol>	
<p>6. Identify the “Rights” of medication administration</p>	<ol style="list-style-type: none"> <li>A. The rights of medication administration               <ol style="list-style-type: none"> <li>1. Right Client</li> <li>2. Right Medication</li> <li>3. Right Dose</li> <li>4. Right Route</li> <li>5. Right Time</li> <li>6. Right Documentation</li> </ol> </li> <li>B. Purpose of the rights               <ol style="list-style-type: none"> <li>1. To achieve therapeutic goal</li> <li>2. To prevent harm to the client</li> <li>3. To avoid ethical/legal complications</li> </ol> </li> <li>C. Verify the rights               <ol style="list-style-type: none"> <li>1. When in doubt about any of the rights, DO NOT administer the medication</li> <li>2. Notify supervisor if medication is not administered</li> </ol> </li> </ol>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Define key pharmacological terms, medical terminology and abbreviations associated with medication administration	<ul style="list-style-type: none"> <li>A. Abbreviations associated with Medication Forms</li> <li>B. Routes of administration, abbreviations and meanings</li> <li>C. Measurements and associated abbreviations</li> <li>D. Times of administration and associated abbreviations</li> <li>E. Medical terms and associated abbreviations</li> </ul>	
2. Identify medication and dispensing classifications	<ul style="list-style-type: none"> <li>A. Medication Sources               <ul style="list-style-type: none"> <li>1. Natural Sources                   <ul style="list-style-type: none"> <li>a. Plants</li> <li>b. Animal</li> <li>c. Minerals</li> </ul> </li> <li>2. Chemical Sources                   <ul style="list-style-type: none"> <li>a. Chemical</li> <li>b. Biotechnology</li> </ul> </li> </ul> </li> <li>B. Medication Names               <ul style="list-style-type: none"> <li>1. Generic Name</li> </ul> </li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>a. The official name of the active ingredient used by all manufacturers</li><li>2. Trade Name<ul style="list-style-type: none"><li>a. Brand or product name</li><li>b. Indicated by ®</li></ul></li><li>C. How Medications are Classified<ul style="list-style-type: none"><li>1. Body System Affected</li><li>2. Mechanism of Action of Medications in the Body</li><li>3. Disease Medication is Intended to Treat</li><li>4. Dispensing Classifications<ul style="list-style-type: none"><li>a. Prescription Medications<ul style="list-style-type: none"><li>1) Schedule I<ul style="list-style-type: none"><li>a. Not legal</li><li>b. Illicit street drugs</li></ul></li><li>2) Schedule II-V<ul style="list-style-type: none"><li>a. High abuse potential</li></ul></li></ul></li></ul></li></ul></li></ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>b. Special storage &amp; reporting</li><li>c. Require a prescription</li><li>d. Examples</li><li>3) Schedule VI in Virginia<ul style="list-style-type: none"><li>a. Have least abuse potential</li><li>b. Require prescription</li><li>c. Examples</li></ul></li><li>b. Over-the-Counter Medications Including Herbal Medications<ul style="list-style-type: none"><li>1) Must have HCP order to administer</li><li>2) May be purchased without a prescription</li></ul></li></ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>3) Should be viewed in the same manner as prescription medications</li> <li>4) Can cause harm, produce unwanted effects and medication interactions are possible</li> </ul>	
<p>3. Identify factors that affect medication mechanism of action</p>	<ul style="list-style-type: none"> <li>A. Absorption – First Step                             <ul style="list-style-type: none"> <li>1. When medication is introduced into the body</li> <li>2. Rate of absorption influences medication action and may be affected by multiple factors</li> </ul> </li> <li>B. Distribution – Second Step                             <ul style="list-style-type: none"> <li>1. Medication moves into fluids and tissues</li> </ul> </li> <li>C. Metabolism – Third Step</li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>1. Break down of the medication in the body occurs in order to eliminate the medication</li><li>2. Affected by many factors<ul style="list-style-type: none"><li>a. Age</li><li>b. Health conditions</li></ul></li><li>D. Excretion – Final Step<ul style="list-style-type: none"><li>1. Urine<ul style="list-style-type: none"><li>a. Kidney conditions may affect excretion</li></ul></li><li>2. Feces</li><li>3. Expired air</li></ul></li><li>E. Factors That Affect Medication Action<ul style="list-style-type: none"><li>1. Physical Factors<ul style="list-style-type: none"><li>a. Age</li><li>b. Weight</li><li>c. Gender</li><li>d. Disease states</li><li>e. Genetic factors</li></ul></li><li>2. Psychosocial Factors</li></ul></li></ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>a. Diet</li> <li>b. Exercise</li> <li>c. Mental state</li> <li>d. History of medication response</li> <li>3. Medication Administration Factors               <ul style="list-style-type: none"> <li>a. Dosage form</li> <li>b. Route of administration</li> <li>c. Time of administration</li> </ul> </li> </ul>	
4. Facilitate client awareness of the purpose and effects of medications	<ul style="list-style-type: none"> <li>A. Communicating Purpose and Effects of Medication with the Client</li> <li>B. Purpose of Medication               <ul style="list-style-type: none"> <li>1. Prevent disease (e.g. vaccines)</li> <li>2. Eliminate and control infections</li> <li>3. Control disease</li> <li>4. Relieve symptoms related to illness</li> <li>5. Maintain normal function</li> </ul> </li> <li>C. Effects of Medication               <ul style="list-style-type: none"> <li>1. Therapeutic effect</li> <li>2. Undesired effect</li> </ul> </li> </ul>	



## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>a. Adverse event</li> <li>b. Medication interaction               <ul style="list-style-type: none"> <li>1) Two medications combine to produce a new, different, unwanted effect</li> <li>2) Follow facility protocol for medication interactions</li> </ul> </li> <li>c. Unwanted side effects</li> <li>D. Medication Dependency               <ul style="list-style-type: none"> <li>1. Physical dependency</li> <li>2. Psychological dependency</li> </ul> </li> <li>E. Medication Allergies               <ul style="list-style-type: none"> <li>1. Hypersensitivity</li> <li>2. Allergic reactions                   <ul style="list-style-type: none"> <li>a. Appear within first few doses</li> <li>b. Observe and report</li> </ul> </li> <li>3. Anaphylaxis                   <ul style="list-style-type: none"> <li>a. Observe and report</li> <li>b. Treatment</li> </ul> </li> </ul> </li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
5. Demonstrate how to use medication information sources	A. Common Medication References <ol style="list-style-type: none"> <li>1. Physician's Desk Reference (PDR)</li> <li>2. United States Pharmacopeia National Formulary (USP-NF)</li> <li>3. Nurses Drug Handbook</li> <li>4. The Pill Book</li> </ol> B. Using Medication Reference Books <ol style="list-style-type: none"> <li>1. When a Medication Question Occurs                             <ol style="list-style-type: none"> <li>a. Do not administer the medication until there is clarification</li> </ol> </li> </ol>	
6. Identify medication labeling requirements in Virginia and the Federal Drug Control Act	A. Label Information Contents <ol style="list-style-type: none"> <li>1. Drug Control</li> <li>2. Code of Virginia</li> <li>3. Written in ink, typed or printed</li> <li>4. Name, address and telephone number, Drug Enforcement Administration (DEA) number of pharmacy</li> <li>5. Prescription number and name of physician</li> </ol>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>6. Client's name and date prescription was filled</li> <li>7. Medication name, strength and count of medication</li> <li>8. Directions for taking the medication</li> <li>9. Number of refills</li> <li>10. Expiration date of medication</li> <li>11. Stickers with special instructions</li> </ul>	
7. Identify/explain how to complete three commonly used forms for documenting medication administration	<ul style="list-style-type: none"> <li>A. Use of the Prescriber's Order Form</li> <li>B. Use of the Medication Administration Record (MAR)</li> <li>C. Use of the Medication Error Report Form</li> <li>D. Other Medication Administration Documentation Forms</li> </ul>	
8. Demonstrate/explain procedures for receiving and transcribing physician's orders	<ul style="list-style-type: none"> <li>A. Receiving Medication Orders                             <ul style="list-style-type: none"> <li>1. Written order</li> <li>2. Verbal/Telephone order</li> </ul> </li> <li>B. Guidelines for Receiving Telephone Orders                             <ul style="list-style-type: none"> <li>1. Board of Pharmacy (BOP)</li> <li>2. DSS</li> <li>3. Facility policy</li> </ul> </li> <li>C. Prevention of Order Misinterpretation</li> </ul>	

## UNIT III

### THE BASICS OF MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>1. When in doubt, contact HCP to verify order</li> </ol> <p>D. Transcribing Orders onto the Medication Administration Record (MAR)</p> <ol style="list-style-type: none"> <li>1. Procedure for transcribing a medication per facility protocol</li> <li>2. Procedure for discontinuing a medication per facility protocol</li> </ol>	
9. Document medication administration on the Medication Administration Record (MAR)	<p>A. Documenting Administration of Medications</p> <ol style="list-style-type: none"> <li>1. All medications administered or omitted</li> <li>2. Document per facility protocol</li> </ol>	
10. Document medication errors	<p>A. Documenting Medication Errors Procedure</p> <ol style="list-style-type: none"> <li>1. Document on Medication Error Report Form per facility protocol</li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
<p>1. Identify basic guidelines for administering medications</p>	<p>A. Basic Guidelines for Administering Medications</p> <ol style="list-style-type: none"> <li>1. Know why the client is receiving the medication</li> <li>2. Know the medication delivery system               <ol style="list-style-type: none"> <li>a. vial</li> <li>b. blister pack</li> <li>c. unit dose</li> <li>d. multi-dose</li> </ol> </li> <li>3. Verify each medication order               <ol style="list-style-type: none"> <li>a. written physician's order</li> <li>b. medication administration record (MAR)</li> </ol> </li> <li>4. Know the types of medication orders               <ol style="list-style-type: none"> <li>a. routine order</li> <li>b. PRN</li> <li>c. single dose</li> <li>d. stat                   <ol style="list-style-type: none"> <li>1) pursuant to § 22VAC40-73-680(N)(2) RMA may not administer</li> </ol> </li> </ol> </li> <li>5. Read the medication label 3 times               <ol style="list-style-type: none"> <li>a. Verify the expiration date</li> </ol> </li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ol style="list-style-type: none"> <li>6. Never administer a medication if there is any question about the order</li> <li>7. Never administer a medication if its normal appearance has been altered in any way</li> <li>8. Always check for allergies</li> <li>9. Take vital signs as indicated</li> <li>10. Practice aseptic technique</li> <li>11. Document in the MAR per facility protocol</li> </ol> <p>B. Preparing to Pass Medication (“med-pass”)</p> <ol style="list-style-type: none"> <li>1. Know and follow facility protocol</li> <li>2. Stock the cart per facility protocol</li> <li>3. Follow the rights of medication administration</li> </ol> <p>C. Medication Administration Times</p> <ol style="list-style-type: none"> <li>1. Not earlier than 1 hour before and not later than 1 hour after dosing time pursuant to § 22VAC40-73-680(C)</li> <li>2. Confirm administration time window with facility protocol</li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
2. Administer or assist the client with self-administration of oral medications	<ul style="list-style-type: none"> <li>A. Purpose of Oral Medications</li> <li>B. General Guidelines for Administering Oral Solid Medications                             <ul style="list-style-type: none"> <li>1. Administer solid medication first and liquid second; do not mix liquids</li> <li>2. Do not mix medication with food or liquids without a written order</li> <li>3. Stay with client until medications have been consumed</li> </ul> </li> <li>C. General Guidelines for Administering Oral Liquid Medications                             <ul style="list-style-type: none"> <li>1. Use measurement devices intended for measuring liquid medications</li> <li>2. Do not mix liquid medications in the same measuring device</li> </ul> </li> </ul>	
3. Administer or assist the client with self-administration of eye drops and ointments	<ul style="list-style-type: none"> <li>A. Purpose of Eye Medications</li> <li>B. Safe Administration of Eye Drops                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ul> </li> </ul>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
4. Administer or assist the client with self-administration of ear drops	A. Purpose of Ear Medications B. Safe Administration of Ear Drops <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
5. Administer or assist the client with self-administration of nasal drops and sprays	A. Purpose of Nasal Medications B. Safe Administration of Nasal Drops and Sprays <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
6. Administer or assist the client with self-administration of topical preparations	A. Purpose of Creams, Lotions and Ointments B. Safe Administration of Creams, Lotions and Ointments <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	



## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
7. Administer or assist the client with self-administration of vaginal products	A. Purpose of Vaginal Medications B. Safe Administration of Vaginal Medications <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
8. Administer or assist the client with self-administration of rectal products	A. Purpose of Rectal Medications B. Safe Administration of Rectal Medications <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	
9. Administer or assist the client with self-administration of soaks and sitz baths	A. Purpose of Soaks and Sitz Baths B. Safe Administration of Soaks and Sitz Baths <ol style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers when opened</li> <li>3. Document administration per facility protocol</li> </ol>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
10. Administer or assist the client with self-administration of oral hygiene products	<ul style="list-style-type: none"> <li>A. Guidelines for Oral Care</li> <li>B. Oral Hygiene Products</li> <li>C. Safe Administration of Oral Hygiene Products                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. date and initial multi-use containers when opened</li> <li>3. document administration per facility protocol</li> </ul> </li> </ul>	
11. Administer or assist the client with self-administration of inhalation products	<ul style="list-style-type: none"> <li>A. Purpose of Inhalation Products</li> <li>B. Types</li> <li>C. Safe Administration of Inhalation Products                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial multi-use containers</li> <li>3. Document administration per facility protocol</li> </ul> </li> </ul>	
12. Administer or assist the client with self-administration of transdermal patches	<ul style="list-style-type: none"> <li>A. Purpose of Transdermal Patches</li> <li>B. Safe Administration of Transdermal Patches                             <ul style="list-style-type: none"> <li>1. Procedure</li> <li>2. Date and initial on patch per facility protocol</li> <li>3. Document administration per facility protocol</li> </ul> </li> </ul>	

## UNIT IV

### ADMINISTRATION OF PREPARED INSTILLATIONS AND TREATMENTS

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
13. Administer or assist the client with self-administration of EpiPen®	A. Purpose of The EpiPen® B. Safe Administration of the EpiPen® <ol style="list-style-type: none"><li>1. Procedure</li><li>2. Call 911</li><li>3. Document administration per facility protocol</li></ol>	

# UNIT V

## STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify procedures for storing and securing medications	<ul style="list-style-type: none"> <li>A. Importance of Proper Medication Storage               <ul style="list-style-type: none"> <li>1. Client safety</li> <li>2. Medication integrity and safety</li> <li>3. Compliance with federal and state laws and regulations</li> </ul> </li> <li>B. The Medication Cabinet, Container or Compartment               <ul style="list-style-type: none"> <li>1. For medication storage only</li> <li>2. Virginia DSS regulations                   <ul style="list-style-type: none"> <li>a. § 22VAC40-73-660</li> </ul> </li> </ul> </li> <li>C. The Pharmacy Container               <ul style="list-style-type: none"> <li>1. Used by pharmacies for dispensation of medications</li> <li>2. Containers must meet legal requirements</li> <li>3. Medications must be kept and stored in these original pharmacy containers</li> <li>4. Transfer of medications from one container to another is done only by a pharmacist</li> </ul> </li> </ul>	

# UNIT V

## STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>5. Only a pharmacist can change or alter the prescription label on a dispensed medication</li> <li>D. Storage of Internal and External Medication               <ul style="list-style-type: none"> <li>1. Oral medications separate from topical or suppository type medications</li> <li>2. Eye drops stored separate from internal/external medications</li> </ul> </li> <li>E. Storage of Medications which Require Specific Temperatures</li> <li>F. Storage of OTC medication               <ul style="list-style-type: none"> <li>1. Original container with residents name or pharmacy issued container until administered pursuant to 22VAC40-73-680 (G)</li> </ul> </li> </ul>	
2. Explain/demonstrate procedures for maintaining an inventory of medication including controlled substances	<ul style="list-style-type: none"> <li>A. Maintaining an Inventory of Individual Client Medications               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>B. Maintaining an Inventory of Controlled Substances</li> </ul>	

# UNIT V

## STORAGE AND DISPOSAL OF MEDICATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> <li>C. Guidelines for Counting Schedule II-V Medications               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>D. Provision of Prescription Medications Sent Outside the Facility               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>3. Identify procedures for disposal and loss of medications</li> </ul>	<ul style="list-style-type: none"> <li>A. Reason for Disposal of Medications</li> <li>B. Guidelines for Medication Disposal               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>C. Documentation of Medication Disposal               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> <li>D. Medication Losses               <ul style="list-style-type: none"> <li>1. Adhere to facility protocol</li> </ul> </li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Identify special issues related to medication use in the elderly	<ul style="list-style-type: none"> <li>A. Effects of Aging on Medication Action</li> <li>B. Special Administration Considerations                             <ul style="list-style-type: none"> <li>1. Adverse drug reactions (ADRs)</li> <li>2. Non-adherence</li> </ul> </li> <li>C. The Effects of Disease</li> </ul>	
2. Recognize uses, adverse reactions and special considerations for selected psychotropic medications	<ul style="list-style-type: none"> <li>A. Four Classes of Psychotropic Medications                             <ul style="list-style-type: none"> <li>1. Antidepressant agents</li> <li>2. Antianxiety agents</li> <li>3. Antipsychotic agents (also called neuroleptics)</li> <li>4. Antimanic agents</li> </ul> </li> <li>B. Conditions Commonly Treated with Psychotropic Medications                             <ul style="list-style-type: none"> <li>1. Depression</li> <li>2. Anxiety disorders</li> <li>3. Bipolar disorder (manic-depressive)</li> <li>4. Psychotic disorders</li> <li>5. Individualized disability</li> </ul> </li> </ul>	
3. Recognize when a medication is a chemical restraint	<ul style="list-style-type: none"> <li>A. Virginia Department of Social Services' Definition of Chemical Restraint (§ 22VAC40-73-10)</li> <li>B. Danger of Chemical Restraints</li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>1. Physical harm</li> <li>2. Psychosocial harm</li> <li>C. Common Reasons for Chemical Restraints               <ul style="list-style-type: none"> <li>1. Lack of understanding of what the client is trying to communicate through behavior</li> <li>2. Lack of understanding of behavior management techniques</li> <li>3. Inadequate staffing</li> </ul> </li> <li>D. Managing Behavior               <ul style="list-style-type: none"> <li>1. Review "Resident Rights" for ALFs</li> <li>2. Review Communication</li> </ul> </li> <li>E. Communicating with the Healthcare Team               <ul style="list-style-type: none"> <li>1. Clearly describe what the client is doing</li> <li>2. Do not use words like "agitated" or "angry"                   <ul style="list-style-type: none"> <li>a. state facts, not opinions</li> </ul> </li> <li>3. If attempts to manage behavior fail, document every effort made to manage it per facility protocol</li> </ul> </li> </ul>	



## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	4. Transfer to another facility may be required	
4. Explain the importance of blood testing to monitor therapeutic levels of medication	<ul style="list-style-type: none"> <li>A. Reason for Monitoring</li> <li>B. Blood Levels                             <ul style="list-style-type: none"> <li>1. Therapeutic level</li> <li>2. Toxic level</li> </ul> </li> <li>C. Determining Correct Dosage                             <ul style="list-style-type: none"> <li>1. Factors affecting medication levels</li> </ul> </li> <li>D. Most Frequently Monitored Medications                             <ul style="list-style-type: none"> <li>1. Blood thinners</li> <li>2. Anti-seizure medications</li> <li>3. Asthma medications</li> <li>4. Barbiturates</li> <li>5. Psychotropic medications</li> <li>6. Administration of high doses</li> </ul> </li> <li>E. Factors That Can Interfere with Testing                             <ul style="list-style-type: none"> <li>1. Time between first dose and blood test</li> <li>2. Consuming medications other than the ones being monitored                                     <ul style="list-style-type: none"> <li>a. prescription medications</li> <li>b. OTC medications</li> </ul> </li> </ul> </li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"> <li>c. Alcohol</li> <li>d. Marijuana</li> <li>e. "street drugs" or any illegal substances</li> <li>F. Responsibility of Facility Staff                             <ul style="list-style-type: none"> <li>1. Monitor HCP orders for blood level requests</li> <li>2. When ordered routinely, ensure test is done</li> <li>3. Ensure results are reported to the HCP</li> <li>4. Report unusual signs/symptoms related to medication levels</li> </ul> </li> </ul>	
5. Identify medications considered inappropriate for the elderly	<ul style="list-style-type: none"> <li>A. Beer's Criteria                             <ul style="list-style-type: none"> <li>1. A list of medications considered inappropriate to administer to elderly clients due to risks outweighing benefits</li> <li>2. List is based on recommendations from geriatric experts</li> </ul> </li> </ul>	
6. Identify reasons and ways of dealing with clients'	<ul style="list-style-type: none"> <li>A. Reasons for refusal</li> </ul>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
refusal to take medications and respond appropriately	<ol style="list-style-type: none"> <li>1. Questions to Ask when Determining Reasons for Medication Refusal</li> <li>B. Types of refusal               <ol style="list-style-type: none"> <li>1. Active – client directly refuses</li> <li>2. Passive – less obvious and requires observation</li> </ol> </li> <li>C. Strategies for Managing Client Refusal               <ol style="list-style-type: none"> <li>1. Rephrase offer to administer the medication</li> <li>2. Follow the client’s Individualized Service Plan (ISP) for actions to be taken regarding refusal</li> </ol> </li> <li>D. When a client refuses               <ol style="list-style-type: none"> <li>1. Notify the HCP regarding the refusal</li> <li>2. Observe and report effects of medication refusal</li> <li>3. Document refusal per facility protocol</li> </ol> </li> </ol>	
7. Recognize uses of over-the-counter medications, herbal preparations and non-medical substances	<ol style="list-style-type: none"> <li>A. Use of Over-the-Counter (OTC) Medications               <ol style="list-style-type: none"> <li>1. Must have an HCP order</li> <li>2. Must be documented in the MAR</li> </ol> </li> </ol>	

## UNIT VI

### SPECIAL ISSUES IN MEDICATION ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>3. Errors must be reported</li><li>4. Must be stored in the same manner as prescription medications</li><li>B. Use of Herbal Medications<ul style="list-style-type: none"><li>1. Not regulated by the FDA</li><li>2. Do not have to meet federal/state standards</li><li>3. Must have HCP order if administered by Medication Aides</li><li>4. Must be documented on the MAR in the same manner as prescription medications</li></ul></li><li>C. Use of Non-Medical Substances<ul style="list-style-type: none"><li>1. Effect of legal substances on physiology</li><li>2. Interaction of legal substances with OTC and prescription medications</li></ul></li><li>D. Use of Sample Medications<ul style="list-style-type: none"><li>1. Must have an HCP order</li><li>2. Must be documented in the MAR</li><li>3. Follow facility protocol</li></ul></li></ul>	

# UNIT VII

## INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
1. Define and list the causes of two types of diabetes mellitus	<ul style="list-style-type: none"> <li>A. The Purpose of Insulin in the Body</li> <li>B. Diabetes               <ul style="list-style-type: none"> <li>1. Type I – insulin-dependent diabetes mellitus (IDDM) description</li> <li>2. Type II – non-insulin-dependent diabetes mellitus (NIDDM) description</li> </ul> </li> <li>C. Causes of Diabetes Mellitus</li> <li>D. Symptoms of Diabetes Mellitus</li> </ul>	
2. Identify interventions involved in the management of diabetes	<ul style="list-style-type: none"> <li>A. Diet Management</li> <li>B. Exercise</li> <li>C. Medication               <ul style="list-style-type: none"> <li>1. Oral                   <ul style="list-style-type: none"> <li>a. not insulin</li> <li>b. encourage the pancreas to produce and better utilize insulin</li> </ul> </li> <li>2. Insulin injections                   <ul style="list-style-type: none"> <li>a. Types of insulin</li> <li>b. Client may take one type or a mixture of two types of insulin</li> </ul> </li> </ul> </li> </ul>	

# UNIT VII

## INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	3. Non-insulin injections <ul style="list-style-type: none"> <li>a. Medication aides may not administer pursuant to 18VAC90-60-110(B)(5)</li> </ul> D. Blood Glucose Monitoring	
3. List common signs and symptoms of hypoglycemia and hyperglycemia	A. Hyperglycemia – High Blood Glucose <ul style="list-style-type: none"> <li>1. Causes</li> <li>2. Signs and symptoms</li> <li>3. Treatment</li> </ul> B. Hypoglycemia – Low Blood Glucose <ul style="list-style-type: none"> <li>1. Causes</li> <li>2. Signs and symptoms</li> <li>3. Treatment</li> </ul> C. Client Reporting to the HCP	
4. Perform finger stick procedure for glucose monitoring	A. Blood Glucose Monitoring <ul style="list-style-type: none"> <li>1. Procedure               <ul style="list-style-type: none"> <li>a. Random blood glucose test</li> <li>b. Fasting blood glucose tests</li> </ul> </li> </ul> B. Report and document per facility protocol	
5. Administer insulin injections	A. Methods of Insulin Administration <ul style="list-style-type: none"> <li>1. Syringe</li> <li>2. Pen</li> </ul>	

# UNIT VII

## INSULIN ADMINISTRATION

Objectives	Topical Outline	Strategies for Teaching and Assessing Knowledge
	<ul style="list-style-type: none"><li>3. Other</li><li>B. General Guidelines for Administration of Subcutaneous Injections<ul style="list-style-type: none"><li>1. Insulin Pen</li><li>2. Insulin Vial</li><li>3. Mixing two types of insulin</li></ul></li></ul>	

# Glossary

<b>absorption</b>	How a substance is taken into the circulation (blood stream). How much of a medication is absorbed and how long it takes to absorb determines the medication's availability for use in the body.
<b>abuse</b>	To willfully inflict physical pain, injury or mental anguish or unreasonable confinement.
<b>active refusal</b>	When a client directly refuses to take a medication.
<b>addiction</b>	Compulsive physiological need for and use of a habit-forming substance.
<b>Physical addiction</b>	Drug dependence in which the drug is used to prevent withdrawal symptoms or in which it is associated with tolerance, or both.
<b>Psychological addiction</b>	Drug dependence in which the drug is used to obtain relief from tension or emotional discomfort; may also be called emotional dependence.
<b>ad lib</b>	Use as much as one desires. In licensed facilities, the order for such use must be specifically defined.
<b>administer</b>	Direct application of a medication to the patient's body whether by injection, inhalation, ingestion or any other means.
<b>administration route</b>	How the medication is administered, i.e., orally, topically, subcutaneous injection, inhalation, intranasal, rectally, vaginally, etc.
<b>ADR</b>	Abbreviation for <i>adverse drug reaction</i> . An often undesirable or unexpected effect of a drug which can vary in significance. Some adverse reactions are minor, tolerable for the patient and short-lived, while others are more life threatening; also known as a side effect.
<b>agitation</b>	Restless or excited behavior.
<b>akathisia</b>	Constant pacing; a total inability to sit still. If forced to sit still the person may experience extreme anxiety and agitation.



<b>ALF</b>	Abbreviation for <i>Assisted Living Facility</i> , a housing facility for people with disabilities or for adults who cannot or who choose not to live independently.
<b>Alzheimer's disease</b>	A progressive neurodegenerative disease of the brain which impairs ability to think, reason or remember and interferes with the ability to function.
<b>amnesia</b>	Lack or loss of memory; inability to remember past experiences.
<b>anaphylaxis</b>	A severe allergic reaction to a substance to which a person has become sensitized. Requires emergency treatment.
<b>anatomy</b>	Study of the structure and the parts of the body.
<b>antagonist</b>	When referring to medications, a substance that stops the action or effect of another substance.
<b>anxiety</b>	State of feeling apprehensive, uneasy, uncertain, or in fear of an unknown or recognized threat.
<b>aphasia</b>	Loss of the power of expression by speech, writing, or signs, or of comprehending spoken or written language, due to injury or disease of the brain center.
<b>APS</b>	Abbreviation for <i>Adult Protective Services</i> , which receives and investigates reports of abuse, neglect, and exploitation of adults 60 years of age or older and incapacitated adults age 18 or older.
<b>aseptic</b>	Free of disease-causing organisms.
<b>ataxia</b>	Irregular muscular action. Particularly affects walking; gait is typically very unsteady.
<b>biohazardous waste</b>	Waste which may cause disease or injury.
<b>blood-borne pathogen</b>	A disease-causing organism which is carried in the blood.
<b>blood pressure</b>	The force of circulating blood on the walls of the arteries.

<b>BON</b>	Abbreviation for <i>Board of Nursing</i> , the agency in Virginia which regulates Nurses (RN and LPN), Nurse Practitioners including Nurse Anesthetists and Nurse Midwives, Nurse Aides, Advanced Certified Nurse Aides, Clinical Nurse Specialists, Medication Aides and Massage Therapists. The BON also regulates Prescriptive Authority for Nurse Practitioners and approves and regulates in-state education programs for Nurses (RN and LPN), Nurse Aides, and Medication Aides.
<b>BOP</b>	Abbreviation for <i>Board of Pharmacy</i> .
<b>Bradykinesia</b>	Very slow movement. May be medication side effect. Symptom of disease such as Parkinson's.
<b>BUN</b>	Abbreviation for <i>Blood Urea Nitrogen</i> which is a measure of the kidneys' ability to excrete urea, the chief waste product of protein breakdown. Elevated in renal failure; influenced by the amount of protein intake in the diet. In medication administration, the function of the kidneys affects medication excretion.
<b>Catastrophic reaction</b>	An abrupt outburst related to a stimulus or trigger.
<b>catatonic</b>	A condition of being apparently awake but unresponsive. Catatonia is a severe psychiatric and medical condition associated with a number of psychiatric and medical conditions, such as drug abuse, depression, and schizophrenia.
<b>CE</b>	Abbreviation for <i>Continuing Education</i> . Educational requirement to maintain a license or certificate.
<b>chemical name</b>	The name of a chemical compound that shows the names of each of its elements or sub-compounds.
<b>CHF</b>	Abbreviation for <i>Congestive Heart Failure</i> ; a disease of the heart most commonly referred to as "heart failure."
<b>cognitive impairment</b>	Altered ability to think, to reason and/or remember which interferes with the ability to function normally.
<b>Combative</b>	Marked by eagerness to fight or contend.
<b>communicable disease</b>	One which can be transmitted from one human to another.
<b>communication barrier</b>	An internal or external obstacle which interferes with sending or receiving a message.

<b>concentration</b>	Amount of medication in a certain volume of liquid.
<b>confusion</b>	Usually refer to loss of orientation (ability to place oneself correctly in the world by time, location and personal identity) and often memory (ability to correctly recall previous events or learn new material). Confusion is a symptom. It may range from mild to severe. A person who is confused may have difficulty solving problems or tasks, especially those known to have been previously easy for the person and an inability to recognize family members or familiar objects, or to give approximate location of family members not present.
<b>contamination</b>	The act of process of rendering something harmful or unsuitable. Passage of an infectious organism, such as a virus, from an infected person to an object such as a needle, which then, when used, may pass infection to another person. The soiling or making inferior by contact or mixture, as by introduction of infectious organisms into a wound, into water, milk, food or onto the external surface of the body or on bandages and other dressings.
<b>contraindication</b>	Conditions in which the use of a certain medication is dangerous or inadvisable.
<b>controlled substances</b>	Potentially dangerous or habit-forming medications whose sale and use are strictly regulated by law; any prescription medication in Virginia.
<b>COPD</b>	Medical abbreviation for <i>Chronic Obstructive Pulmonary Disease</i> ; a condition of the respiratory system in which breathing is difficult.
<b>cueing</b>	To give signs or signals to indicate a desired behavior or action.
<b>CVA</b>	Abbreviation for <i>cerebral vascular accident</i> . Medical term for a brain stroke.
<b>DEA</b>	Abbreviation for <i>Drug Enforcement Administration</i> , a federal agency which regulates and enforces laws on drugs in Schedules I-V; determines on a federal level which Schedule classification is most appropriate for drugs.
<b>dehydration</b>	A condition caused by the loss of too much water from the body. Severe diarrhea or vomiting can cause dehydration. Can be life-threatening if untreated.
<b>delirium</b>	A temporary state of mental confusion caused by disease, illness, drugs or alcohol. Usually subsides in time when the cause is removed.

<b>delusions</b>	False beliefs that are resistant to reasoning.
<b>dementia</b>	Mental deterioration caused by disease, injury or alcohol.
<b>depression</b>	A prolonged state of sadness. May be hereditary or caused by a life situation. A treatable condition.
<b>diabetes</b>	A disease in which the body does not properly control the amount of sugar in the blood resulting in a high level of sugar in the blood. Occurs when the body does not produce enough insulin or does not use it properly.
<b>directing</b>	To instruct, or indicate, for the client, a desired action. A behavior management technique.
<b>disinfect</b>	To render free from disease-causing organism.
<b>disoriented</b>	Lose of awareness of time, place or identity.
<b>distribution</b>	Movement of a medication throughout the body after it is absorbed into the circulation (blood stream).
<b>dosage</b>	The amount of medication to be administered, e.g., one 50mg tablet, 10 units, 5ml, etc.
<b>drug</b>	Chemical substance used in the diagnosis, treatment, prevention or cure of disease; also called medication.
<b>DSS</b>	Abbreviation for <i>Department of Social Services</i> , the agency which licenses and regulates Virginia assisted living facilities.
<b>dystonia</b>	Abnormal tonicity of muscle, characterized by prolonged, repetitive muscle contractions that may cause twisting or jerking movements of the body or a body part. Can be caused by prolonged or improper use of some psychotropic medications.
<b>elimination</b>	The process of eliminating a medication or other substance from the body.
<b>enema</b>	A procedure used for clearing the bowel and colon of fecal matter. Liquid is introduced, usually water and sodium bicarbonate or sodium phosphate, by means of a bulb or enema bag, into the anus and thus to the bowel and colon. This tends to stimulate the bowel to release fecal matter.

<b>enteric</b>	Pertaining to the small intestine.
<b>enteric-coated</b>	A coating placed on medication which allows it to dissolve in the small intestine rather than in the stomach.
<b>EpiPen®</b>	A unit dose syringe that is pre-filled with the medication, epinephrine. It is used for self-administration of epinephrine in the event of an allergy emergency.
<b>ethical standards</b>	Guides to moral behavior.
<b>euphoria</b>	A feeling of well-being or elation; may be medication related.
<b>excretion</b>	An excreting of waste matter: the act or process of discharging waste matter from the tissues or organs.
<b>external medications</b>	Those administered on the outside of the body such as creams, ointments or transdermal patches.
<b>expiration date</b>	Date after which a medication should not be used.
<b>exploitation</b>	The use of another person or his/her belongings for personal gain.
<b>extrapyramidal</b>	Refers to a group of symptoms that are usually related to the close and prolonged administration of antipsychotic medications.
<b>FDA</b>	Abbreviation for <i>Food and Drug Administration</i> , the federal agency which enforces the Food, Drug and Cosmetic Act; determines when a manufacturer can market its medication based on safety and efficacy data; determines if a generic medication is therapeutically equivalent to a brand name medication.
<b>frequency</b>	How often a medication is administered, e.g., once daily, twice daily before meals, every four hours as needed for cough, etc.
<b>generic medication</b>	An often lesser expensive medication that may be deemed therapeutically equivalent by the United States Food and Drug Administration to a trade name medication, because it has the same active ingredient(s) and is identical in strength, dosage form and route of administration.
<b>geriatric</b>	Relating to older people.

<b>glucagon</b>	Hormone secreted by the alpha cells of the pancreas. Glucagon is responsible for raising blood glucose.
<b>glucose</b>	Simple sugar; the form in which all carbohydrates are used as the body's principal energy source; transported in the blood and metabolized in the tissues.
<b>glucometer</b>	A small, portable machine that can be used to check blood glucose concentrations.
<b>grievance</b>	A situation in which a person feels she wishes to file a complaint.
<b>hallucination</b>	An experience involving the apparent perception of something not present.
<b>handheld inhaler</b>	A portable handheld device that delivers medication in a form that the person breathes in directly to the lungs.
<b>HCP</b>	Abbreviation for Healthcare Provider.
<b>hyperglycemia</b>	An abnormally high level of sugar (glucose) in the blood.
<b>hypnotic</b>	A medication that produces drowsiness and assists with the onset and maintenance of sleep.
<b>hypoglycemia</b>	A deficiency of sugar (glucose), in the blood caused by too much insulin or too little glucose.
<b>hypothermia</b>	An abnormally low body temperature.
<b>IDDM</b>	An abbreviation for insulin-dependent diabetes mellitus.
<b>incapacitated adult</b>	Any adult who is impaired by reason of mental illness, mental deficiency, physical illness or disability to the extent that he/she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person, or to the extent the adult cannot effectively manage or apply his/her estate to necessary ends.
<b>Incident Report</b>	A form that is required by the facility to be completed to document details of an unusual event that occurs at the facility, such as an injury to a patient or a staff member.
<b>indications</b>	Diseases, conditions and disorders for which a medication may be used to treat.

<b>infection</b>	The invasion of the body by pathogenic microorganisms thus producing a state of disease.
<b>infectious waste</b>	Refuse capable of causing infectious disease; items contaminated with blood, saliva, or other body substances, or those actually or potentially infected with pathogenic material.
<b>inhalation</b>	Administration of medications by way of droplets or mist that the patient breathes into the lungs.
<b>inhalation therapy</b>	Breathing treatment used to help restore or improve breathing function in patients with respiratory disease. If medication is included, it is usually administered by way of a nebulizer or a hand-held inhaler.
<b>ISP</b>	Abbreviation for Individualized Service Plan, a document required by DSS which outlines the plan of care for clients in assisted living facilities.
<b>instillation</b>	Placement of drops of liquid into the eyes, ears, nose, or some other body cavity.
<b>insulin</b>	A hormone that enables the body to metabolize and use glucose. Lack of or insensitivity to insulin results in diabetes.
<b>insulin pen</b>	An insulin injection device the size of a pen that includes a needle and holds a vial of insulin. It can be used instead of syringes for giving insulin injections.
<b>jaundice</b>	Yellowing of the skin and eyes caused by too much bilirubin in the blood.
<b>ketoacidosis</b>	A severe condition caused by a lack of insulin or an elevation in stress hormones. It is marked by high blood glucose levels and ketones in the urine, and occurs almost exclusively in those with type 1 diabetes; can result in diabetic coma.
<b>ketones</b>	Acidic substances produced when the body uses fat, instead of sugar, for energy.
<b>legal standards</b>	Guides to legal behavior.
<b>lethargy</b>	Lack of energy, sluggishness, dullness, apathy.
<b>liable</b>	Legally obligated; responsible for an action.

<b>malnutrition</b>	Poor nourishment of the body often due to not eating healthy foods, improper digestion, poor absorption of nutrients or a combination of these factors.
<b>mandatory reporter</b>	A person who has regular contact with vulnerable people and is therefore legally required to ensure a report is made when abuse is observed or suspected.
<b>MAR</b>	An abbreviation for Medication Administration Record, a form used to document all medications administered to a particular resident.
<b>Registered Medication Aide</b>	The official title given to those persons who meet all requirements of the Board of Nursing and who are registered and in good standing with the board; may be abbreviated <i>RMA</i> .
<b>Medication Error Report Form</b>	Used to document the details of a medication error.
<b>medication inventory</b>	To maintain an accurate supply and count of client's medications stored in the facility. A <i>Medication Inventory Form</i> may be used to document the count of certain drug schedules.
<b>medicine cart</b>	Movable unit for storing medications.
<b>metabolism</b>	The chemical breakdown of a medication within the body. The rate of metabolism or speed at which the body processes medication varies from individual to individual, and therefore, the magnitude and duration of a medication's effect may differ from one person to the next. Typically, the elderly or a patient with compromised kidney or liver function will metabolize medication at a slower rate. Therefore, the medication effect can be greater in these patients and last longer than in a younger, healthier adult. This is why lower strengths or smaller doses are often given to these patients.
<b>metered dose inhaler</b>	Small, portable devices used to administer medication into the lungs.
<b>microorganism</b>	An organism that can be seen only with the aid of a microscope; also called a microbe.
<b>misappropriation</b>	The unauthorized, improper, or unlawful use of funds or other property for purposes other than that for which intended.



<b>motility</b>	The ability to move; the movement of muscles that propel food through the intestinal tract.
<b>nasal</b>	By way of the nose. In medication administration, it refers to nose drops or nose sprays.
<b>nebulizer</b>	A machine or hand-held device used to administer medication for respiratory disease into the lungs, by way of inhalation.
<b>neglect</b>	Failure to provide food, medication, shelter or appropriate care or providing improper or inappropriate care that results in injury or harm, whether physical or emotional, to the person.
<b>NIDDM</b>	An abbreviation for non-insulin-dependent diabetes mellitus.
<b>nostril</b>	Either of two external openings of the nasal cavity in vertebrates that admit air to the lungs and smells to the olfactory nerves.
<b>NSAID</b>	An abbreviation for <i>Nonsteroidal Anti-Inflammatory Drug</i> . A medication that decreases fever, swelling, pain, and redness.
<b>ophthalmic</b>	Related to the eye. In medication administration, it usually refers to eye drops or eye ointments.
<b>orthostatic hypotension</b>	A large decrease in blood pressure upon standing; may result in fainting.
<b>OSHA</b>	Abbreviations for <i>Occupational Safety and Health Administration</i> . A federal agency under the Department of Labor that publishes and enforces safety and health regulations for business and industries.
<b>otic</b>	Related to the ear. In medication administration it usually refers to the administration of eardrops.
<b>OTC</b>	An abbreviation for <i>over-the-counter</i> , medications available without prescription.
<b>passive refusal</b>	A client accepts a medication but refuses to swallow or conceals and later spits it out. Swallowing a medication and then vomiting it back.
<b>pathogen</b>	Disease-causing microorganism.

<b>patient abandonment</b>	From a regulatory perspective, in order for patient abandonment to occur, the care provider must have first accepted the patient assignment and established a provider-patient relationship, then severed that provider-patient relationship without giving reasonable notice to the appropriate person (supervisor, employer) so that arrangements can be made for continuation of care by others.
<b>perseveration</b>	Continuance of activity after the stimulus is removed.
<b>pharmacology</b>	Study of medications; includes their composition, uses and effects.
<b>pharmacy requisition form</b>	Form used to order supplies and medications from the pharmacy.
<b>Physician's Order Form</b>	A form used by persons authorized to prescribe and treat; usually provided by the facility or the pharmacy provider. Often abbreviated as <i>P.O. form</i> .
<b>PO</b>	Accepted medical abbreviation for <i>by mouth</i> ; a route of administration.
<b>poly-pharmacy</b>	When a client is taking a combination of two or more medications.
<b>PPE</b>	<i>Personnel Protective Equipment</i> , such as gloves, gowns, masks, goggles required by OSHA when exposure to possible blood-borne pathogens.
<b>precautions</b>	Warnings to use care when giving medications under certain conditions.
<b>prescription medication</b>	Means any medication required by federal law or regulation to be dispensed only pursuant to a prescription.
<b>PRN order</b>	A medication order for a medication to be administered, as needed, within a particular time parameter prescribed by the HCP.
<b>pre-pour</b>	To pour medication in advance of time for dose to be given.
<b>Prescriber Form</b>	A form used by persons authorized to prescribe and treat; usually provided by the facility or the pharmacy provider.

<b>protrusion</b>	The state of being thrust forward or laterally, as in tongue thrusting caused by voluntary or involuntary movements of the jaw muscle.
<b>psychotic behavior</b>	A term that refers to a group of severe mental illnesses where the person has periods of loss of contact with reality which results in a severe impairment in the ability to function. Common symptoms include hallucinations, delusions, withdrawal, and impairment of intellectual function, loss of personal care skills.
<b>pulse oximetry</b>	Pulse oximetry is a noninvasive method for monitoring a person's oxygen saturation.
<b>redirecting</b>	To divert from one action to another. A behavior management technique.
<b>Resident's Bill of Rights</b>	A document that states the rights of clients living in long-term care facilities. Frequently referred to as <i>Resident's Rights</i> .
<b>routine order</b>	Medication order for medication to be administered over a period of time until discontinued.
<b>schizophrenia</b>	One of the most complex of all mental health disorders; involves a severe, chronic, and disabling disturbance of the brain.
<b>sedative</b>	A medication that decreases activity and calms the recipient.
<b>self-administration</b>	The act of a person administering medications to himself with knowledge of the identity and purpose of the medication.
<b>self-administer</b>	A resident of, or applicant to, an ALF who is capable of self-administering medication will be described in the UAI (Universal Assessment Instrument) as one who is capable of taking medication without any assistance of any kind from another person. For these purposes, assistance is defined as verbal cues, prompting, set-up or any hands-on assistance by another individual.
<b>solubility</b>	The amount of a substance that can be dissolved in a liquid under specified conditions.
<b>spacer</b>	A device used to increase the ease of administering aerosolized medication from a metered-dose inhaler.

<b>Standard Precautions</b>	Established by OSHA to prevent contamination by blood-borne pathogens; wearing gloves when handling body fluids, wearing personnel protective equipment and disposing of biohazardous waste.
<b>stat order</b>	An order for a medication to be administered immediately.
<b>sterile</b>	Free of microorganisms.
<b>subcutaneous</b>	Beneath the skin; an area that is rich in fat and blood vessels. Some medications, such as insulin, are injected into this area to aid their absorption.
<b>suppository</b>	A solid cone or cylinder of usually medicated material which melts and is for insertion into a bodily passage or cavity (as the rectum, vagina, or urethra).
<b>tardive dyskinesia</b>	Potentially irreversible neurological side effects of antipsychotic medications in which there are involuntary repetitive movements of the face, limbs and trunk.
<b>telephone order</b>	An order received, by way of telephone, from a HCP for medication or treatment and received by an authorized person. Abbreviated as <i>T.O.</i>
<b>therapeutic range</b>	The concentration or level of a medication in the blood required for the desired outcome.
<b>torticollis</b>	A state of inadequate muscle tone in the muscles in the neck that control the position of the head. It can cause the head to twist and turn to one side, and the head may also be pulled forward or backward.
<b>toxicity</b>	The quality, state, or relative degree of being toxic or poisonous to the body.
<b>trade name</b>	Licensed name under which a medication prepared by a specific manufacturer is sold; also known as proprietary or brand name.
<b>transcribe</b>	To record information from one document to another. In medication management it usually means copying the HCP orders from the HCP form onto the Medication Administration Record (MAR).
<b>UAI</b>	Abbreviation for <i>Uniform Assessment Instrument</i> , a document required by DSS which identifies the level of care required for each client.

<b>validation</b>	To make valid; substantiate; confirm.
<b>verbal order</b>	An order from a HCP for medication or treatment which is transmitted verbally rather than written. Generally, unlicensed assistive personnel, such as a Medication Aide, should avoid accepting a verbal order.
<b>void</b>	To excrete or discharge from the body. Usually refers to urine.