



# Lighthouse Assisted Living

*~ Excellence in Senior Care ~*

*Qualified Medication Administration  
Person (QMAP)*

*Syllabus Revised 2018*

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## Purpose of this course

The medication administration program is established in accordance with Section 25-1.5-301, C.R.S et seq. The medication administration course is designed to teach **unlicensed staff** to safely administer medications in settings authorized by law. Staff who successfully complete the medication administration course are not certified or licensed in any way, and are not trained or authorized to make any type of judgment, assessment or evaluation of a client. Staff who successfully complete the course are considered Qualified Medication Administration Persons (QMAP). Successful applicants will pass written exam and a hands-on practical exam.

## The Importance of Safe Administration of Medications

- **The administration of medications is a privilege.**
- **This role is a major responsibility that affects the quality of clients' lives.**
- **Improper or careless administration of medications may result in death.**
- **You are responsible for what you administer. It is best practice to administer medications that you have prepared. You may administer medications using medication reminder boxes (MRBs) that others (client, family, other facility staff) have prepared.** The purpose of the Medication Study Guide along with the QMAP course is to help you become more knowledgeable with administering medications and better prepared for the test as well as training at your community.
- **QMAP must provide an ID showing a minimum age of 18 years old**

## Course objectives

- Safe administration of medications according to written physician's orders
- Maintaining proper documentation of the administration of both prescription and non-prescription drugs
- Use of proper techniques when administering medications by the various routes
- You will know and demonstrate mastery of the following:
  - A. Comprehension of important guidelines
  - B. Use and forms of drugs
  - C. Medication orders
  - D. Documentation
  - E. Medication reminder boxes
  - F. Steps of procedures
  - G. Medication errors
  - H. Medication storage
- Safely and accurately fill and administer medications to and from medication reminder boxes with oversight from a licensed person or qualified manager

## At the completion of this course, you should be able to demonstrate:

- Proper reading, understanding and transcribing of physician's orders

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- Safe administration of medications via multiple "routes" (ingested, applied, inhaled, inserted) in designated settings using written physician orders according to the "**7 rights of administration**"
- Documentation of medication administration according to state board of health regulations
- **SAFE** administration of medications from Medication Reminder Boxes (MRB)

### Authorized Settings

1. Assisted Living Residences.
2. Alternative Care Facilities.
3. State certified adult day programs.
4. Residential Child Care Facilities
5. Developmental Disabled population (Will require additional training)
6. Adult Foster care Facilities
7. Secure Residential Treatment Centers

### This QMAP course is not appropriate for the following settings:

1. Facilities regulated by the Department of Corrections have a qualified medication administration curriculum specifically developed for the administration of medications in correctional facilities.
2. Programs/ services regulated by the Department of Human Services have a qualified medication administration curriculum designed to address childcare population
3. Child Care less than 24-hour care

### Requirements

1. Must provide payment of \$110.00 in full prior to class to be considered registered for class. Payments will be accepted only via Eventbrite.
2. You must pass the written test with a minimum score of 75%.
3. You must score 100% on the practicum exam to pass the course; this includes hands on demonstrations and filling an MRB.
4. Must be 18 yrs old and able to provide current photo identification and the last six digits of your social security number.
5. Employers must provide "on the job training and mentoring" for all QMAPs.

### CAUTIONS

1. This course does **not** lead to certification or a license. Upon successful completion of this course you will receive a provisional letter of completion authorizing you to administer prescription or nonprescription medications in various settings as set forth in the law. You will be considered **qualified** to administer medications, as a Qualified Medication Administration Person (QMAP).

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2. Persons successfully completing this course **are not** trained or authorized to make any type of judgment, assessment or evaluation of medications.
3. **FEES policy.** Your paid fees will be forfeited if you are registered for a class/testing and do not attend or miss any portion of without making appropriate arrangements with the instructor.
4. Upon successful completion of the course, the QMAP's information will be forwarded to the State of Colorado to be added as an active QMAP within the state of Colorado. This information will be submitted to the state within 3 business days of successful completion. A completion form will be given to each student upon passing the course. This form does not authorize the QMAP to administer medication. Training for the QMAP may begin once the qualification is noted on the state website. Additional information can be found on the QMAP website located at [www.healthfacilities.info](http://www.healthfacilities.info)

### **INFORMATION FOR EMPLOYERS AND STUDENTS**

1. Students should not work the overnight shift before attending the QMAP class and should not work overnight before testing.
2. Students must read, write and speak English
3. Students should have basic math skills
4. Students must provide photo identification at the class
5. Employers must conduct a criminal background check prior to allowing medication administration by the QMAP employee.

## Unit 1: Communication

### **Interpersonal Skills:**

What does this mean?

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Who are we talking about?

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Benefits of good communication skills:

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How can I get better at this?

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Communication with the visually impaired:

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Communication with the hearing impaired:

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Communication with Alzheimer's residents:

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**\*\*\*All QMAPs must be familiar with the population that they are working with. For example, behaviors commonly associated with Alzheimer's and dementia, mental illness, post stroke, chemical dependency, etc. The following are links to learn more about persons with impairments.**

You can use the internet resources to find the information such as:

- [https://changeagents365.org/resources/ways-to-stay-engaged/the-gerontological-society-of-america/Communicating%20with%20Older%20Adults%20Low\\_GSA.pdf](https://changeagents365.org/resources/ways-to-stay-engaged/the-gerontological-society-of-america/Communicating%20with%20Older%20Adults%20Low_GSA.pdf)
- <https://www.alz.org/care/dementia-communication-tips.asp>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3074568/>
- <http://www.chadd.org/Understanding-ADHD/For-Adults/Living-with-ADHD-A-Lifespan-Disorder/Relationships-Social-Skills/Social-Skills-in-Adults-with-ADHD.aspx>
- <http://www.healthyhearing.com/report/51744-Communication-strategies-when-talking-to-individuals-with-hearing-loss>

## Unit 2: Purposes of Drugs

### **Objective 1: Describe some of the purposes for drugs**

- Prevent or treat disease or illness
- Treat symptoms
- Aid in diagnoses
- Restore or maintain normal body functions
- Reach desired or therapeutic effect

### **Objective 2: Learn the difference between (1) monitoring, (2) administering and (3) client self-administration of medications.**

The authorized practitioner must state, in writing, which option is permitted/required if medication is taken in a designated setting by a client. An authorized practitioner is licensed physician (MD), physician's assistant (PA), nurse practitioner (NP) with prescriptive authority.

#### **Monitoring** medication taken by the client:

- Reminding a specific individual client to take medication at the time ordered
- Delivering a container of medication lawfully labeled to a specific client, if needed
- Observing a specific individual client to make sure s/he took medications
- Making a written record of each medication, with the note "monitored"

**Note:** Regulations do not require successful completion of a QMAP course if staff only "monitors" and does not "administer" medications to the client. (Document what you do)

#### **Administering** medication to a client:

- Assisting a client in the ingestion, application, inhalation, or
- Insertion of a rectal or vaginal medication according to written directions of an authorized practitioner
- Handing staff-prepared medications to a client
- Making a written record of each medication administered, including both prescription and over the counter drugs

#### **Self-administration** of medication by a client:

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- “Self-administration” means the ability of a person to take medication independently without any assistance from another person.
- The client is completely responsible for taking his/her own medications. Staff is not involved other than to ensure safety of other clients and encourage notification of updated information.
- There is no requirement for daily documentation of self-administered medication.
- There should be a note on the plan of care at least once yearly, updated as appropriate, documenting the facility's knowledge of medications being self-administered.
- If a facility administers some medications and a client self-administers some medications the facility must have written physician approval for each self-administered medication

### **Objective 3: Learn the seven rights of medication administration.**

1. right client
2. right time – 1/2 hour before scheduled dose to 1/2 hour after; if a specific time is stated on the order.
3. right medication
4. right dose
5. right route
6. documentation
7. right to refuse

Medications that are ordered to be given “am” or “pm” do not have a time requirement set by the prescribing authority; however, the facility may designate a timeframe in their policies and procedures or use “am” and “pm” for medications to be given.

### **Objective 4: Learn the 4 "routes" of giving medications**

1. Ingestion
  - a. oral tablets, capsules or liquids
  - b. lozenges (in the mouth, not swallowed)
  - c. sublingual tablets (under tongue, not swallowed) Note: QMAPs are allowed to utilize the barrel of a syringe to administer oral medications.
2. Application
  - a. skin ointments, gels, lotions, liniments b. skin sprays or aerosols
  - b. throat gargles
  - c. transdermal skin patches
  - d. eye ointment or drops
  - e. ear drops
  - f. nose drops or nasal sprays



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3. Inhalation (respiratory)
4. Insertion (rectal/vaginal creams or suppositories)

**\*EPI Pens\***

The assistant process of helping someone with an epinephrine is covered under your first aid training and can only be done after being directed by emergency services (911 operator or EMT) and has had anaphylactic training recognized by a national organization (AHA; Red Cross)

Injections: QMAPs are not allowed to inject any medication of any kind. When a client requires injections, the client, a licensed nurse, the family/friend or outside agency will need to administer the injection.

<b>ALWAYS</b>	<b>NEVER</b>
1. ALWAYS measure using the metric system.	1. NEVER use household spoons.
2. ALWAYS use an oral measuring syringe for small amounts of liquid medication	2. NEVER switch the special droppers that come with some liquid medications.
3. ALWAYS place cup on a solid surface at eye level. ---- 4 tsp ---- ---- 3 tsp ---- ---- 2 tsp ---- ---- 1 tsp ----	3. NEVER use cups that are not marked with the amount they hold.
4. If the label says to measure in mls, ALWAYS use a measuring device that is marked in mls.	4. NEVER measure mls with a measuring device that is marked in mgs.
5. If the label says to measure in mgs, ALWAYS use a measuring device that is marked in mgs for that medication.	5. NEVER measure mgs with measuring devices that are marked in mls mg ≠/ml
6. ALWAYS consult your pharmacist when you have a question about measuring	6. NEVER leave air bubbles mixed with the liquid in an oral measuring syringe

## Unit 2 Review

1. List two examples of monitoring medications.

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2. List two examples of administering medications

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3. This course qualifies you to do finger sticks \_\_\_ true \_\_\_ false

4. This course qualifies you to administer medications through a g-tube, IV port and injection through the skin. \_\_\_ true \_\_\_ false

5. You would not need this course to "monitor" a client injecting insulin \_\_\_ true \_\_\_ false

6. List the 4 routes for administering medications and give an example of each route:

ROUTE

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7. The QMAP can dial up & inject insulin if the client has an insulin pen. \_\_\_ true \_\_\_ false

### UNIT 3: USES AND FORMS OF DRUGS

#### Define the meaning of:

Liquid:

Solution \_\_\_\_\_

Suspension \_\_\_\_\_

Solid:

Tablet/caplet \_\_\_\_\_

Enteric Coated \_\_\_\_\_

Semi-solid:

Capsule \_\_\_\_\_

Spansule \_\_\_\_\_

Suppository \_\_\_\_\_

Ointment \_\_\_\_\_

Cream \_\_\_\_\_

Patches: \_\_\_\_\_

Sublingual: \_\_\_\_\_

- Local and systemic drug actions

Local drug actions: \_\_\_\_\_

Systemic drug actions: \_\_\_\_\_

#### ***Prescription and over the counter drugs (OTC) and their labeling***

#### **The purpose of prescribed medications**

- **Prescription Pain Relievers** - Prescription pain relievers include the opioid class of drugs, such as hydrocodone (i.e., Vicodin), oxycodone (i.e., OxyContin), morphine, fentanyl and codeine. Opioids work by mimicking the body's natural pain-relieving chemicals, attaching to receptors in the brain to block the perception of pain.
- **Tranquilizers and Sedatives** - Tranquilizers and sedatives are central nervous system depressants, such as Xanax, Valium, and Librium, which are often prescribed to treat

anxiety, panic attacks and sleep disorders. Central nervous system depressants, known as barbiturates and benzodiazepines, slow normal brain function to produce a drowsy or calming effect.

- **Stimulants** - Stimulants such as Ritalin, Adderall and Dexedrine increase alertness, attention and energy and are often prescribed for health conditions such as attention-deficit/hyperactivity disorder, narcolepsy and depression. Stimulants enhance the effects of norepinephrine and dopamine in the brain, increase blood pressure and heart rate, constrict blood vessels, and open up the pathways of the respiratory system.

**Prescription Drugs Label Requirements:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

*DRAW A LABEL HERE!*

***Over the counter medications:***

All over the counter medications must have a prescribers' order prior to administration and must be labeled with the client's full name

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

• **Generic and trade names of medications**

Generic: \_\_\_\_\_ Trade names: \_\_\_\_\_

1. Why do we need to know this?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do we know what drugs are the same?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Define controlled substances (narcotics)**

- A drug subject to restrictions with potential for addiction.
- A drug that in moderate doses dulls the senses, relieves pain, can cause stupor, coma, or convulsions.
- Classified into 5 "schedules" class I=most potential for addiction, class V= least potential for addiction. There should be a source of information available to determine if a drug is on the controlled substance list.
- It is your responsibility to store controlled substances under double lock, count, and document the count with another QMAP whenever giving access to another QMAP.
- If someone is not available to count, you do not leave the keys. Wait until someone is available to count.
- If there is any discrepancy, it must be reported to a supervisor immediately

**Note:** You will need to follow your facility's policy & procedures for counting liquid medication.

**Drug Diversion**

**DRUG DIVERSION IS A STATE REPORTABLE OCCURANCE WITHING ALR'S, ADULT FOSTER CARE FACILITIES, ACFS, RESIDENTIAL CHILDCARE FACILITIES, SECURE RESIDENTIAL TREATMENT CENTERS, STATECERTIFIED ADULT DAY PROGRAMSAND FACILITIES FOR DEVELOPMENTAL DISABILITIES**

As you remove a narcotic, you will document the removal on a separate inventory sheet. These sheets are what you will be referencing when doing the narcotic count.

**What do you do if there is not a second person to count?**

- QMAP should always hand off the medication keys to another QMAP, however, if there is no one else to count know your facilities policies
- QMAP leaving counts the narcotics and signs for them
- When a QMAP comes in they must count the narcotics to make sure they match prior to administering any medications
- If there is a discrepancy, it must be resolved immediately with management notified

**Explain what you should do if you suspect that *medications* are being diverted at your facility.**

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**Drug diversion awareness:**

**1. Who does it?** \_\_\_\_\_

**2. Why do they do it?** \_\_\_\_\_

**3. What to look for?** \_\_\_\_\_

**Side effects, Adverse reactions & Allergies**

- Every QMAP needs to be aware of where they can look up medications
- Some facilities offer online resources (drugs.com, lexicomp), pharmacy inserts, pharmacists and drug reference guides (drug reference guides expire and should be updated every 4-5 years)
- When new medications are started, which medications fall under allergies, when is the best time to administer medications, why are the medications given and what are they used for

**Definitions:**

Side effects: \_\_\_\_\_

Common side effects:

Nausea, constipation, diarrhea, sleepiness, weight gain, weight loss, dry mouth & Dizziness (these are some but not all of the common side effects)

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Adverse reactions: \_\_\_\_\_

Adverse reactions to watch for: (These are not all inclusive)

Rash Shortness of breath Vomiting Severe joint pain Uncontrolled movements of the limbs  
Severe headache

Anaphylaxis: \_\_\_\_\_

Safety and Emergency response

1. Know your company policy and procedures

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2. Observation and reporting vs assessment

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3. When do you call 911?

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4. What do you have ready for the emergency team?

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5. Who else do you call?

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## Unit 3 Review

### Discuss the following

Sources of information: [www.drugs.com](http://www.drugs.com); drug reference guide; drug inserts from pharmacy; pharmacist

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Indications for use:

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Why should you know best time of day to administer the medications to clients?

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Why should you know common reactions/side effects?

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Provide 3 examples of what you should do if you have questions about medications.

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1. Why should the QMAP know the indication for use of each medication?
2. What is the difference between a solution and a suspension?
3. When do you call 911?
4. Why are the possible reasons a medication is enteric coated?
5. Local drug actions take place in a specific area of the body. \_\_\_True \_\_\_False



6. What is the difference between the generic name and the trade name of a medication?
  
7. You should always report suspicions of drug diversion to your supervisor. \_\_\_\_\_True  
\_\_\_\_\_False
  
8. Which of the following possible results of taking medications is expected: adverse reaction or side effect?
  
9. What is your responsibility regarding controlled substances?
  
10. Where can a QMAP learn about a medication they are unfamiliar with?
  
11. Suspicion and conviction of drug diversion stays with you on your record. \_\_\_\_True  
\_\_\_\_False

## **UNIT 4: MEDICATION ORDERS**

**Objective 1: Using and understanding common abbreviations. Write out each prescribed drug completely, including all abbreviations:**

1. Digoxin 0.125mg, I TAB po qd
2. Coumadin 2.5mg po hs on M, T, TH, F
3. Coumadin 3mg po hs on W, S, Su
4. Tylenol 325mg, ii tabs po q4-6h prn for knee pain no more than 6 tablets per day
5. Timoptic 0.5% ophth sol, 1 gtt OD and I gtt OS tid x 7d
6. Tobramycin 250mg, 1 tab po q6h x 7d
7. Debrox otic gtts, 2 gtts to each ear qd x3d
8. Adderal XR 25 mg, give 1 tab at 9am and 1 tab at 3pm
9. Guaifenesin 200mg, give po q4h prn not to exceed 2.4g/day.
10. Docusate sodium 50mg cap, give 100mg po qd x7 days then DC.

11. Effexor 225mg po qam at the same time each day ac.

12. Prednisone 60mg po BID X 3D then 40mg po BID X 3D then 20mg po BID X 3D then 10mg po X 3D then 10 mg po BID X 2 days then 10mg po QD then D/C

13. Carafate 1.5g po TID with meals

14. Lactulose 45cc po QD mixed with juice of choice

15. Risperidone 1mg po QAM and 2mg QHS

**Objective 2: The six parts of a medication order**

1. Client's first and last name
2. Medication
3. Dose
4. Route
5. Date
6. Physician/Provider Signature

A pharmacy cannot fill an order unless each component is present.

**Objective 3: A "dose" has 3 parts. Explain the meaning of each:**

Size: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
Duration: \_\_\_\_\_

**Keflex 500mg po TID X 10D**

**Objective 4: Explain "strength of preparation"**

\_\_\_\_\_  
\_\_\_\_\_

**Objective 5: Explain why the metric system used in medicine is a better system of measurement than the household system.**

**Metric system** – a decimal system of standard weights and measures using the milligram (mg), gram (g or gm), kilogram (kg), milliliter (ml) and liter (l), among others.  
Note: a cubic centimeter (cc) is the same amount as a milliliter (ml) --or-- 1 cc = 1 ml

**Household system** – a system based on common, though not standard, measuring devices: teaspoon and tablespoon can be different sizes.

**Equivalents that must be learned:**

1 tsp. = 5 cc = 5 ML

3 tsp. = 1 Tbsp = 15 cc = 15 ML = 1/2 OUNCE

2 Tbsp = 30 cc = 30 ML = 1 oz

**MEASURING DEVICES**

**Objective 5: Practice determining the dose to be given from the physician's order.**

1. The order says to give 500 mg. of the drug. The med bottle reads each scored tablet is 250 mg. How many tab. should you give? \_\_\_\_\_
2. The med bottle reads each scored tab is 300 mg. The order is to give 150 mg. How many tab. will you give? \_\_\_\_\_
3. A liquid medicine has 50 mg. of drug in each 5 cc.  
The order says to give 100 mg.  
What is the strength of preparation of the drug? \_\_\_\_\_ What is the dosage ordered? \_\_\_\_\_ How much of the liquid should you give? \_\_\_\_\_
4. The medicine comes in 5 mg. scored tabs. You are to give 15 mg. How many tab. should you give? \_\_\_\_\_
5. You are to give Milk of Magnesia (MOM) 1 oz. How many cc's will you pour? \_\_\_\_\_
6. The medication bottle reads take 1 g of medication. The scored tablets are 500 mg. How many tablet(s) will you give? \_\_\_\_\_
7. The client needs Metamucil 1 Tbsp. How many tsp. will you give? \_\_\_\_\_
8. The order reads Tagamet 300 mg. bid. How often will you give this drug? \_\_\_\_\_
9. You are filling a MRB and you need 10 mg. of a drug bid. The label on the bottle says 5 mg. How many tablets will you need to fill the MRB for 1 week? \_\_\_\_\_
10. Norvasc 5 mg. is ordered by the physician. The bottle contains 2.5 mg scored tabs. How many tablets will you give each dose? \_\_\_\_\_
11. Accupril 20 mg. is ordered. The bottle contains 40 mg scored tabs of Accupril. How many tablets will you give EACH DOSE? \_\_\_\_\_
12. You need to give 15 cc of a liquid medication. What is the equivalent amount in tbsp? \_\_\_\_\_ in tsp? \_\_\_\_\_ in ounces? \_\_\_\_\_
13. You need to give Paxil 10 mg. daily in the a.m. You have Paxil 20 mg scored tablets. How many tabs will you give each morning? \_\_\_\_\_

**Objective 6: Practice Medication Administration questions**

For the following, identify the Strength of Preparation with an "S" and the Dosage with a "D". Determine how much of the medication you will give to your client.

1. \_\_\_\_\_ Tylenol 325mg. TAB  
\_\_\_\_\_ Take 650 mg. q4h prn for back pain                      How much will you give? \_\_\_\_\_
  
2. \_\_\_\_\_ Promethazine HCL 25mg tablet every 8 hr prn for nausea & vomiting  
\_\_\_\_\_ Take 25 mg. Q8H prn    How much will you give? \_\_\_\_\_
  
3. \_\_\_\_\_ Take Chlortrimetonq 4h 4mg prn for hay fever.  
\_\_\_\_\_ Chlortrimeton 2 mg /5 cc    How much will you give? \_\_\_\_\_
  
4. \_\_\_\_\_ Isordil 10mg. tab po for congestive heart failure  
\_\_\_\_\_ Take 5 mg. q8h for congestive heart failure.                      How much will you give? \_\_\_\_\_
  
5. \_\_\_\_\_ Sodium Citrate 500mg/5cc  
\_\_\_\_\_ Take 1.5 G bid for kidney stones.    How much will you give? \_\_\_\_\_
  
6. \_\_\_\_\_ Take 20 meq of KCL qd For low potassium  
\_\_\_\_\_ KCL (potassium) 40meq/30cc    How much will you give? \_\_\_\_\_
  
7. \_\_\_\_\_ Wellbutrin sr (bupropion sustained release)150mg tab  
\_\_\_\_\_ take 1 tab daily x 4 days.    How much will you give? \_\_\_\_\_
  
8. \_\_\_\_\_ TakeGuiafenesin1200mgq12h, for productive cough  
\_\_\_\_\_ Guiafenesin 400 mg tab.    How much will you give? \_\_\_\_\_

9. \_\_\_\_\_ Propranolol 20 mg tab  
\_\_\_\_\_ Take 40mg po bid. How much will you give? \_\_\_\_\_

10. \_\_\_\_\_ Take Maxalt 10mg tab sl prn for migraine  
\_\_\_\_\_ Maxalt 10 mg tab. How much will you give? \_\_\_\_\_

### Objective 7: The QMAP's role in starting, changing or stopping medication orders

In order to start, change or stop a medication order, you must:

- Have a written physician's order. Verbal and phone orders cannot be accepted by a QMAP.
- Facilities may accept faxed orders from a physician, but may not accept faxes from a pharmacist, unless it is a copy of a signed physician order.
- If a client returns from an inpatient hospital stay, the facility must obtain new orders from an authorized practitioner, for each routine and PRN medication that was not included on the discharge orders. "Resume previous orders" is not acceptable.
- A readmission should be treated the same as a new admission
- Properly document the new information on the MAR
- Follow your facility's policies and procedures

### Objective 8: Your relationship with the pharmacy: Key points

1. **Always refill when you have about a 5-day supply remaining.**

- a. Insurance issues
- b. May need refills from the physician

### Monitor refills

May require an additional prescription (Narcotics)

**A new hard copy script must be supplied to the pharmacy each time you are requesting schedule II narcotics.**

2. *If you are unable to give a medication due to unavailability, it is considered a medication error. **Keep communication open with the pharmacy.***
3. If a medication is being missed due to unavailability contact your supervisor and follow your company's policy and procedures.



4. **Each community should have a system in place for reordering medications. If it is everyone's job then it is no one's job.**

**Unit 4: Review**

1. Dosage and strength of preparation is the same thing. \_\_\_True \_\_\_False
  
2. You should use household measuring spoons to measure out teaspoons and Tablespoons when administering medication. \_\_\_True \_\_\_False
  
3. 3 tsp. = \_\_\_\_\_ Tbsp. = 15 cc.
  
4. 2 Tbsp. = \_\_\_\_\_ cc. = \_\_\_\_\_ oz.
  
5. How many milligrams are in 1 gram?
  
6. List the six parts of a medication order.
  1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_

For the following, identify the Strength of Preparation with an “S” and the Dosage with a “D”. Determine how much of the medication you will give to your client

7. \_\_\_\_\_ Take Chlortrimeton 4 MG prn for hay fever  
\_\_\_\_\_ Chlortrimeton 2 mg /5 cc                                      How much will you give? \_\_\_\_\_
  
8. \_\_\_\_\_ Tylenol 325 mg. TAB  
\_\_\_\_\_ Take 650 mg. q4h prn for pain                                      How much will you give? \_\_\_\_\_

9. \_\_\_\_\_ Amoxicillin 250mg/5ml  
\_\_\_\_\_ Take 500 mg. tid

How much will you give? \_\_\_\_\_

**Physician order: Pharmacy label:**

10. Does the **Physician Order and the Pharmacy label** above, correctly match for the medication Lasix? Yes or No \_\_\_\_\_

11. Referring to the **Physician Order** above:

a. What is missing from the physician order? \_\_\_\_\_

b. What information on the order makes up the “dose” of the medication, Lasix?

1) \_\_\_\_\_, 2) \_\_\_\_\_,

12. Referring to the **Pharmacy label** above:

a. You have an order for lasix and have a bottle with the drug name furosemide. you take before giving the medication?

13. Referring to the **Physician Order and the Pharmacy label below**,

a) How many Tbsp of Amoxicillin would you give? \_\_\_\_\_

b) How many ounces would you give? \_\_\_\_\_

14. There are items missing or incomplete from the pharmacy label **below**? List three of them?

1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_

15. Based on this label, what action would you take as the QMAP?

***Physician order: Pharmacy label:***

## Unit 5: Rules of Documentation

### **Objective 1: Explain the rules for documenting medications.**

1. The Medication Administration Record (MAR) is a legal document. Documentation must be accurate.
2. Document immediately **after** giving or monitoring medications, not before.
3. Document each administration or monitoring at the time
4. Only document medications that **you** administer or monitor.
5. Initial medications given or monitored in the box for the corresponding date and time.
6. Always use black ink, never use pencil
7. Never use white out or attempt to erase an error
8. Not documented, not administered/monitored
9. No blanks on the MAR

### **Objective 2: Documenting on the Medication Administration Record (MAR)**

1. Discontinued meds: Write date and DC large then draw a line through the rest of the dates and indicate discontinued; use a transparent yellow marker to highlight the name of the discontinued medication.
2. New meds: transcribe new medications at the bottom of list; draw a line through dated boxes up to the start date.
3. To create a new MAR, copy from the physician orders. **NEVER** copy from the old MAR sheet.
4. Each medication must be documented at the time of administration. For example, if eight medications are administered the QMAP must initial the MAR eight times indicating that each medication has been administered, refused or unavailable.
5. New order: transcribe new medications on the MAR. Good practice is to keep routine and prn medications on different sections the MAR
6. Follow your facility policies and procedures re: notification of new medications.

### **Objective 3: Explain what to do if:**

## QMAP Syllabus Lighthouse Assisted Living

1. You make a charting documentation error: Draw a single line through the mistaken entry and initial and date. Explain on the back of the MAR.
2. A medication cannot be administered because it is not available or is refused: Circle the date box with your initials, document the exact reason on the reverse side (or other designated area) of the MAR, and contact the appropriate person according to facility policy.
3. Late entry documentation: Circle the date box with your initials and you MUST document in the notes section of the MAR.

### **Objective 4: Explain how documentation for PRN medications is different.**

1. Initial appropriate box. Document on the reverse side (or other designated area) on the MAR the time, dose, and **reason why** PRN medication was administered.
2. Check back with the client within 30-60 min and document client's status (better or worse?) on the reverse side (or other designated area) on the MAR. Contact the appropriate person if necessary, document that you have notified supervisor if client is not improved.
3. ***Psychotropic meds cannot be given PRN except in residential treatment facilities for the mentally ill or if the client understands the purpose of medication and is capable of requesting it.***

### **Objective 5: Practice documenting on the MAR**

Midland Family Practice

RX: Hazel Green\_\_\_\_  
Amoxicillin 30cc PO BID x 7 days then DC

Midland Family Practice

RX: Hazel Green\_\_\_\_ Furosemide 40mg qd po

Using the medication orders above, practice documenting administration or monitoring of medications on

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the MAR below. Practice routine and PRN medications, a medication that cannot be given or is refused, and how to handle various documentation errors. FRONT OF EXAMPLE MAR

### Unit 5: Review

1. Document only the medications you administer on MAR, using ink \_\_\_True \_\_\_False
2. Explain why you should not copy from last month's MAR sheet.
3. If you make an error when charting on the MAR, should you white it out and rewrite it correctly? Why or why not?
4. You don't need to chart PRN medications \_\_\_True \_\_\_False
5. It is acceptable to chart all medications at the end of the day/shift \_\_\_True \_\_\_False
6. The QMAP who administered meds today forgot to document one client's meds on the MAR. You are considering initialing all of this client's medications because s/he verifies they were given. Explain how this situation should be handled:
7. You administered 2 tablets of Tylenol 325mg to Mrs. Smith at her request for a headache at 4 pm. At 5 pm she tells you she feels better. Are you required to do anything else in this situation? Please explain:
8. Mr. Smith refused his Zantac today. Are you required to do anything? Please explain:

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9. You are the QMAP in the assisted living facility today. Ms. Jones is arguing with other clients and yelling at the staff members. You are aware she has a PRN order for Ativan 0.5mg po q6 hours PRN for agitation. You know that Ativan is a psychotropic medication. Can you administer this medication? Why or why not?

10. Give four examples of the rules for documenting medications

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11. Define "psychotropic" medications and give 3 examples:

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12. You can administer a PRN if the family or your supervisor ask you to even if the resident did not ask for the medication T\_\_\_\_\_ F\_\_\_\_\_



## Unit 6: Medication Reminder Boxes

### **Objective 1: Define MRB.**

- Medication Reminder Box (MRB): a container that is compartmentalized and designed to hold medications for distribution according to a time element such as day, week, or portions thereof.
- MRB's can be filled up to fourteen (14) days in advance. **OBJECTIVE 2: Administration of medications from MRBs.**

Successful completion of this course allows you to fill MRB's with supervision by a licensed professional or qualified manager. Regulations also allow medication reminder boxes used in designated facilities to be filled by the client, the family or a friend.

### **Objective 3: Guidelines for filling MRBs**

- There must be a complete label firmly attached to the box. This requires the name of the client, the name of each medication, dosage, quantity, route, and the specific time that each med is to be administered. If the design of the box does not permit firm attachment of the complete label, the MRB cannot be used by the QMAP.
- There must be a MAR for recording all drugs placed in the MRB and monitored or administered by staff. A client "self-administering" medications may fill his/her own MRB and utilize this method for storing medication prior to taking his/her medication. Medications that are "self-administered" from a MRB **must** be properly labeled but do not need to be documented on a MAR.
- If there is a physician ordered change in the client's medications, the facility must stop the use of the MRB until the designated QMAP, nurse or family member/friend has corrected the MRB according to the new order.
- Certain medications may not be placed in a MRB:
  - Controlled substances
  - PRN medications
  - liquid medications
    - medications with special instructions, such as "30 minutes prior to lunch"
    - powders, inhalers, ointments and creams

QMAP's "shall be familiar with the type and quantity of medication in each compartment of the box." If the QMAP suspects that the tabs/caps in the MRB are not consistent with the label on the MRB, the QMAP administering medications must not proceed with administration of medications from the MRB until the problem is resolved. The QMAP should not correct the discrepancy; a licensed person, qualified manager or the QMAP who filled the MRB should resolve difference(s).

A qualified medication manager must oversee a QMAP filling a MRB. The qualified manager should check the filling of the MRB's weekly during at least the first two (2) times the MRBs are filled by a new QMAP, or by a QMAP who is a new employee and periodically thereafter. A qualified manager must be available for consultation whenever a MRB is being filled.

**OBJECTIVE 4: Identify the steps needed to fill the MRB accurately and safely according to written physician orders.**

It is best practice to: Wear gloves when handling medications, especially if you touch pills or clients.

1. Fill the MRB in a safe, quiet, secured area, free from interruptions from staff, clients and telephone calls. This avoids errors caused by distractions.
2. Check all MRBs prior to filling for cleanliness and good repair.
3. Fill the MRB for only one client at a time. This avoids filling the MRB with wrong clients medications.
4. Steps:

Step 1: Cross-check the MRB label with the physician order, the MAR and the pharmacist-prepared medication bottle.

The label on the MRB should reflect the exact number(s) of each tablet/capsule of medication to be placed in the MRB.

If the label on the MRB does not match the information on either the physician order, the MAR or the medication bottle, you must resolve the discrepancy before filling the MRB. This includes verifying that trade and generic names used are the same drug.

Always ask for assistance when unsure of an order, a medication, a label or the procedure used in filling MRB's. You are responsible to know your facilities policies and procedures for filling and for administering or monitoring medications from MRB's.

Step 2: Wash hands immediately before opening medication bottles. Apply gloves.

- a. Transfer medications from bottle lid to MRB or transfer medication wearing gloves. Never touch pills with bare hands.
- b. If desired, you may use clean tweezers in transferring medications from bottle lid to MRB; alcohol wipes are acceptable for cleaning tweezers.

Step 3: Using an organized system, each medication on the MRB label is filled, one at a time, until all medications for the client have been completed. Count the number of medications in the MRB and compare to the MRB's label.

Step 4: After filling is completed, count or estimate the number of pills remaining in the bottle. Enough medications should be in the bottle for at least five (5) days if possible or as insurance allows. Find out from your facility your responsibility regarding the reordering of medications.

**If there is no label on the MRB it must not be used until the person who filled it comes and creates a label, or the medications must be destroyed.**

**If medications are expired or discontinued, they must be destroyed per facilities policies. All meds are the property of the resident or the responsible party, so consent must be obtained by the resident or responsible part. The best way to destroy medications is to place them in kitty litter. There must be documentation of all meds that are destroyed must be signed and accounted for.**

## Unit 6: Review

1. It is ok to fill the MRB with PRN medications. \_\_\_ True \_\_\_ False

2. List three guidelines for the use of medication reminder boxes.

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Medication Reminder System label:

Referring to the **MRB label** above:

1. There are errors on the MRB label. List two of the medications involved:

1) \_\_\_\_\_, 2) \_\_\_\_\_

2. Why is Coumadin listed twice? \_\_\_\_\_

3. If you find an error in the MRB, is it ok to continue using it? Why or why not?

4. What is the maximum length of time in days that MRBs can be filled?

5. What are the supervision requirements for a QMAP filling a MRB?

## Unit 7: Medication Administration

### Objective 1: Infection Control

- Universal precautions were developed in the 1980's as a means of avoiding contact with blood-borne (carried in the blood) "pathogens" or infections. The method used was wearing non-porous gloves to avoid contact with any and all blood; all patients were assumed to be infected.
  - Since that time, "universal" has been expanded to "standard" precautions covering more body fluids and more body sites: blood, secretions (eyes, nose, ears, mouth), excretions (vomit, urine and feces), non-intact skin, mucous membranes. Standard precautions must now be observed for all clients at all times in all contacts.
  - Because the administration of medication by some routes will involve physical contact with body sites, it is important for QMAP's to routinely follow standard precautions with clients during the administration of medications.
  - Used gloves are removed and turned inside out in one motion.
  - Used gloves contaminated with body fluids should be disposed of in containers with plastic bags that are knotted prior to disposal, to protect janitorial staff. You must be familiar with your facility's policies and procedures about disposal of gloves and other materials (incontinence briefs, wipes, etc) contaminated with body fluids in designated trash cans.
  - Tips for good hand washing:
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**Objective 2: Review the seven rights of medication administration learned in unit 1, give examples of good practice to implement each of these rights.**

1. Right Client
2. Right Time – 1/2 hour before scheduled dose to 1/2 hour after if a time is stated on Dr. order
3. Right Medicine
4. Right Dose
5. Right Route
6. Documentation
7. Right to refuse

**Please note:** For non-time specific medications the facility may designate a timeframe or use “am” and “pm” (for the time slots on the MAR) as long as the information is included within in their policies and procedures

## No pre-pouring

### Objective 3: Additional preparation and altering medications before administration of medications:

1. Gather the client's medication from storage and verify that the medication has not expired.
2. Gather the client's MAR and the copy of the physician order.
3. Cross-check the label on the medication container with the MAR and the physician order three times. Once as the medication is taken off of the shelf, once as the medication is being poured and again when the medication is returned to the storage area
4. Some clients request their medications be placed in a medium to assist them in swallowing the medications. This is acceptable as long as the medium of choice is in line with the client's diet. Physician's order is however necessary to crush medication to assist is swallowing. It is important to remember that you may not crush extended release tablets.
5. Many capsules can be pulled apart with the content placed in a medium to assist in swallowing. This action also requires a physician's order. Please refer to the manufacture recommendations to learn if a capsule can be altered. You may also contact the pharmacy regarding medications that may be altered for swallowing.
6. Gather other equipment needed for the type of medication to be administered:
  - **Oral medications (tabs, caps):** gloves (if needed), pill cutter (if needed), tweezers, paper medicine cup
  - **Oral medications (liquids):** gloves (if needed), medicine cup, plastic or glass measuring cup
  - **Ear drops, eye drops or ointment, nose drops or nasal spray:** gloves, cotton balls, warm wet wash cloth or tissues
  - **Suppositories:** gloves, medicine cup, lubricant such as K-Y jelly
  - **Transdermal skin patches:** gloves.
7. Take the medication and your other supplies to the client, or have the client come to your administration area. Be sure any area used to administer medication is neat and clean.
8. Identify the client. You may ask the client their name and compare with a photograph, or ask a staff person to assist in verifying. Never ask another client to participate in identifying a client. Be aware of privacy and dignity issues when selecting an area to administer.

7. Explain the procedure to the client to obtain cooperation.
8. Wash hands or use hand sanitizer, put on gloves (if needed).

**Some medications require additional mixing:**

Breathing treatments: \_\_\_\_\_

Liquid medications: \_\_\_\_\_

Crushed medications: \_\_\_\_\_

Powdered medications: \_\_\_\_\_

**Objective 4: Hands-on steps and procedures for the different routes of medication administration**

**Ingestion: oral tablets/capsules:**

1. When pouring tablets/capsules, put on gloves or use the lid of the container to pour the medication, then drop the medication into a medicine cup. Avoid handling medications with fingers as you may accidentally damage or drop pills, use tweezers if necessary to move medications into the medicine cup. Other packaging options include but are not limited to blister packs and pre-filled ready medication packs.
2. For clients who have difficulty swallowing medications, the following techniques may be helpful to gain cooperation, as well as assist the client to take all medications:
  1. The client should be sitting up or standing to take oral medications, not lying down.
  2. Offer tablets/capsules one at a time. If necessary, place medication in the middle of the client's mouth.
- c. Offer a drink of liquid before and after each medication. Use a straw if necessary.
- d. Allow the client to rest a short time after each med (QUIETS THE COUGH REFLEX).
- e. Allow enough time for the client to take the medication.
- f. Some tablets or capsules may be easier to swallow if given in a teaspoon of jelly or applesauce, if permitted on the client's diet. Be sure to tell the client that there is medication in jelly or applesauce. You may not trick client with disguises for meds. The physician must be consulted and an order written to add medications to food.
7. Some clients request their medication to be crushed. **Do not crush enteric coated tablets.** You may not crush or open any medication without a physician order approving this procedure.
8. If the client has continued difficulty taking oral medications, report this to the person in charge of client care. The physician may need to be consulted. Many medications are available in another form.

3. Remain with client to be certain all oral medications have been swallowed. This also ensures that the medication is taken on time. In some instances, checking the client's mouth may be indicated to verify swallowing the medication.
4. Lozenges are not to be swallowed. Instruct the client to allow the medication to dissolve in the mouth. Drinking liquids should be avoided until the medication has completely dissolved. These medications should be given last after other oral medications.

**Ingestion: sublingual (sl) tablets:**

1. Instruct client to place tablet under the tongue in the front part of the mouth. If several medications are being given, give the sublingual tablet last.

2. Advise the client not to swallow until the tablet is entirely dissolved.

3. Nitroglycerin SL tablets:

1. Instruct the client to **sit** down (NOT to lay down) upon the first indication of angina (chest pain), administer nitro SL and immediately notify your supervisor of the situation.
  - Notify supervisor.
  - Follow physician's orders
  - Record the exact minute of administration on the MAR.
  - Consult the client's record to see if there is a physician order for aspirin to be given when chest pain occurs.
2. After one dose of nitro SL is given and chest pain is not relieved, you or your supervisor must follow facility procedures to provide prompt medical attention.
  - Call 911 for paramedics and transport to an emergency room.
  - If chest pain resolves within 5 minutes, advise client to sit for an additional 15-20 minutes to prevent dizziness or fainting. Headaches are a common side effect of the drug and should last no longer than 20 minutes. If headaches persist, notify supervisor.
  - Be sure to tightly recap the nitro SL bottle
    - Replace the medication supply every 6 months.
  - Stay with the client until chest pain is resolved.

**Other emergency procedures are as follows:**

Some of the Safety and Emergency Procedures for medication administration are:

- Resident emergencies requiring immediate action.
- Seizures.



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- Choking/Know universal sign of choking – but be aware that residents may or may not be able to give the universal sign of choking.

### The QMAP Role in an Emergency.

- Remain Calm.
- Call or send for help.
- Know your limitation.
- Don't move an injured resident.
- Reassure the resident.
- Take direction from nurse or doctor.

### Additional sublingual medication may include:

- Antianxiety
- Anti-nausea
- Antipsychotic

### **Ingestion: oral liquids and gargles:**

1. Check to see that the cap of the bottle is on securely.
2. Read instructions to determine if contents are to be shaken as with suspensions. A rotating wrist movement will ensure a more thorough mixture.
3. Remove the cap and place it with the open side up (top of cap down).
4. Hold the bottle with the label toward the palm of the hand to avoid soiling the label.
5. Locate the marking on the medication cup for the amount of medication to be poured.
6. Pour the medication at eye level on a flat surface. Take care to not pour more than is needed. Pour immediately prior to administering, liquid medication may not sit for any length of time.
7. Clean the lip of the bottle, if necessary, with a moist paper towel/tissue before recapping.
8. Gargles are solutions that are bubbled in the throat by keeping the solution in the upper throat, tilting the head back and exhaling air to create bubbling. Check directions with gargles to know whether the medication should be diluted prior to administration.

### **Application: ointments, lotions, liniments, and aerosols:**

1. Gloves should be worn whenever coming into direct contact with medication or a client's skin. **Never** use your bare fingers to apply ointments, lotions or liniments.
2. Directions for application of the medication should be a part of the physician's order or included with the instructions accompanying the medication.

3. Ointments are applied directly to the skin or placed on a dressing that is then applied to the skin. A tongue blade may be used to remove ointments from a jar or container. You may also use the tongue blade as an applicator.
4. Lotions are applied / swabbed on the skin for their antiseptic and/or astringent effects.
5. Liniments are vigorously rubbed into the skin to relieve soreness of the muscles and joints.
6. Aerosols are sprayed onto the skin. Spraying is less painful if skin is irritated or burned. Have client turn head away from aerosol spray.

**Application: Transdermal patches:**

1. A transdermal skin patch is impregnated with medication which, when applied to the skin, releases a continuous and controlled dosage over a specified time period.
2. Gloves should be worn to apply/remove transdermal patches to avoid contact with the patch.
3. Wash client's skin with soap and water (both new site and removal site).
4. Rotate application sites to avoid skin irritation. If previous sites are blistered, notify your supervisor. (Some patches are ordered to be placed on a specific part of the body.)
5. Write your initials, date and time on the patch before applied.
6. Peel backing off the patch, press on skin and apply pressure to assure skin adherence.
7. Include the site of application with documentation on the MAR.

**Application: eye drops/eye ointments:**

1. Instruct client about procedure. Assist the client to sit or lie down with head tilted back. Wash hands and apply gloves.
2. Cleanse the eye(s) with a clean tissue, clean, wet washcloth or cotton ball. Always cleanse from the inside of the eye, near the nose, to the outside. Use a clean tissue or cotton ball for each wipe. Best practice is to clean each eye with three wipes.
3. Remove cover of container, place lid with open side up. (or in a clean medicine cup)
4. Procedure for drops: instruct client to look up toward top of head. Retract lower lid (make a pocket). Holding the bottle no more than one inch from the lower lid, instill one drop in the center of the lower lid. Repeat procedure for second drop, if ordered. Wait 3-5 minutes if multiple eye drops are ordered, to allow time for absorption.
5. After application, instruct client to look downward, then close eye(s) for a short time.
6. Give client a clean tissue or cotton ball to wipe the excess.
7. Procedure for ointment: instruct client to look up. Retract the lower lid (make a pocket).

With care to avoid touching the eye with the tip of the tube, lay a thin strip along the lower lid.

**Application: ear drops:**

1. Position the client: Wash hands, apply gloves.
  - If lying in bed, have bed flat and turn head to opposite side

- If sitting up, tilt head sideways until ear is as horizontal as possible.
- 2. Clean external ear canal with a clean tissue or cotton ball.
- 3. Hold ear lobe in such a manner to allow visualization of the ear canal.
- 4. Instill ordered number of drops without touching dropper to the client's external ear.
- 5. Place a small wad of cotton in the external portion of the first ear. If it is necessary to instill drops in both ears, you should wait at least five minutes before instilling drops in the other ear and place wad of cotton.
- 6. Suggest to the client they lay quietly a short time to allow the medication to reach the eardrum.
- 7. Return to the client in 10 minutes to remove cotton wads; forgotten cotton wads can become difficult to remove.

**Application: nose drops/nasal sprays:**

1. Wash hands, apply gloves. Avoid touching the dropper or spray nozzle to the client's nose. If it happens wipe tip of the applicator with an alcohol swab.
2. For nose drops: instruct the client to tilt their head back or lie down with their head extended over a pillow. The client may sit up for nasal sprays.
3. For nose drops, place the nose dropper just inside the nostril. Instruct the client to "sniff" on the count of three and instill the correct number of drops. Instruct the client to remain with head back for a short time.
4. For nasal sprays, instruct the client to sniff on the count of three as you squeeze the nasal spray. This will help to coordinate the client's sniffing with the application of the medication. Optional: Close one nostril while spray is applied to the other nostril.

**Inhalation: inhalers**

1. The client should be in a sitting position. Wash hands, apply gloves.
2. Grasp the medication dispenser and remove the mouthpiece cover.
3. Read instructions on inhaler to determine if medication is to be shaken.
4. Hold the dispenser's mouthpiece according to package directions.
5. Instruct the client to exhale, and, on the count of three, to breathe in deeply as you administer the medication, then hold their breath for as long as possible, before exhaling.
6. It is best to have clients rinse their mouth after administering inhalants. Many times inhalants taste bitter or can cause thrush.
7. Using an alcohol swab, clean the mouthpiece or spacer before replacing the mouth piece cover.

**Insertion: rectal/vaginal suppositories or creams**

1. Remove protective covering of suppositories and place in a medicine cup.
2. Obtain lubricant for suppositories to apply before insertion.
3. Vaginalcreamsaredrawnintoavaginalapplicatoraccordingtopackageinstructions.

4. Provide privacy for the client.
5. Gloves must be worn for the administration of suppositories and vaginal creams.
6. Procedure for inserting rectal suppositories:
  - Assist the client to lie down, preferably on their left side. The colon is on the left side of the body and the suppository will enter the lower GI tract more easily.
  - Visualize the anal opening, lubricate and insert the suppository approximately 3 inches. The suppository should be inserted beyond the internal sphincter muscle of the rectum to prevent the suppository from being expelled.
    - Instruct the client to not to "bear down," and to hold in the suppository for as long as possible.
7. Procedure for inserting vaginal creams or vaginal suppositories:
  - Instruct the client to lie on her back in a "frog leg" position or on their side with top leg slightly bent.
  - Vaginal suppositories are inserted 2-3 inches into the vaginal orifice. Body temperature will melt the suppository to aid in the absorption of the medication.
  - To insert a vaginal cream, grasp the barrel of the applicator. Place the thumb on the plunger. Pointing the applicator slightly downward, insert the applicator into the vagina as far as it will comfortably go. Push the plunger with the thumb as the applicator is slowly removed from the vagina.
  - Instruct the client to remain lying down for 15-30 minutes for absorption of the medication. Vaginal creams/suppositories are best administered at bedtime.

**Objective 6: Describe steps needed after medication administration is completed**

1. Properly dispose of all used medication cups and used gloves which have come into contact with body fluids. You **must** wash your hands or use sanitizer before you move on to the next client.
2. You **must** accurately document each medication given on the client's MAR immediately after administration or monitoring. For PRN medications, remember to document the client's request and the reason for giving the medication as well as the follow-up results.
3. Medication containers should be returned to the appropriate storage location before administration.
4. If medications have been removed from the original container - they should not be returned to the original containers. They should be destroyed according to facility policy.

**Unit 7: Review**

1. What are the 7 rights of medication administration?

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

2. You are to administer medications to 4 clients seated at the lunch table. What procedures must you follow? Why?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is it acceptable to leave the medication cabinet or cart unlocked while you administer medications because you will be right back? Why or why not?

\_\_\_\_\_

4. To save time during your med pass, you should place medications on the dining room tables near the client to whom they belong. \_\_\_True \_\_\_False

5. You always wash your hands before a med pass, so it is ok to touch the medications with your bare hands during set up of medications. \_\_\_True \_\_\_False

## Unit 8: Medication Errors

### **Objective 1: Define a medication error:**

Medication administered contrary to a physician's order that either causes or has the potential to cause harm to the recipient.

### **Objective 2: Examples of medication errors and Improper practice that may lead to a medication error**

- Failure to comply with physician orders
- Failure to administer only upon current orders
- Failure to follow hands-on procedures taught in class
- Failure to follow the 6 rights
- Failure to accurately transcribe a MAR
- Failure to accurately label a MRB
- Improper documentation on MAR
- Improper medication storage
- Running out of medications

Note: These are examples only.

### **Objective 3: Preventing and reporting medication occurrences (reportable in all facilities where QMAP's are approved to practice**

- **NO SHORTCUTS**
- **NEVER PREPOUR**
- **ALWAYS REVIEW THE PHARMACY LABEL AND COMPARE IT TO THE MAR**
- **CLARIFY ANY DISCREPANCIES PRIOR TO GIVING THE MEDICATION**
- **NEVER SIT PILLS DOWN AND WALK AWAY**
- **MINIMIZE DISTRACTIONS**
- **FOLLOW THE TECHNIQUES TAUGHT IN CLASS**
- **ASK QUESTIONS**

#### **If it does happen....**

1. Immediately notify supervisor and physician
2. Know and follow your facility's policy for medication errors
3. Review your mistake and find the point of error.....learn from it

**Unit 8: Review**

1. What should you do if a medication error occurs? Who should you report to if a medication error occurs?

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2. Give 3 examples of a medication error.

3. Mrs. C has an order to take Guaifenesin AC 500 mg 4 times a day for 7 days. You misread the order and administered 2g in 4 hours. What do you do?

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4. Mrs. Hansen had medications re-ordered on Monday. On Thursday Mrs. Hansen ran out of pills, as of Saturday the pharmacy still has not delivered her medications. Is this a medication error? Why?

5. List things you can do to minimize distractions while passing out medication?

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## Unit 9: Medication Storage

**Objective 1: Learn storage requirements as well as appropriate disposal techniques for medications kept in labeled containers or medication reminder boxes.**

1. Prescription and non-prescription medications:

A. Store "in a manner that ensures the safety" of clients

- Clients shall not have access to medication which is kept in a locked central location.

B. Alternatives are acceptable for day trips or outings:

- Closed backpack, purse or on the person of client of sound mind in adult day facility
- Closed wheelchair bag of non-ambulatory person in adult day facility
- Narcotics must be counted upon leaving the community as well as when returning to the community. It is acceptable to count with the family member or responsible party
- Any prescribed medication can be sent with the client or responsible party for an outing.
- Refer to your company policy and procedure regarding how much medication to send for each outing.

C. Medications requiring refrigeration

- Shall be stored separately in locked containers or compartmentalized packages, containers, or shelves for each client in order to prevent intermingling of medication.
- If there is a designated medication refrigerator and the refrigerator is in a locked room, then the medications do not need to be stored in locked containers

2. Controlled substances:

A. Must be double-locked, counted and signed for using a second person for verification.

Example: Locked portable medication box stored inside locked cabinet. QMAP counts number of pills, second QMAP or qualified manager watches and agrees the count is correct. Shift to shift count for accuracy should include the date, time, quantity remaining, and signatures of both staff.

B. Any discrepancy, report immediately to supervisor for suspicion/investigation of drug diversion D. Count how often?

- Anytime access to narcotics is given to a different party

3. Medication should not be stored with other items, must never be in areas with:

- Disinfectants



## QMAP Syllabus Lighthouse Assisted Living

- Insecticides
- Bleaches
- Household cleaners
- Poisons

4. Disposal of medication is regulated by the state and each community will have policies and procedures surrounding the disposal of discontinued and expired medication. Some medications, due to their high level of potential harm to the environment, must be disposed of with very specific directions. Please see your company policy and procedure regarding medication destruction. All disposals must be documented and consented to by the resident or responsible party. The safest way to dispose medications is in coffee grounds or kitty litter

### **Objective 2: Learn the difference between the expiration date and the refill on or after date.**

- Expiration date - the date on the actual container, or one year after a medication, was filled.
- Refill on or after date: This date signifies the date the insurance will approve a refill based on the supply being approximately 85% gone

### **Objective 3: Mandatory Reporting and safety of residents and their property (including medications)**

It is a state regulation that all suspected abuse, neglect, and misappropriation of resident property and funds be reported. All ALF homes have a zero-tolerance policy surrounding any sort of mistreatment. Should you suspect any form of abuse is occurring, you should follow the steps below:

- First, document all pertinent information such as who, when, where, what happened, etc.
- Call your direct supervisor and inform them of what you suspect may be happening.
- Your manager should investigate to ascertain the validity of the suspected abuse. If it is found that abuse may have occurred, the resident's family, the police, the Dept. of Social Services, Adult Protection Services, and the Colorado Dept. of Health and Environment should be contacted.
- If you bring these findings to your manager and feel that they have done nothing with this information, you are still responsible to bring them to the next level and make sure someone investigates the situation.
- Should you still not get results after bringing the findings to your supervisor's boss, you are required to contact any of the individuals from above (DSS, Police, APS, etc.)

### **Mandatory Reporting Procedures**

## QMAP Syllabus Lighthouse Assisted Living

- Prevent & Report Abuse, Neglect, Misappropriation Property
- First, document all pertinent information such as who, when, where, what happened, etc.
- Call your direct supervisor and inform them of what you suspect may be happening.
- Your manager should investigate to ascertain the validity of the suspected abuse. If it is found that abuse may have occurred, the resident's family, the police, the Dept. of
- Social Services, Adult Protection Services, and the Colorado Dept. of Health and Environment should be contacted.
- If you bring these findings to your manager and feel that they have done nothing with this information, you are still responsible to bring them to the next level and make sure someone investigates the situation.
- Should you still not get results after bringing the findings to your supervisor's boss, you are required to contact any of the individuals from above (DSS, Police, APS, etc.)

## **Definitions**

**Knowing the following terms will help you.**

**Controlled Substance:** Medications that have the potential to be addictive and used in a way other than how the medication was prescribed; a system must be in place to account for receipt, administration and disposition of each medication.

**Document:** To record or write; Documentation of the administration of medications is required on the medication administration record (MAR).

**Label:** Information on the medication package; referred to also as medication label or prescription label.

**Medication Administration Record (MAR):** A record that lists all of the medications ordered for the client, including routine or regularly scheduled medications and PRN medications; It is used to document or record the administration of medications.

**Medication / Drug:** Another word used for drug; a substance or mixture of substances used in the diagnosis, cure, treatment, or prevention of disease.

**OTC Medications:** Over-the-counter or non-prescription medications; medications which can be purchased or obtained without a prescription; however, you need a physician's order to administer them.

**Prescription Medications:** Medications that can only be obtained or purchased through an order or prescription written by a physician or prescribing practitioner.

**PRN** – as needed or if necessary; PRN medications are not scheduled to be administered at specific times, or routinely. Clients should be able to ask for PRN medications, if they cannot an assessment of the client must be made by someone designated by the facility and must not be a QMAP. Administration of PRN medications needs to be documented on the MAR.

**Prescribing Practitioner** – Refers to a licensed health care professional who is authorized to prescribe or order a medication; the prescribing practitioner people are the most familiar with is a physician or doctor. Other prescribing practitioners include physician assistants, family nurse practitioners and dentists.

**Policies and Procedures:** Each facility is responsible for creating Policies and procedures related to QMAP's and medication administration.

**Qualified Manager:** is designated by the owner of the facility and is a manager or supervisor of QMAP's, has successfully passed the QMAP competency testing, who oversees the filling and administration from MRB's

## QMAP Syllabus Lighthouse Assisted Living

**Regulations:** an official rule or law that says how something should be done. **Report:** To make known, to give information about something.

**Side effects:** Any effect other than the desired effect; unwanted effects or adverse reactions from a medication. **Topical:** applied directly to the skin

**Transcribe:** To transfer written information from one place to another; information on the physician's order must be transcribed to the medication administration record (MAR).

**CDPHE** – Colorado Department of Public Health and Environment HFEMSD –Health Facilities and Emergency Medical Services Division

DHS – DOC – IDD – ALR – ADP – ACF - QMAP – QM – DR – PA – NP -

RN – LPN – CNA – MRB – MAR – PRN – MOM – KCL – GI - MA-

Department of Health & Human Services Department of Corrections  
Intellectually Developmentally Disabled Assisted Living Residence

Adult Day Program

Alternative care facilities

Qualified Medication Administration Person Qualified Manager

Doctor/Physician

Physician Assistant

Nurse Practitioner

Registered Nurse

Licensed Practical Nurse

Certified Nursing Assistant

Medication Reminder Box

Medication Administration Record

as needed

Milk of magnesia

potassium chloride

Gastro intestinal

Medical Assistant

# Medication Administration Advance Study Sheet

Important facts you must have memorized by the end of the course

## The SIX Rights of Medication

### Administration

- The right client
- The right time
- The right medication
- The right dose
- The right route
- Documentation

## The Six Components of a Physician Order

- The client's full name
- The date of the order
- Name of the medication
- Dosage and administration information
- Route of administration
- Physician's signature

### EQUIVALENTS:

**METRIC** - decimal system of weights and measures using the gram, meter and liter.

LIQUID: cubic centimeter (cc) = milliliter (ml)

SOLID: 1 gram (gm) = 1000 milligrams (mg)

**HOUSEHOLD** - system based on common, though not standard, measuring devices.

tsp. = teaspoon

Tbsp. = tablespoon

oz. = ounce

1 tsp. = 5 cc

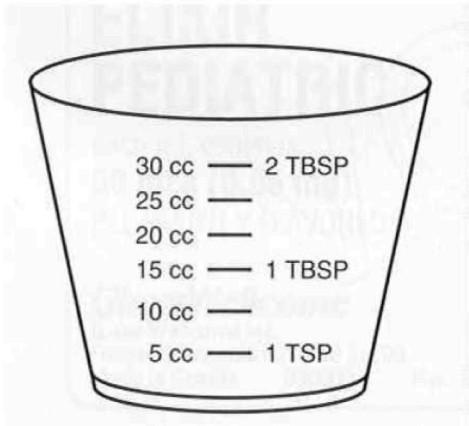
3 tsp. = 1 Tbsp = 15 cc

2 Tbsp = 30 cc = 1 oz

## Common Abbreviations

ac	before meals
pc	after meals
bid	twice a day
tid	three times a day
qid	four times a day
HS	hour of sleep
po	by mouth
q	every
qd	every day
qh	every hour
q6h	every 6 hours
qod	every other day
DC	discontinue
mg	milligram
cc	cubic centimeter
ml	milliliter
Gm	gram
kg	kilogram
tsp	teaspoon
Tbsp	tablespoon
oz	ounce
mEq	milliequivalent
ophth	ophthalmic
otic	ear
OU	both eyes
OS	left eye
OD	right eye
prn	as needed
tab	tablet
cap	capsule
SL	sublingual
Buccal:	between cheek & gum
EC	enteric coated
oint or ung	ointment
supp	suppository
sol	solution
c	with
s	without
x	times
gtts	drops
(R)	right
(L)	left
XL/XR	extended release

## MEASURING DEVICES



**A. Medication Cup**



**B. Spoon**

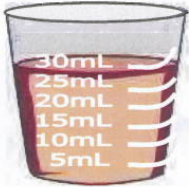


**C. Oral Syringe**



**D. Oral Dropper**

# CONVERSION TABLE



10cc = 10ml  
20cc = 20ml  
30cc = 30ml

**TIP: use an oral syringe for amounts less than 5ml**

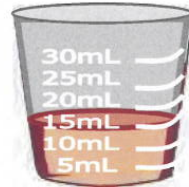


**Reminder: 1cc = 1ml**  
**A cubic centimeter is the same as a milliliter.**

**mg. ≠ ml.**

**A mg is NOT the same as a ml !!!**

**TIP: Always read the label carefully to be sure you are measuring the right thing.**



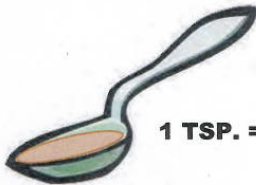
← 15ml →



This 15ml cup contains 20mg of medication in it.

This 15ml cup contains 40mg of medication in it.

**YOU CAN'T TELL THE DIFFERENCE BY LOOKING**



1 TSP. = 5ml.



**TIP: Don't use household teaspoons. They are not accurate!**

**TIP: To be accurate, use the correct measuring tool. Ask your pharmacist. Some liquid medicines have special measuring tools.**



1 tbsp. = 3 tsp



3 tsp. = 15ml



25 mL



**Tip: When measuring liquids place the cup on a solid surface at eye level.**



**Drug Facts (continued)**

- excitability may occur, especially in children
- marked drowsiness may occur
- avoid alcoholic drinks
- be careful when driving a motor vehicle or operating machinery
- alcohol, sedatives, and tranquilizers may increase drowsiness

**Stop use and ask a doctor if:**

- pain or cough gets worse or lasts more than 7 days
- fever gets worse or lasts more than 3 days
- redness or swelling is present
- new symptoms occur
- cough comes back or occurs with rash or headache that lasts. These could be signs of a serious condition.

**If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. Overdose warning:** Taking more than the recommended dose can cause serious health problems. In case of overdose, get medical help or contact a Poison Control Center right away. Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

**Directions**

- take only as directed - see Overdose warning
- use dose cup or tablespoon (TBS)
- do not exceed 4 doses per 24 hrs

adults & children 12 yrs & over	30 ml (2 TBS) every 6 hrs
children 4 to under 12 yrs	ask a doctor
children under 4 yrs	do not use

**Other information**

- each tablespoon contains: potassium 5 mg, sodium 19 mg
- store at room temperature

**Inactive ingredients** acesulfame potassium, alcohol, citric acid, FD&C Blue No. 1, FD&C Red No. 40, flavor, high fructose corn syrup, polyethylene glycol, propylene glycol, purified water, saccharin sodium, sodium citrate

**Questions?** 1-800-362-1683 | [www.vicks.com](http://www.vicks.com)

**NyQuil**

**COLD & FLU Nighttime Relief**

Acetaminophen, Doxylamine, Dextromethorphan

**Aches, Fever, Sore Throat  
Sneezing, Runny Nose  
Cough**

10 FL. OZ. (295 ml) Alcohol 10% See new warnings and dosing information.

**Drug Facts** TAMPER EVIDENT: Do not use if printed shrinkwrap is missing or broken. Failure to follow these warnings could result in serious consequences.

**Active ingredients (in each 15 ml TBS)**

Active ingredients	Purpose
Acetaminophen 325 mg	Pain reliever/fever reducer
Dextromethorphan HBr 15 mg	Cough suppressant
Doxylamine succinate 6.25 mg	Antihistamine

**Uses** temporarily relieves common cold/flu symptoms:

- cough due to minor throat and bronchial irritation
- sore throat
- headache
- minor aches and pains
- fever
- runny nose and sneezing

**Warnings**

**Liver warning:** This product contains acetaminophen. Severe liver damage may occur if you take:

- more than 4 doses in 24 hours, which is the maximum daily amount for this product
- with other drugs containing acetaminophen
- 3 or more alcoholic drinks every day while using this product

**Sore throat warning:** If sore throat is severe, lasts for more than 2 days, occurs with or is followed by fever, headache, rash, nausea, or vomiting, see a doctor promptly.

**Do not use**

- with any other drug containing acetaminophen (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.
- if you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you do not know if your prescription drug contains an MAOI, ask a doctor or pharmacist before taking this product.
- to make a child sleep

**Ask a doctor before use if you have:**

- liver disease
- glaucoma
- cough that occurs with too much phlegm (mucus)
- a breathing problem or chronic cough that lasts or as occurs with smoking, asthma, chronic bronchitis or emphysema
- trouble urinating due to enlarged prostate gland
- a sodium-restricted diet

**Ask a doctor or pharmacist before use if you are:**

- taking sedatives or tranquilizers
- taking the blood thinning drug warfarin

**When using this product**

- do not use more than directed





Exp:

Lot No:



L000462 Rev. 10/2010

NDC 59630-755-50  
500 mL



# Methylin™ Oral Solution

methylphenidate  
HCl oral solution

**10 mg per 5 mL**

**Rx only**

**PHARMACIST: PLEASE DISPENSE  
WITH MEDICATION GUIDE PROVIDED  
WITH PRODUCT**

SHIONOGI PHARMA, INC.

**USUAL DOSAGE:**  
See package insert.

Each milliliter contains:  
Methylphenidate  
Hydrochloride USP . . . . . 2 mg

**STORAGE:** Store at 20° to  
25°C (68° to 77°F) [see USP  
Controlled Room Temperature].


Dispense in tight container with  
child-resistant closure.

Do not accept if seal over  
bottle opening is broken  
or missing.

Manufactured for:  
Shionogi Pharma, Inc.  
Atlanta, GA 30328

Manufactured by:  
Mallinckrodt Inc.  
Hazelwood, MO 63042 USA

# UNIT 3: MEDICATION ORDERS

NDC 0173-0489-00 

**Zofran®**  
(ondansetron hydrochloride)  
Oral Solution

**4 mg/5 mL**

Rx only  
**50 mL**

Each 5 mL contains 5 mg of ondansetron HCl dihydrate equivalent to 4 mg of ondansetron. See package insert for Dosage and Administration. Store between 15° and 30°C (59° and 86°F). Protect from light. Store bottle upright in carton.  
**Do not use if shrinkband on bottle is broken or missing.**

GlaxoSmithKline  
Research Triangle Park, NC 27709  
Made in Canada

A124815 Rev. 3/14

3 0173-0489-00 5

LOT EXP

A 1 2 4 8 1 5

NDC 0093-6118-16

**PrednisolONE**  
Oral Solution USP  
**15 mg per 5 mL**  
alcohol content: 5% (v/v)

1x only

**430 mL**

**TEVA**

DESCRIPTION: Contains 15 mg of prednisolone in each 5 mL (teaspoonful). Alcohol content: 5% (v/v). See package insert for prescribing information. Store at 20° to 25°C (68° to 77°F) excursions permitted to 15° to 30°C (59° to 86°F). Protect from light. Do not refrigerate. Contains a sugar-free sweetener as defined in the USP definition of sugar-free sweetener. Contains a preservative. **KEEP THIS AND ALL MEDICATIONS OUT OF THE REACH OF CHILDREN.**

Manufactured by: Teva Pharmaceuticals USA, Inc.  
North Wales, PA 19384

9 119-1-1-1 4000

333-01-10000 Rev. 4/2011

Contains sodium benzoate 0.2% added as a preservative. See prescribing information for dosage information. Store at 15° to 20°C (59° to 77°F).

Manufactured for: **ViiV** Healthcare  
Research Triangle Park, NC 27709  
by: **GlaxoSmithKline**  
Research Triangle Park, NC 27709  
Made in Canada

**RETROVIR®**  
(zidovudine)  
SYRUP

**10 mg/mL**

**240 mL**

Rx only

NDC 48702-212-48

0 987-212-20148-00 10

LOT EXP

A 1 0 1 2 6 5

Rev. 5/12

**Drug Facts** (continued)

**Directions** • use only enclosed dosing cup designed for use with this product. Do not use any other dosing device.

- take every 4 to 6 hours
- do not exceed 6 doses in a 24-hour period

age	dose
children 6 years to under 12 years	1 to 2 teaspoonfuls (12.5 mg to 25 mg)
children 4 years to under 6 years	do not use unless directed by a doctor
children under 4 years	do not use

**Other information** • each teaspoon contains: sodium 6 mg  
• store at controlled room temperature

**Inactive ingredients** citric acid, flavors, glycerin, poloxamer 407, purified water, red 33, red 40, sodium benzoate, sodium chloride, sodium citrate, and sugar

**Best Choice**  
100% GUARANTEED  
www.awgbrands.com

**PROUDLY DISTRIBUTED BY:**  
**VALU MERCHANDISERS, CO.**  
KANSAS CITY, MO 64111

Questions or Comments?  
1-866-534-4631

31-201222

SEE NEW DOSING INFORMATION

**Best Choice**  
HEALTH CARE

**Children's Allergy**

Antihistamine  
Liquid Medication

Relieves:

- Sneezing • Runny Nose
- Itchy, Watery Eyes • Itchy Throat

Cherry Flavored  
Alcohol Free  
Antihistamine  
Diphenhydramine HCl

**4 FL OZ (118 mL)**

**Drug Facts** **TAMPER EVIDENT: DO NOT USE IF PRINTED SAFETY SEAL ON THE BOTTLE IS BROKEN OR MISSING.**

**Active ingredient (in each 5 mL teaspoonful)** **Purpose**  
Diphenhydramine HCl 12.5 mg .....Antihistamine

**Uses** • temporarily relieves: • runny nose • sneezing  
• itchy, watery eyes due to hay fever or other upper respiratory allergies  
• itching of the nose or throat

**Warnings**  
**Do not use** • to make a child sleepy  
• if you are on a sodium-restricted diet  
• with any other product containing diphenhydramine, including one applied topically.

**Ask a doctor before use if you have**  
• glaucoma • trouble urinating due to an enlarged prostate gland  
• a breathing problem such as emphysema or chronic bronchitis

**Ask a doctor or pharmacist before use if you are** taking sedatives or tranquilizers

**When using this product** • marked drowsiness may occur  
• sedatives and tranquilizers may increase drowsiness  
• excitability may occur, especially in children

**Keep this and all drugs out of the reach of children.** In case of accidental overdose, seek professional assistance or contact a Poison Control Center immediately.

One Pint (473 mL) NDC 59011-451-01

**Dilaudid®**  
hydromorphone HCl  
ORAL LIQUID  
(1 mg/1 mL)

Each 5 mL (1 teaspoonful) contains 5 mg hydromorphone HCl. Do not dilute if used for pain relief. Usual Dose: See package insert. Rx only. Storage: Store at 20°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F). Protect from light. Shake well before using. Children in a light, light-resistant container as applied in the USP.

3 5011-451-01 2

Manufactured by: **Pfizer Inc.**  
New York, NY 10017  
© 2011 Pfizer Inc.

NDC 59011-451-01  
One Pint (473 mL)

**Dilaudid®**  
hydromorphone HCl  
ORAL LIQUID  
(1 mg/1 mL)

Each 5 mL (1 teaspoonful) contains 5 mg hydromorphone HCl. Do not dilute if used for pain relief. Usual Dose: See package insert. Rx only. Storage: Store at 20°C (77°F); excursions permitted to 15° to 30°C (59° to 86°F). Protect from light. Shake well before using. Children in a light, light-resistant container as defined in the USP.

**AMOXIL®**  
125mg/5mL  
NDC 6839-6368-33

**AMOXIL®**  
AMOXICILLIN  
FOR ORAL  
SUSPENSION

**100mL**  
(when reconstituted)

**SB SouthKine Beecham**

9405793-B

Keep tightly closed. Shake well before using. Anticipulate possible but not required. Discard suspension after 14 days.

Directions for mixing: Tap bottle until all powder flows freely. Add approximately 1/3 total amount of water for reconstitution. **Reconstituted Suspension** will contain amoxicillin trihydrate equivalent to 125 mg amoxicillin. Usual Adult Dosage: 250 to 500 mg every 8 hours. Usual Child Dosage: 25 to 40 mg/kg/day in 3-4 divided doses every 8 hours, depending on age, weight and infection severity. See accompanying prescribing information.

Net contents: Amoxicillin (25 mg/ml) suspension. Based on powder in container. Without preservative. **SouthKine Beecham Pharmaceuticals**, Philadelphia, PA 19101

3 0029-6008-23 1

# Worksheet

## Physician order:

<p>Midland Family Practice          RX: <u>Hazel Greene</u>          Lasix 40 mg PO QD          in a.m.    <u>J.R. Midland, MD</u>          Date: _____</p>
---

## Pharmacy label:

<p><b>Goodpills Pharmacy</b>          RX: Hazel Greene            Furosemide 20 mg          Give 2 tablets (40 mg) daily.            MD: Midland          12/24/04 exp: 6/13 #30</p>
--

## Medication Reminder System label:

Hazel Greene	A.M.	Noon	P.M	HS		
Lasix 40 mg, 2 tabs PO QD in a.m.	X					
Tobramycin 250 mg PO every 6 hours	X	X	X	X	X	X
Coumadin 0.1 mg PO odd days						
Coumadin 0.2 mg PO even days						
Tagamet 300 mg PO BID	X		X			
Tylenol 325 mg, 2 tabs every 4 hrs as needed for headache			X			

Please answer the following:

1. Do the **Physician Order**, **Pharmacy label**, and **MRB label** correctly match for the medication, Lasix? Yes or No: \_\_\_\_\_

2. Referring to the **Physician Order**:

- What is missing from the physician order? \_\_\_\_\_
- What information on the order makes up the "dose" of the medication, Lasix?  
 i \_\_\_\_\_, ii \_\_\_\_\_, iii \_\_\_\_\_
- According to the physician order, is the medication, Lasix, correctly listed on the MRB label? Yes or No: \_\_\_\_\_

3. Referring to the **Pharmacy label**:

- Is Furosemide the same as Lasix? Yes or No: \_\_\_\_\_
- What action/s would you take to check this information before giving the medication? \_\_\_\_\_  
 \_\_\_\_\_
- What is the expiration date of the medication, Lasix? \_\_\_\_\_
- May you administer the medication, Furosemide, from the bottle supplied by the pharmacy? Yes or No: \_\_\_\_\_ Please explain: \_\_\_\_\_  
 \_\_\_\_\_

4. Referring to the **MRB label**:

- There are four errors on the MRB label. List two of the medications involved:  
 i \_\_\_\_\_, ii \_\_\_\_\_
- What action would you take based on the incorrect MRB label and administering medications from the MRB?  
 \_\_\_\_\_

# QMAP Homework

Match the route of medication with its definition

- |                   |                               |
|-------------------|-------------------------------|
| _____ Oral        | A. In the Vagina              |
| _____ Rectal      | B. In the nose                |
| _____ Ophthalmic  | C. In the ears                |
| _____ Nasal       | D. In the rectum              |
| _____ Otic        | E. Under the tongue           |
| _____ Sublingual  | F. Patch n the skin           |
| _____ Inhaled     | G. In the eyes                |
| _____ Topical     | H. On the surface of the skin |
| _____ Vaginal     | I. In the mouth and swallowed |
| _____ Transdermal | J. In the lungs               |

Label the following medication effects as A=Adverse Effect or S= Side Effect

- |                      |                           |                 |
|----------------------|---------------------------|-----------------|
| _____ Nausea         | _____ Vomiting            | _____ Dry mouth |
| _____ Constipation   | _____ Respiratory Failure | _____ Rash      |
| _____ Cardiac Arrest | _____ Diarrhea            | _____ Death     |

Match the abbreviations with the correct definition

- |            |            |                    |                     |
|------------|------------|--------------------|---------------------|
| _____ PRN  | _____ EC   | A. Times           | H. As needed        |
| _____ BID  | _____ oz   | B. By mouth        | I. Left eye         |
| _____ QD   | _____ SL   | C. Enteric coated  | J. Four times daily |
| _____ HS   | _____ OS   | D. Every day       | K. Ounce            |
| _____ PO   | _____ gtts | E. Discontinue     | L. Drops            |
| _____ QID  | _____ DC   | F. Two times daily | M. Sublingual       |
| _____ TBSP | _____ x    | G. Tablespoon      | N. At bed time      |

To ensure you are administering the right medication you must:

- A. Compare the Physicians written order to the Client
- B. Compare the Medication record to the Client
- C. Compare the Pharmacy label to the Client
- D. All of the above

Match the situation with the appropriate category.

- |  |                     |
|--|---------------------|
| _____ Glenn told Bill his name was Rich.<br>Bill gave Glenn Rich's 5 pm medications                      | A. Wrong medication |
| _____ Ben put his nose drops in his eyes   | B. Wrong dosage     |
| _____ Sue gave 3 TBSP Maylanta to Bob.<br>The order reads give 30cc/mg                                   | C. Wrong route      |
| _____ Jill gave Thorazine to Sam. The order was to<br>give Thioridazine.                                 | D. Wrong person     |
| _____ Kyle gave Bill his 5pm meds at 7pm when he ate<br>dinner because the label said to give with food. | E. Wrong time       |

If the medication cannot be given or a person refuses the medication then the QMAP should?

- A. Initial the appropriate box
- B. Circle the initials
- C. Provide an explanation on the back of the MAR
- D. All of the above

Using the pharmacy label below answer the following questions

ABC Pharmacy 1234 Main Street Anytown, CO 12345 303-555-5555	Kay Evans Take 10mg po tid BuSpar 5 mg	April Jones, MD Date filled: 2/1/09 Expiration date: 2/1/10
RX# 25834 Refills: 2	Qty: 90	

What is the dose of the medication? \_\_\_\_\_

What is the name of the medication? \_\_\_\_\_

What is the strength of the medication? \_\_\_\_\_

How often do you give this medication? \_\_\_\_\_

## UNIT 4: MEDICATION ADMINISTRATION RECORDS (MAR)

### Objective 5: Practice documenting on the MAR

Midland Family Practice
RX: <u>Hazel Green</u>
Amoxicillin 30cc PO BID x 7 days then DC
<u>J.R. Midland, MD</u> <u>7/1/15</u>

Midland Family Practice
RX: <u>Hazel Green</u>
Furosemide 40mg qd po
<u>J.R. Midland, MD</u> <u>7/1/15</u>

and how to handle various documentation errors.      ations on refused,

#### FRONT OF EXAMPLE MAR

MEDICATION ADMINISTRATION RECORD																		
Client Name:											Month/Year:							
Medication info	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

#### BACK OF EXAMPLE MAR

QMAP name:				
Identifying initials				
Date	Time	Notes (REMINDER: SIGN EACH NOTE WITH FULL NAME AND QMAP TITLE)		