

Idaho  
Medication  
Assistant  
Certified  
MA-C  
Curriculum

2010

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This curriculum is to be used by Idaho nursing assistant educators for course design and implementation.

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9/7/2010

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## ACKNOWLEDGEMENTS

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### GOVERNING BOARDS OVER MEDICATION ASSISTANT-CERTIFIED TRAINING

*The technical committee members would like to express deep gratitude to the directors and associate directors of the governing boards over nursing assistant training and practice for their assistance and knowledge sharing throughout the revision process.*

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## **TEACHERS QUALIFICATION**

MA-C educators must:

- Meet educational requirements from the Idaho Board of Nursing (IBON)
  - RN with an unencumbered & current ID. License
  - Evidence of three years experience working as a RN
  - Evidence of two years experience caring for the elderly or chronically ill of any age.
  - Documentation of completion of an instructor development course; train-the-trainer course; or equivalent. Courses are offered through the area PTE college/universities.

PTE college/universities have the application utilized by the IBON for approval to teach.

## **CERTIFICATION EXAM INFORMATION**

See Idaho Board of Nursing site: [www.ibn.idaho.gov](http://www.ibn.idaho.gov)

## **MEDICATION ASSISTANT-CERTIFIED (MA-C) CURRICULUM**

### **Overview**

Under the state Nurse Practice Act, medication administration is the responsibility of licensed nurses (RNs) and licensed practical nurses (LPNs). Licensed nurses may delegate selected tasks of medication administration to MA-Cs, and therefore licensed nurses are accountable for the delegation and supervision of MA-Cs. Licensed nurses use the Decision-Making Model from the Rules of the Idaho Board of Nursing as a guide when deciding when to delegate any task or action. The Decision-Making Model can be accessed at the following webs site:  
<http://www.adm.idaho.gov/adminrules/rules/idapa23/0101.pdf>

MA-Cs cannot replace the licensed nurse's role in the administration of medications, nurses must still exercise their judgment when administering medications, such as deciding when to administer a PRN medication, assessing clients such as evaluating the need for, or response to, medication, educating the client, and performing the conversions or calculations of medication dosages whenever necessary. The MA-C's role is to assist the nurse related to the safe administration of medication.

Because the mission of the board of nursing is to protect the public, they have the responsibility to ensure that the nurses and other health care workers whom they regulate are competent before they enter the workforce. Therefore, this curriculum requires MA-Cs be educated as a certified nursing assistant (CNA) before entering an MA-C program. Basic CNA skills and essential abilities are necessary before an individual can accept additional responsibilities related to medication administration.

The curriculum consists of 80 hours of didactic training, which will include work in a skills lab and/or simulation facility, in addition to 40 hours of supervised clinical practicum. The elements of this curriculum include the essential content, practical/actual experience, demonstration of skills and a competency examination. The content modules comprising the didactic portion are provided in five modules. Content areas in the curriculum include: medication fundamentals, safety, communication and documentation, medication administration, ethical and legal issues, and a practicum. There is an instructor's Quick Reference to the curriculum available for assessing whether students have mastered the major content areas of the curriculum. Successful completion of a final comprehensive examination including content and performance of medication administration skills is required for certification. Once certified, the MA-C is minimally competent, at an entry-level position, to administer medications as described in this curriculum to individuals, in settings as determined by state and federal laws, under the direct supervision of a licensed nurse.

An individual registered as a nursing assistant, without substantiated charges, on the nursing assistant registry currently maintained by the Idaho Department of Health and Welfare, may, with additional education and training as set forth in rule as established by the board, become a certified medication assistant (MA-C) permitted to administer medications as prescribed by an authorized provider within the parameters set forth in rule. A licensed nurse shall supervise the certified medication assistant.

Minimal requirements for a MA-C, as are required for a CNA, must include the ability to read, speak, and write English, and demonstrate basic mathematic skills, and hold a current Health Care Provider CPR card. Continued competency throughout the career of the MA-C is also necessary, particularly given the increased complexity of care and the continued changes being made in the pharmacological management of clients.

It is important to understand the distinction between the Certified Medication Aid (MA-C) and the unlicensed Assistive Personnel (UAP) and how they function in relation to medication delivery and administration.

The UAP who assists with medications has completed eight (8) hours of medication training. Their specific functions allow them to work in care settings with residents who cannot independently self administer their own medications. These residents may have a physical issue or a problem which keeps them from being able to independently take the medications. Assisting with medications, means helping the client with one or more of the steps required in the process of taking their medications. It does not mean administration of medication without the resident being involved. Examples of assisting with medications may include, reminding the client that it is the proper time to take meds, opening up the medication container or other steps needed to trigger the resident with success in taking their own medications.

The MA-C, under direct supervision of a licensed nurse, is permitted to administer medications as prescribed by an authorize provider. The parameters for medication administration are set forth in Board of Nursing Rule (IDAPA 23.01.01.492) and Nursing Practice Act. (IC 54-1406A)

**IDAHO MA-C STATUTE location:**

<http://www.legislature.idaho.gov/idstat/Title54/T54CH14SECT54-1406A.htm>

## Definition of Terms

**Assessment** – The gathering of objective and subjective information of a client, confirmation of the data and communication of the information (sources: *NCLEX-RN® Test Plan*; *NCSBN's Working with Others: A Position Paper*, 2005).

**Assign** – When a nurse directs an individual to do something the individual is authorized to do (source: *Joint Statement on Delegation*, American Nurses Association and National Council of State Board of Nursing, 2006).

**Assignment** – The distribution of work each staff member is responsible for during a given work period (source: *Joint Statement on Delegation*, American Nurses Association and National Council of State Board of Nursing, 2006).

**Administration of Medications** – The process whereby a prescribed medication is given to a patient by one (1) of several routes. Administration of medication is a complex nursing responsibility which requires knowledge of anatomy, physiology, pathophysiology and pharmacology. Licensed nurses may administer medications and treatments as prescribed by health care providers authorized to prescribe medications.

**Certified Nursing Assistant (CNA)** – CNAs are trained and certified to help nurses by providing non-medical assistance to patients, such as help with bathing, dressing and using the bathroom (source: Centers for Medicaid and Medicare Services (CMS). State approved training programs must be a minimum of 80 hours and include 40 hours of supervised clinical training. Aides who complete the program are known as CNAs and are placed on the state registry of nursing aides (Department of Health and Welfare). To maintain certification, all nurses aides must complete 12 hours of continuing education annually (source: Wikipedia <http://en.wikipedia.org/wiki/CertifiedNursingAssistant>).

**Delegation** – The process by which a licensed nurse assigns tasks to be performed by others.

**Gastrostomy Route** – Medication/nutritional supplements are instilled through a tube into the stomach. (source: *Taber's Cyclopedic Medical Dictionary*, 18<sup>th</sup> Ed).

**Jejunostomy Route** – Medication/nutritional supplements are instilled through a tube into the jejunum (source: *Taber's Cyclopedic Medical Dictionary*, 18<sup>th</sup> Ed).

**Medication Assistant-Certified (MA-C)** – A medication assistant – certified may perform the delegated function of administration of medications and related tasks under the direct supervision of a licensed nurse.

**Nasogastric Route** - Medication/nutritional supplements are instilled through a tube that enters the nasal passage, proceeds through the esophagus and ends in the stomach (source: *Taber's Cyclopedic Medical Dictionary*, 18<sup>th</sup> Ed).

**Parenteral** – Medication route including intravenous, subcutaneous or intramuscular.

**Practicum** – A progressive clinical experience under the direction of a qualified instructor.

***Supervision*** – Designating or prescribing a course of action, or giving procedural guidance, direction, and periodic evaluation. Direct supervision requires the supervisor to be physically present and immediately accessible to designate or prescribe a course of action or to give procedural guidance, direction, and periodic evaluation.

**Note: If a CNA has ever pled guilty, entered a plea of nolo contendere, been convicted of, or received a withheld judgment for a misdemeanor or felony in any jurisdiction the CNA may not be eligible for a certificate.**

**Module I: Medication Fundamentals – Recommended 20 hours of Didactic (including four hours of skills lab)**

| Objective/The Learner Will:   | Content Outline  |  | Evaluation Criteria   |  |   |  |   |
|---|--|--|---|--|---|--|---|
| <p>I. Describe the different documents on which medications can be ordered and recorded</p> <p>II. Detail the elements of a complete medication order for safe administration</p> <p>III. Demonstrate various tasks to be performed for medications to be safely stored</p> <p>IV. Identify conditions necessitating disposal of medication</p> <p>V. Identify when to question a medication order</p>  | <p><b>Medication Orders, Documentation, Storage</b></p> <table border="1" data-bbox="397 262 1047 1140"> <tr> <td data-bbox="397 262 657 1140"> <p><b>A. Medication Prescription</b></p> <ol style="list-style-type: none"> <li>1. Recorded on patient record</li> <li>2. Complete order                             <ul style="list-style-type: none"> <li>▪ Signed</li> <li>▪ Legible</li> <li>▪ Drug Name</li> <li>▪ Dose</li> <li>▪ Route</li> <li>▪ Time</li> <li>▪ Frequency</li> </ul> </li> <li>3. MA-C does not take verbal or telephone orders</li> <li>4. When to question a medication order</li> </ol> </td> <td data-bbox="657 262 1047 1140"> <p><b>B. Medication documentation system</b></p> <ol style="list-style-type: none"> <li>1. Documentation of orders onto agency's medication document</li> <li>2. Medication administration record (MAR)</li> <li>3. Controlled substance medication log</li> </ol> <p><b>C. Medication Storage</b></p> <ol style="list-style-type: none"> <li>1. Storage area</li> <li>2. Medication room</li> <li>3. Medication cart</li> <li>4. Medication tray</li> <li>5. Refrigeration</li> </ol> </td> </tr> </table> |  | <p><b>A. Medication Prescription</b></p> <ol style="list-style-type: none"> <li>1. Recorded on patient record</li> <li>2. Complete order                             <ul style="list-style-type: none"> <li>▪ Signed</li> <li>▪ Legible</li> <li>▪ Drug Name</li> <li>▪ Dose</li> <li>▪ Route</li> <li>▪ Time</li> <li>▪ Frequency</li> </ul> </li> <li>3. MA-C does not take verbal or telephone orders</li> <li>4. When to question a medication order</li> </ol> | <p><b>B. Medication documentation system</b></p> <ol style="list-style-type: none"> <li>1. Documentation of orders onto agency's medication document</li> <li>2. Medication administration record (MAR)</li> <li>3. Controlled substance medication log</li> </ol> <p><b>C. Medication Storage</b></p> <ol style="list-style-type: none"> <li>1. Storage area</li> <li>2. Medication room</li> <li>3. Medication cart</li> <li>4. Medication tray</li> <li>5. Refrigeration</li> </ol> | <p>Successful completion of the objectives is demonstrated through written examination, return demonstrations or other appropriate measure of achieving the outcomes of the module. Before actual patient contact, skills lab exercises and evaluations are recommended for: reading the elements of the order, discerning between the systems of measurement, observing the different forms of medications, practice with terminology and abbreviations, practicing the six rights or medication administration and practicing the basic steps of medications administration.</p> <p><b>Suggested References</b><br/>Additional resources to be used as references that are specific to the curriculum needs.</p> <p>National Coordinating Council for Medication Error Reporting and Prevention Recommendations:<br/><a href="http://www.nccmerp.org/council/council1999-06-29.html">www.nccmerp.org/council/council1999-06-29.html</a></p> |  |   |
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| <p>VI. State the ways to measure medications</p>  | <p><b>Mathematics, Weights and Measures</b></p> <table border="1" data-bbox="397 1186 1047 1438"> <tr> <td colspan="2" data-bbox="397 1186 1047 1228"> <p>A. MA-C does not convert medications dosages.</p> </td> </tr> <tr> <td colspan="2" data-bbox="397 1228 1047 1438"> <p>B. Systems of measurement</p> <ol style="list-style-type: none"> <li>1. Apothecaries' system</li> <li>2. Metric system</li> <li>3. Common household measures</li> <li>4. Roman numerals-drams or grains</li> <li>5. Weight is grain</li> <li>6. Volume is minim</li> </ol> </td> </tr> </table>  |  | <p>A. MA-C does not convert medications dosages.</p>  |  | <p>B. Systems of measurement</p> <ol style="list-style-type: none"> <li>1. Apothecaries' system</li> <li>2. Metric system</li> <li>3. Common household measures</li> <li>4. Roman numerals-drams or grains</li> <li>5. Weight is grain</li> <li>6. Volume is minim</li> </ol>   |  | <p>MEDIMARX®<br/><a href="http://www.usp.org/patientSafety/medmarx/">http://www.usp.org/patientSafety/medmarx/</a></p> <p>National Quality Forum Recommendations:<br/><a href="http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/O/lasa.pdf">http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/O/lasa.pdf</a></p> |
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| <p>VII. State the different forms of medications</p>  | <p><b>Forms of Medication</b></p> <table border="1" data-bbox="397 1470 1047 1896"> <tr> <td data-bbox="397 1470 600 1896"> <p><b>A. Liquid</b></p> <ol style="list-style-type: none"> <li>1. Aerosol</li> <li>2. Inhalant</li> <li>3. Drops</li> <li>4. Elixir</li> <li>5. Spray</li> <li>6. Solution</li> <li>7. Suspension (needs mixing/shaking)</li> <li>8. Syrup</li> <li>9. Tincture</li> </ol> </td> <td data-bbox="600 1470 803 1896"> <p><b>B. Solids &amp; semi-solids</b></p> <ol style="list-style-type: none"> <li>1. Capsules</li> <li>2. Tablet (dissolve)</li> <li>3. Scored vs. unscored</li> <li>4. Caplets</li> <li>5. Time-released</li> <li>6. Covered with a special coating (not to be crushed)</li> <li>7. Lozenges (dissolve)</li> </ol> </td> <td data-bbox="803 1470 1047 1896"> <ol style="list-style-type: none"> <li>8. Ointment</li> <li>9. Paste</li> <li>10. Powder</li> <li>11. Cream</li> <li>12. Lotion</li> <li>13. Linament</li> <li>14. Suppositories</li> <li>15. Transdermal</li> </ol> </td> </tr> </table>   |  | <p><b>A. Liquid</b></p> <ol style="list-style-type: none"> <li>1. Aerosol</li> <li>2. Inhalant</li> <li>3. Drops</li> <li>4. Elixir</li> <li>5. Spray</li> <li>6. Solution</li> <li>7. Suspension (needs mixing/shaking)</li> <li>8. Syrup</li> <li>9. Tincture</li> </ol>  | <p><b>B. Solids &amp; semi-solids</b></p> <ol style="list-style-type: none"> <li>1. Capsules</li> <li>2. Tablet (dissolve)</li> <li>3. Scored vs. unscored</li> <li>4. Caplets</li> <li>5. Time-released</li> <li>6. Covered with a special coating (not to be crushed)</li> <li>7. Lozenges (dissolve)</li> </ol>   | <ol style="list-style-type: none"> <li>8. Ointment</li> <li>9. Paste</li> <li>10. Powder</li> <li>11. Cream</li> <li>12. Lotion</li> <li>13. Linament</li> <li>14. Suppositories</li> <li>15. Transdermal</li> </ol>  | <p>Look-alike/Sound-alike drugs:<br/><a href="http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/O/lasa.pdf">Http://www.jcaho.org/NR/rdonlyres/C92AAB3F-A9BD-431C-8628-11DD2D1D53CC/O/lasa.pdf</a></p> |   |
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| Module I: Medication Fundamentals – Recommended 20 hours of Didactic (including four hours of skills lab)  |   |   |   |
|--|---|---|---|
| Objective/The Learner Will:  | Content Outline   |   | Evaluation Criteria   |
| <p>VIII. Recognize that medications may have different names</p> <p>IX. Identify accepted abbreviations</p> <p>X. Describe their responsibility in recognizing and reporting abbreviations that should not be used</p> <p>XI. List the different effects medications can cause, locally and systemically</p> <p>XII. State the information that should be known about a medication prior to giving that medication</p> | <b>Medication Basics</b>  |   | <p>Official JCAHO “Do Not Use List”:<br/> <a href="http://www.jointcommission.org/NR/rdonlyres/2329F8F5-6EC5-4E21-B932-54B2B7D53F00/0/06_dru_list.pdf">http://www.jointcommission.org/NR/rdonlyres/2329F8F5-6EC5-4E21-B932-54B2B7D53F00/0/06_dru_list.pdf</a></p> |
|  | <p><b>A. Terminology</b></p> <p>1. Medication names</p> <p>a. Generic</p> <p>b. Brand or trade name</p> <p><b>B. Abbreviations</b></p> <p>1. Use standardized abbreviations, acronyms and symbols</p> <p>2. Do not use outdated abbreviations</p> <p>3. Reporting non acceptable abbreviations</p> <p><b>C. Dosage Ranges</b></p> <p><b>D. Actions (how medications cause chemical changes in body)</b></p> <p><b>E. Implications for administration (what medical conditions are treated by the drug)</b></p> <p><b>F. Therapeutic effects (desired effects)</b></p> <p><b>G. Side effects (reaction not part of main effect desired)</b></p> <p><b>H. Precautions (anticipate or prepare for conditions that may change effect of drug)</b></p> | <p><b>I. Contraindications (condition making drug dangerous to use)</b></p> <p><b>J. Allergic reactions (life threatening-anaphylaxis, and non-threatening)</b></p> <p><b>K. Adverse reactions (unpleasant or serious side effects, other than desired)</b></p> <p><b>L. Tolerance (body adapts to drug and may be resistant/less effective)</b></p> <p><b>M. Interactions</b></p> <p>1. Specific administration information (e.g. do not take with grapefruit juice)</p> <p>2. Certain classes of medications that should not be prescribed at the same time</p> <p><b>N. Additive (synergistic) or antagonist effect</b></p> <p><b>O. Idiosyncratic effect (drug has unusual effect)</b></p> <p><b>P. Paradoxical effect (drug works in opposite way)</b></p> |   |
| <p>XIII. Explain the three safety checks of medications administration</p> <p>XIV. Identify the six rights of medication administration</p>  | <b>Safety and Rights of Medication Administration</b>   |   |   |
|  | <p><b>A. Three safety checks:</b></p> <p>1. When removing the medication package from storage (drawer/shelf)</p> <p>2. When removing the medication for the package/container it is kept in</p> <p>3. When returning the package to where it is stored</p>  | <p><b>B. Six rights of medication administration:</b></p> <p>1. Right client</p> <p>2. Right drug</p> <p>3. Right dose</p> <p>4. Right route</p> <p>5. Right time</p> <p>6. Right documentation</p>   |   |

| <b>Module I: Medication Fundamentals – Recommended 20 hours of Didactic (including four hours of skills lab)</b> |  |   |
|--|--|---|
| <b>Objective/The Learner Will:</b>   | <b>Content Outline</b>   | <b>Evaluation Criteria</b>  |
| XV. Describe basic steps of medication administration  | <b>Preparation and Actual Medication Administration</b>  |   |
|  | <p><b>A. Preparation</b></p> <ol style="list-style-type: none"> <li>1. Review medications especially those that require additional information prior to administering</li> <li>2. Special considerations</li> <li>3. Wash hands</li> <li>4. Prepare medications</li> </ol> | <p><b>B. Administration</b></p> <ol style="list-style-type: none"> <li>1. Introduce yourself</li> <li>2. Identify the client</li> <li>3. Explain what you are doing.</li> <li>4. Glove if necessary</li> <li>5. Position the client</li> <li>6. Administer follow-up</li> </ol> <p><b>C. Follow-up</b></p> <ol style="list-style-type: none"> <li>1. Wash your hands</li> <li>2. Put equipment away</li> <li>3. Document and report as appropriate</li> </ol> |

| <b>Module: 2 Safety – Recommended 8 hours of Didactic (including 2 hour of skills lab)</b>                       |   |  |
|--|---|--|
| <b>Objective/The Learner Will:</b>   | <b>Content Outline</b>  | <b>Evaluation Criteria</b>   |
| I. Identify information needed about the client and the medication prior to medication administration            | <b>Prevention of Medication Errors</b>  |  |
|  | <p>A. Know the following before administering medications:</p> <ol style="list-style-type: none"> <li>1. Purpose</li> <li>2. Effect</li> <li>3. Length of time to take effect</li> <li>4. Potential side effect</li> <li>5. Potential adverse effects</li> <li>6. Potential interactions</li> <li>7. Special instructions</li> <li>8. Where to get help</li> </ol> <p>B. Implement the six rights of medication administration</p>                                  | <p>Successful completion of the objectives is demonstrated through written examination, return demonstrations, or other appropriate measure of achieving the outcomes of the module. Before direct client contact, skills lab exercises and evaluations are recommended for safely administering a medication.</p> <p><b>Suggested References</b><br/>           Institute of Medicine’s Report Brief on “Preventing Medication Errors”<br/> <a href="http://www.iom.edu/Object.File/Master/35/943/medication%20errors%20new/pdf">http://www.iom.edu/Object.File/Master/35/943/medication%20errors%20new/pdf</a></p> <p>Institute of Medicine’s Fact Sheet on “What You Can Do to Avoid Medication Errors”:<br/> <a href="http://www.iom.edu/Object.File/Master/35/945/medication%20errors%20new/pdf">http://www.iom.edu/Object.File/Master/35/945/medication%20errors%20new/pdf</a></p> <p>Additional resources to be used as references.</p> |
| II. Identify common causes of medication errors; state what steps should be taken when a medication error occurs | <b>Causes and Reporting of Medication Errors</b>  |  |
|  | <p>A. Failure to follow prescriber’s orders exactly</p> <p>B. Failure to follow specifications/directions for use</p> <p>C. Failure to follow accepted standards for medication administration</p> <p>D. Failure to follow the six rights</p> <p>E. Failure to listen to a client’s or family’s concerns</p> <p>F. Notify licensed nurse according to agency policy</p> <p>G. Take actions as directed</p> <p>H. Complete a medication error or incident report</p> |  |

| <b>Module 3: Communication and Documentation – Recommended 8 hours of Didactic (including 2 hours of skills lab)</b> |  |  |
|--|--|--|
| <b>Objective/The Learner Will:</b>   | <b>Content Outline</b>   | <b>Evaluation Criteria</b>   |
| I. Discuss building relationships (review from CNA training)   | <p><b>Building Relationships</b></p> <p>A. Review the communication process</p> <p>B. Review barriers to effective listening and communication</p> <p>C. Setting boundaries</p> <p>D. Review team building</p>   | <p>Successful completion of the objectives is demonstrated through written examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. Before direct client contact, skills lab exercises and evaluations are recommended for practicing communication skills; practicing measurement of vital signs, and practicing documentation.</p> <p><b>Suggested References</b></p> <p>Additional resources to be used as references.</p> <p>NCSBN’s “A Nurse’s Guide to the Importance of Appropriate Professional Boundaries”:<br/> <a href="https://www.ncsbn.org/ProfessionalBoundariesbrochure.pdf">https://www.ncsbn.org/ProfessionalBoundariesbrochure.pdf</a></p> <p>NCSBN Learning Extension course: “Respecting Professional Boundaries”<br/> <a href="http://www.learningext.com/products/generalce/boundaries/boundariesabout.asp">http://www.learningext.com/products/generalce/boundaries/boundariesabout.asp</a></p> |
| II. State when the nurse must be notified of a change in the client’s usual condition                                | <p><b>Observe, Monitor and Report Effects</b></p> <p>A. Observe and monitor client’s condition</p> <p>B. Observe and monitor for any changes in client’s usual condition</p> <ol style="list-style-type: none"> <li>1. Vital signs</li> <li>2. Complaints of pain</li> <li>3. Other changes in condition</li> <li>4. Absence of expected effects</li> </ol> <p>C. Notify the nurse as soon as possible providing as much information as is available</p> <p>D. Record observations</p> <p>E. Special observations</p>  |  |
| III. Discuss when the nurse should be notified about vital sign changes  |  |  |
| IV. State when the nurse should be notified of a client’s pain   |  |  |
| V. Identify other alterations of conditions that should be reported to the nurse                                     |  |  |
| VI. Explain documentation standards  | <p><b>Documentation of Medication Administration</b></p> <p>A. Identify initials, signature and time on MAR after administration of MAR</p> <p>B. Circle and document the reasons that a client does not take medication</p> <p>C. Non-routine medication, delegated by the licensed nurse, per facility/agency policy</p>   |  |
| VII. Demonstrate documentation requirements for medication administration  |  |  |
| VIII. Explain the responsibilities of the delegating/supervising nurse   | <p><b>Role of the Delegating /Supervising Nurse</b></p> <p>A. The nurse must provide direct supervision.</p> <p>B. The nurse continues to have responsibility for the overall nursing care outcomes</p> <p>C. To delegate effectively, nurses need to be able to rely on the MA-C’s credentials and job descriptions, especially for a first time assignment</p> <p>D. Nursing administration (typically through human resources/personnel) has the responsibility for validating credentials and qualifications of employees</p> <p>E. Both nurse and MA-C need appropriate interpersonal and communication skills and organizational support. (Good relationships have two-way communication, initiative, appreciation and willingness to help each other)</p> <p>F. Trust is central to the working relationships between nurses and MA-C’s</p> | <p><b>Suggested References</b></p> <p>Idaho curriculum relating to nursing assistive personnel:<br/> <a href="http://www.ncsbn.org/ModelLanguageNAP.pdf">www.ncsbn.org/ModelLanguageNAP.pdf</a></p> <p>Working with Others: A Position Paper:<br/> <a href="https://www.ncsbn.org/WorkingwithOthers.pdf">https://www.ncsbn.org/WorkingwithOthers.pdf</a></p> <p>ANA and NCSBN Joint Statement on Delegation:<br/> <a href="http://www.ncsbn.org/Jointstatement.pdf">www.ncsbn.org/Jointstatement.pdf</a></p>   |

| <b>Module 4: Medication Administration – Recommended 24 hrs of Didactic (including 4 hours of skills lab)</b> |  |                                       |  |  |
|---|--|---------------------------------------|--|--|
| <b>Objective/The Learner Will:</b>  | <b>Content Outline</b>   |                                       |  | <b>Evaluation Criteria</b>   |
| I. Identify common methods of medication administration   | <b>Routes of Administration</b>  |                                       |  | <p>Successful completion of the objectives is demonstrated through written examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module.</p> <p><b>Suggested References</b><br/>Additional resources to be used as references.</p> <p>Patient education for a metered-dose inhaler:<br/><a href="http://familydoctor.org/040.xml">http://familydoctor.org/040.xml</a> and <a href="http://www.mayoclinic.com/health/asthma-inhalers/HQ01081">www.mayoclinic.com/health/asthma-inhalers/HQ01081</a><br/>Poison Control Center:<br/>1.800.222.1222</p> |
|   | A. Oral  | F. Nasal                              | K. Soaks                               |  |
| B. Buccal   | G. Eye (ophthalmic)  | L. Transdermal (e.g. patch)           |  |  |
| C. Sublingual   | H. Ear (otic)  | M. Suppositories (rectal and vaginal) |  |  |
| II. Identify factors that may affect how the body uses medications  | D. Inhaler (metered dose)  | I. Topical                            |  |  |
|   | E. Nebulizer   | J. Gastric tube, jejunostomy tube     |  |  |
| III. Identify the classifications of medications; state common effects of medication on the body              | <b>Factors Affecting How the Body uses Medications</b>                   |                                       |  |  |
|   | A. Age   | D. Diet                               | H. Basic metabolic rate                |  |
| IV. Identify resources, materials, and professionals to contact for clarification of medication questions     | B. Size  | F. Psychological issues               | I. Dose                                |  |
|   | C. Family traits   | G. Gender                             | J. Other medications                   |  |
| III. Identify the classifications of medications; state common effects of medication on the body              | <b>Classes of Medications Related to Body Systems and Common Actions</b> |                                       |  |  |
|   | A. Antimicrobials  | E. Gastrointestinal                   | H. Nutrients/Vitamins/Minerals/Herbals |  |
| IV. Identify resources, materials, and professionals to contact for clarification of medication questions     | B. Cardiovascular  | F. Musculoskeletal                    | I. Respiratory                         |  |
|   | C. Dermatological  | G. Neurological                       | J. Sensory                             |  |
| IV. Identify resources, materials, and professionals to contact for clarification of medication questions     | D. Endocrine   |                                       | K. Urinary                             |  |
|   | <b>Location of Sources and References</b>                                |                                       |  |  |
| IV. Identify resources, materials, and professionals to contact for clarification of medication questions     | A. Nurse   |                                       |  |  |
|   | B. Pharmacist  |                                       |  |  |
| IV. Identify resources, materials, and professionals to contact for clarification of medication questions     | C. Package/drug insert (brochure)  |                                       |  |  |
|   | D. Policy manuals  |                                       |  |  |

| Module 5: Ethical and Legal – Recommended 8 hours of Didactic   |   |   |
|---|---|---|
| Objective/The Learner Will:   | Content Outline   | Evaluation Criteria   |
| <p>I. Identify when a task should or should not be performed by the MA-C</p> <p>II. Recognize when and how to report errors</p> <p>III. Recognize what should be reported to the licensed nurse</p> | <p><b>Role of MA-C</b></p> <p>A. MA-C may perform a task involving administration of medication if:</p> <ol style="list-style-type: none"> <li>1. MA-C’s assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of the Idaho Board of Nursing act and rules; and</li> <li>2. The delegation is not prohibited by any provision of this act and rules</li> </ol> <p>B. Role of the MA-C includes medication administration as a delegated nursing function under direct nursing supervision. The following acts <b>shall not</b> be delegated to MA-C:</p> <ol style="list-style-type: none"> <li>1. Conversion or calculation of medication dosage</li> <li>2. Assessment of client need for or response to medication</li> <li>3. Nursing judgment regarding the administration or non-routine medications; or</li> <li>4. Medications to be given via parenteral and nasogastric routes</li> </ol> <p>C. MA-C <b>shall not</b> perform a task involving the administration of medication if:</p> <ol style="list-style-type: none"> <li>1. The medication administration requires an assessment of the client’s need for medication, a calculation of the dosage of the medication or the conversion of the dosage</li> <li>2. The supervising nurse is unavailable to monitor the progress of the client and the effect on the client of the medication; or</li> <li>3. The client is not stable or has changing needs.</li> </ol> <p>D. Any MA-C who has any reason to believe that he/she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the supervising nurse and shall assist in completing any required documentation of the medication error</p> <p>E. Medication Administration Policies</p> <ol style="list-style-type: none"> <li>1. MA-C shall report to the supervising nurse: <ol style="list-style-type: none"> <li>a. Signs or symptoms that appear life-threatening;</li> <li>b. Events that appear health-threatening; and</li> <li>c. Medications that produce no results or undesirable effects as reported by the client</li> </ol> </li> <li>2. A licensed nurse shall directly supervise MA-C</li> <li>3. A licensed nurse shall review the following: <ol style="list-style-type: none"> <li>a. Authorized provider orders; and</li> <li>b. Client medication records</li> </ol> </li> </ol> | <p>Successful completion of the objectives is demonstrated through written examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module. Before direct client contact, skills lab exercised and evaluations are recommended for practicing delegation.</p> <p><b>Suggested References</b><br/>Additional resources to be used as references.</p> <p>Idaho curriculum relating to nursing assistive personnel:<br/><a href="https://www.ncsbn.org/Model Language NAP.pdf">https://www.ncsbn.org/Model Language NAP.pdf</a></p> <p>ANA and NCSBN Joint Statement on Delegation:<br/><a href="https://www.ncsbn.org/Joint statement.pdf">https://www.ncsbn.org/Joint statement.pdf</a></p> |

| <b>Module 5: Ethical and Legal – Recommended 8 hours of Didactic</b>   |   |  |   |                               |   |                                |                               |   |                         |  |
|--|---|--|---|-------------------------------|---|--------------------------------|-------------------------------|---|-------------------------|--|
| <b>Objective/The Learner Will:</b>   | <b>Content Outline</b>  | <b>Evaluation Criteria</b>   |   |                               |   |                                |                               |   |                         |  |
| IV. Distinguish between the tasks a MA-C can and cannot accept<br><br>V. Define redelegation<br><br>VI. Identify skills that enhance the delegation process                  | <p><b>The responsibility of MA-C when accepting delegated tasks</b></p> <p>A. The MA-C has the responsibility to decline delegation that she/he knows is beyond her/his knowledge and skills<br/>           B. MA-C delegation is client specific. Having done a task for one client does not automatically mean the MA-C can do the task for all clients. In addition, delegation is also situation specific; doing a task for one client in one situation does not mean the nursing the MA-C may perform that task for this client in all situations<br/>           C. A task delegated to the MA-C cannot be redelegated by the MA-C<br/>           D. MA-C is expected to request training AND assistance in performing the delegation, or request not to be delegated a particular task/function/activity<br/>           E. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues</p> | <p>Successful completion of the objectives is demonstrated through written examinations, return demonstrations or other appropriate measure of achieving the outcomes of the module.</p> <p><b>Suggested References</b><br/>           Additional resources to be used as references.</p> <p>Idaho curriculum relating to nursing assistive personnel:<br/> <a href="https://www.ncsbn.org/ModelLanguageNAP.pdf">https://www.ncsbn.org/ModelLanguageNAP.pdf</a></p> <p>NCSBN’s “A Nurse’s Guide to the Importance of Appropriate Professional Boundaries”:<br/> <a href="http://www.ncsbn.org/professionalBoundariesbrochure.pdf">www.ncsbn.org/professionalBoundariesbrochure.pdf</a></p> <p>NCSBN Learning Extension course: “Respecting Professional Boundaries”<br/> <a href="http://www.learningext.com/products/generalce/boundaries/boundariesabout.asp">http://www.learningext.com/products/generalce/boundaries/boundariesabout.asp</a></p> |   |                               |   |                                |                               |   |                         |  |
| VII. Describe the rights of the clients related to medication administration   | <p><b>Rights of Individuals</b></p> <table border="1"> <tr> <td>A. Maintaining confidentiality</td> <td>E. Communicating respectfully</td> </tr> <tr> <td>B. Respecting client’s rights</td> <td>F. Respecting client’s wishes whenever possible</td> </tr> <tr> <td>C. Respecting client’s privacy</td> <td>G. Right to refuse medication</td> </tr> <tr> <td>D. Respecting client’s individuality and autonomy</td> <td>H. Right to be informed</td> </tr> </table>   | A. Maintaining confidentiality   | E. Communicating respectfully   | B. Respecting client’s rights | F. Respecting client’s wishes whenever possible | C. Respecting client’s privacy | G. Right to refuse medication | D. Respecting client’s individuality and autonomy | H. Right to be informed |  |
| A. Maintaining confidentiality   | E. Communicating respectfully   |  |   |                               |   |                                |                               |   |                         |  |
| B. Respecting client’s rights  | F. Respecting client’s wishes whenever possible   |  |   |                               |   |                                |                               |   |                         |  |
| C. Respecting client’s privacy   | G. Right to refuse medication   |  |   |                               |   |                                |                               |   |                         |  |
| D. Respecting client’s individuality and autonomy  | H. Right to be informed   |  |   |                               |   |                                |                               |   |                         |  |
| VIII. Describe legal and ethical issues related medication administration  | <p><b>Specific Legal and Ethical Issues</b></p> <table border="1"> <tr> <td>A. Legal ethical violation<br/>1. Abuse and/or neglect<br/>2. Fraud<br/>3. Theft/diversion<br/>4. Adulteration</td> <td>B. Preventative Measures<br/>C. Duty to report<br/>D. Disciplinary action</td> </tr> </table>   | A. Legal ethical violation<br>1. Abuse and/or neglect<br>2. Fraud<br>3. Theft/diversion<br>4. Adulteration   | B. Preventative Measures<br>C. Duty to report<br>D. Disciplinary action |                               |   |                                |                               |   |                         |  |
| A. Legal ethical violation<br>1. Abuse and/or neglect<br>2. Fraud<br>3. Theft/diversion<br>4. Adulteration   | B. Preventative Measures<br>C. Duty to report<br>D. Disciplinary action   |  |   |                               |   |                                |                               |   |                         |  |
| IX. List the three steps to take before medication is safe to give<br><br>X. Recognize the numerous rights that must be followed before and after medication is administered | <p><b>Safety and Rights of Medication Administration</b></p> <p>A. Review the three safety checks<br/>           B. Review the six rights of medication administration</p>  |  |   |                               |   |                                |                               |   |                         |  |

| <b>Module 6: Practicum - 40 hours</b>  |  |  |
|--|--|--|
| <b>Objective/The Learner Will:</b>   | <b>Content Outline</b>   | <b>Evaluation Criteria</b>   |
| I. Demonstrate safe administration of medications to clients in a clinical setting | 40 hours of supervised clinical practicum, which should be progressive, where the instructor observes medication administration; gradually, the instructor increases the number of clients to whom the student administers medications | <p>Successfully complete all skills per a checklist, which incorporates the didactic modules of:</p> <ol style="list-style-type: none"> <li>1. Medication fundamentals</li> <li>2. Safety</li> <li>3. Communication and documentation</li> <li>4. Medication administration</li> <li>5. Ethical and legal issues</li> </ol> <p><b>Suggested Reference</b><br/>           CMS Website:<br/> <a href="http://www.cms.hhs.gov/Manuals/">http://www.cms.hhs.gov/Manuals/</a></p> |

Recommended textbook: “Administering Medications: Pharmacology for Health Careers”, 6<sup>th</sup> Edition, by Donna Gauwitz.

Curriculum located on: [www.ptc.idaho.gov](http://www.ptc.idaho.gov)