

Assistance with Medications for Unlicensed Assistive Personnel **Curriculum Guide**

2013



Health Professions Program
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Introduction

Assisting with medications by the Unlicensed Assistive Person (UAP) is becoming more and more frequent with the trend to provide health care through the most efficient and cost-effective methods possible. The 2013 revision has included multiple participants leading to the formation of a state-wide committee by the State Division of Professional-Technical Education and careful consideration by the Idaho Board of Nursing.

In some states, UAP who assist with medications have the title of Certified Medication Assistant. This is NOT a valid title in Idaho and should not be used. This title implies certification, which in turn implies regulation. Individuals who take this course may assist with medication, only as governed by the regulations of each health care setting and as deemed safe by the delegating professional. If an Assistance with Medication course is taken in another state, that certificate does **not** transfer to Idaho as state regulations vary. That person would need to re-take the course prior to assisting with medications in Idaho.

This course is directed by one of Idaho's six post-secondary technical education colleges: North Idaho College School of Applied Technology, Lewis-Clark State College School of Technology, Idaho State University College of Technology, Eastern Idaho Technical College, College of Southern Idaho, and College of Western Idaho Business Partnerships|Workforce Development.

Definition of Assistance with Medications (AWM)

The Board of Nursing rules for the state of Idaho state "Assistance with medication may include breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories." AWM is not to be confused with the class Medication Assistants – Certified (MA-C) which is a much longer and more in-depth course. For MA-C curriculum information contact the Health Professions Program Manager through <http://www.pte.idaho.gov/>.

Course Length

This course is intended to be delivered through eight (8) hours of instruction (classroom theory

= 5 hours; manual skills = 3 hours).

Instructor Qualifications

Instructor qualifications for this course are the same as the state requirements for Certificated Nursing Assistant Instructors (with the exception of a Licensed Pharmacist) who meets the Idaho certification standards for Professional Technical educators. These requirements are as follows:

1. A current, valid and unencumbered license to practice in Idaho as a registered nurse (RN) or pharmacist.
2. Three years of clinical practice as a RN or pharmacist.
3. The RN must have at least two years caring for the elderly or chronically ill of any age.

Application to teach must be made through the local professional-technical college and primary certification is issued from the Idaho Board of Nursing.

Participant Minimal Requirements

Minimal requirements to successfully complete Assistance with Medications for Unlicensed Personnel (UAP) training program include the ability to read, speak, and write English.

Working Environment

Examples of working environment for the UAP include (and are not limited to): Assisted living settings, home health, group homes, hospice, certified family homes (CFH), prisons, foster care, and personal care services. UAP are restricted from assisting with medications in hospitals and skilled nursing facilities.

Rules Regulating Delegation of Assistance with Medications

While the primary population taking this course is the Unlicensed Assistive Personnel (UAP), the course is also required for Certified Family Home (CFH) providers. Assistance with medication by a UAP is a nurse-delegated function. Assistance with medication by a CFH provider is a prescriber and/or pharmacist-delegated function.

Rules and regulations that apply to the UAP who are taking the Assistance with Medications class can be found at:

<http://adminrules.idaho.gov/rules/current/23/0101.pdfunder> section 490 and can also be found in Appendix 1 of this Curriculum Guide.

Appendix 4 of this Curriculum Guide contains links to rules and regulations that apply to certified family home providers, as well as rules and regulations for various settings, such as home health, assisted living facilities and group homes.

Document Format

This Curriculum Guide includes the classroom theory modules, the manual skills procedures checklists, references, and appendices. There are also two supporting documents that accompany the curriculum:

1. Resource Guide which gives support to the instructor and student for important classroom theory content and answers all the student workbook questions
2. Student Workbook which is designed as a study tool – there are both a condensed version and a longer version available

In order to decrease redundancy, the Skills Procedures are in checklist form, including rationale, and are within this Curriculum Guide.

Classroom Theory Content

Discussion and demonstration, as appropriate, of the various topics that UAPs must know and understand will give the student the best opportunity to become competent and confident in their abilities to be an effective caregiver.

Manual Skills Content

Provided the information and training required for this phase of the course, the student must be able to demonstrate the skill procedures with 100 percent accuracy. Since this course is intended to be given in a classroom/lab situation, there may be certain procedures that are not possible for

the student to fully demonstrate. In each instance, the student will be able to explain the correct procedure.

Goals of the Instructional Program

1. Introduce learners to concepts related to Assisting with Medications for Unlicensed Assisted Personnel.
2. Provide learners with experiences in the classroom and allow hands on practice of basic skills competencies required of UAP.
3. Provide consistency of basic Assistance with Medications education throughout the state.

Evaluation

The learner is required to pass the course written exam with 80% accuracy. The test is provided in English and is written at a seventh grade level of understanding. There may be an interpreter throughout the class time, but not during the actual testing. An interpreter must leave the room once testing instructions are provided. Testing will be without notes or assistance.

A certificate or card will be provided upon successful completion of the course.

Equipment List

The following list is formatted based on task. For example, equipment needed for assistance with oral medication is listed first.

- Pill crushing device
- Pill splitter
- Measuring devices for liquid medications
- Prescription labeled liquid medication bottles
- Prescription labeled oral medication bottles
- Mock prescription blister packs with complete labels (get pharmacy to fill with M&M's or Skittles if possible or purchase mock medication from an online vendor, such as Practimed)
- Oral or liquid over-the-counter medication containers
- Disposable gloves
- 60 cc catheter tip syringe
- Mock gastrostomy tube set up with clamp
- Facial tissues
- Mock ear drops
- Mock nasal sprays and drops
- Gauze pads and tape
- Tongue blades
- Mock topical medications
- Mock hand held inhaler
- Mock nebulizer
- Water soluble lubricant
- Sanitary pads
- Rectal / vaginal suppositories

Classroom Theory

Module 1: Legal Considerations

The student will be able to:

1. Define vocabulary for this module
2. Identify Idaho State Board of Nursing Rules governing Unlicensed Assistive Personnel (UAP)
3. Identify the UAPs' responsibilities in accepting delegated assignments for assisting with medications
4. Discuss the importance of the UAP knowing agency-specific policies and procedures
5. List situations in which a UAP cannot assist with a medication
6. Describe patients' rights

Vocabulary

- Assistance with medications (AWM)
- Assisted living facility (ALF)
- Care plan
- Certified family home (CFH)
- Competency
- Delegation
- Injectable
- Intravenous (IV)
- Licensed practical nurse (LPN)
- Pill organizer
- Policy and procedure (P&P)
- Prescriber
- Prescription
- Registered nurse (RN)
- Residential care facilities (RCF)
- Scope-of-practice
- Stable
- Unit dose
- Unlicensed assistive personnel (UAP)

Manual Skills

- None

Module 2: Safety Measures

The student will be able to:

1. Define vocabulary for this module
2. Prevent the spread of infection
 - a. Discuss the ways infection is spread
 - b. Explain the role of hand hygiene in preventing infection
 - c. Explain the importance of standard precautions in preventing infection
3. Discuss dangers associated with medications
 - a. Working with vulnerable populations
 - b. Allergic reactions vs. side effects
 - c. Describe anaphylaxis
 - d. Antibiotic resistant organisms
 - e. Describe signs and symptoms of diabetic hyperglycemia and hypoglycemia (physical signs/blood sugar values) and emergency treatment.
4. Describe appropriate measures to take for medication related emergencies
5. List the six “rights” of medication assistance as it pertains to the UAP.

The right:

- i. Person
- ii. Medication
- iii. Time
- iv. Route
- v. Dose
- vi. Documentation

Vocabulary

- Allergic reaction
- Anaphylaxis
- Clostridium difficile (C-diff)
- Hand hygiene
- Infection
- Methicillin resistant staphylococcus aureus (MRSA)

- Pathogen
- Personal protective equipment (PPE)
- Side effect
- Standard precautions
- Vulnerable population

Manual Skills

- Demonstrate the procedures for hand hygiene
- Demonstrate the technique of standard precautions

Module 3: Basic Understanding of Medications

The student will be able to:

1. Define vocabulary for this module
2. Describe various medication routes as they apply to the UAP. Discuss appropriate use of PRN medications

Vocabulary

- Anus
- Aspiration
- Auricle
- Cerumen
- Conjunctiva
- Discharge
- Ear canal
- Ear lobe
- Enteric coated
- Gastrostomy
- High Fowler's
- Lithotomy position
- Medication abuse
- Metered-dose inhaler
- Nasogastric (NG) tube
- Nebulizer
- Nostril
- Oral medication
- Gastric tube (percutaneous endoscopic gastrostomy (PEG) tube, G-tube or mickey button)
- Pre-mixed
- Pro re nata (PRN)
- Rectum
- Sims' position
- Sublingual
- Systemic
- Transdermal patch
- Vagina

Manual Skills

- Recording and reporting of PRN medications
- All routes of medications

Module 4: Care of Medications

The student will be able to:

1. Define vocabulary for this module
2. Describe safety factors for correctly storing medications
3. Describe items included on a prescription medication label
4. Discuss considerations for the UAP helping with an over-the-counter medication
5. Describe items included on an over-the-counter (OTC) medication label

Vocabulary

- Over-the-counter (OTC) medication

Manual Skills

- None

Module 5: Recording and Reporting

The student will be able to:

1. Define vocabulary for this module
2. Describe the correct methods of record-keeping for medications
3. Describe the procedure for missed doses
4. Describe the procedure for proper disposal of medication
5. Describe the procedure for tracking controlled substances
6. Describe the appropriate information to report to the supervisor

Vocabulary

- Expiration date
- Medication administration record (MAR)

Manual Skills

- Demonstrate proper use of the medication administration record
- Demonstrate proper use of the controlled substance record

Module 6: Steps in Problem Solving

The student will be able to:

1. Discuss the steps in the problem-solving process

Vocabulary

None

Manual Skills

- None

Manual Skills

NOTE: With the exception of hand-washing and removal of contaminated gloves, these skills have the exact same pre-steps & post-steps. To reduce redundancy and size of this curriculum they have been removed from each checklist and placed here:

Pre-steps:

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Assure written and oral instructions have been given by supervisor			Assures proper delegation of this task
2	Check care plan			Prevents medication errors
3	Wash hands			Infection control
4	Put on latex-free gloves			Prevents infection and protects client from possible exposure to latex allergen
5	Gather equipment (only 1 person's medications out at a time)			Prevents medication errors
6	Check expiration date on all medications			Expired medications may have altered potency and actions
7	Follow the six rights			Prevents medication errors
8	Introduce yourself and explain procedure			Prevents errors, increases cooperation and is respectful to client.
9	Inquire from the client the level of assistance needed			Promotes independence and allows for assistance if needed
10	Position and make client comfortable for procedure			Provides effective, efficient administration of medication and is respectful of client
11	Provide privacy if appropriate			Promotes client's rights
12	Replace gloves if contaminated			Gloves may become contaminated as you prepare the medication

Post-steps:

1	Observe for effects			Notice any unusual changes
2	Remove privacy and return client to location prior to medication assistance			Prevents social isolation
4	Clean the area			Infection control
5	Remove gloves			Infection control
6	Wash hands			Infection control
7	Put away medications			Prevents medication errors
9	Report any difficulties or unusual client reactions			Nurse may need to assess client or advise UAP of additional actions.
10	Record your actions on client MAR (paper or electronic)			Prevents medication errors and maintains correct record keeping and good coworker communications

Checklist #1: Hand-Washing

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Gather equipment needed for hand-washing.			Promotes efficiency.
2	Remove hand jewelry and watch (or push up arm).			Removes potential contaminates.
3	Stand so clothing does not touch sink, but can easily reach sink and faucet handles.			Reduces spread of pathogens.
5	Adjust water temperature so it is warm.			Provides for comfort.
6	Wet hands and wrists with fingers pointed downward.			Allows dirt to run down into the sink, not up arms.
7	Apply soap.			Soap has antimicrobial properties and aids in separation of substances from the skin.
8	Rub hand together thoroughly.			Produces a lather.
9	With finger tips pointed downward cleanse all hand and nail surfaces including wrists for 20 seconds.			Action of friction removes pathogens.
10	Rinse hands thoroughly with finger tips pointed downward.			Removes soap and pathogens. Downward angle prevents microbes dripping up the arms, which are not being washed.
11	Dry hands thoroughly.			Infection control.
12	With clean dry paper towel turn water faucet off.			Microbes can move through web paper or cloth.
13	Discard paper towel.			Provides for a clean environment.

Checklist #2: Removing Contaminated Gloves

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Touching only the outside of one glove, pull first glove off by pulling down from the cuff toward the fingers.			Keeps bare hands from touching outside of contaminated gloves.
2	Turn glove inside out as it comes off the first hand and hold it in the palm of the still-gloved hand.			Infection control. Allows containment of one glove inside the other.
4	With un-gloved hand reach two fingers inside remaining glove without touching the outside of the glove.			Prevents contamination of bare skin with substances on the outside of the remaining glove.
5	Pull the glove down turning inside out and over the first glove. The second glove is now held from its clean inner side and it is surrounding the first glove.			Bundles both gloves for clean and easy disposal.
6	Drop both gloves into the proper disposal receptacle.			Infection control.
7	Wash hands.			Infection control.

Checklist #3: Assistance with Oral Medications

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Assist the client, if assistance is needed, to remove the medication from the pre-filled pill organizer, bubble wrap or labeled bottle into a medication cup.			Allows client to self-medicate with assistance.
2	Scored tablets may be broken, if so directed, using gloved hands or with a pill cutting device. <i>Enteric coated tablets, time-release medications and non-scored tablets should not be broken as it alters the effectiveness of the medication.</i>			Only tablets that are scored may be broken.
3	To crush a tablet: If using a mortar and pestle, place the tablet in a clean mortar and crush thoroughly with a clean pestle. If using a commercial pill crusher, make sure it is clean before use. Place the pill in the chamber and follow manufacturer's directions. May mix with food such as applesauce, yogurt. <i>Enteric coated tablets and time-release medication should not be crushed.</i>			Infection control. And prevents contamination of equipment with different medications. Mixing with food is more pleasant tasting.
4	Provide water or other liquid and a straw if needed, to help the client swallow the medication.			Promotes client comfort in swallowing and can improve fluid intake. At least 4 oz. helps insure med gets to the stomach.

#	Steps	Satisfactory	Unsatisfactory	Rationale
5	To assist with liquid medications : Shake if directed; remove the bottle cap from the container and place cap upside down on a clean surface. Assist client to hold bottle with the label side up and the medication cup at eye level on a solid surface. Fill the cup to the correct dosage. Wipe the lip of the bottle with a clean paper towel and replace lid.			Shaking mixes ingredients that tend to separate upon standing. Placing the cap upside down on a clean surface prevents contamination of the inside of the container. Holding the bottle with the label up keeps spilled liquid from obliterating the label. Holding the medication cup at eye level ensures accurate dose. Wiping the lip of the bottle prevents the cap from sticking.
6	If using a measuring syringe : Pour approximate amount of medication you are going to use in a small disposable cup or medication cup. With syringe, draw up the exact amount of liquid ordered. Pour remainder of medication back into container or dispose according to instructions from the supervising nurse and re-cap the medication.			Syringe insures accurate measuring of dose. Using a cup keeps the bottle of medication from becoming contaminated by repeatedly accessing it with a syringe.
7	For buccal administration, assist the client to place the medication between the lower teeth and cheek until it dissolves completely.			This route allows absorption through the mucous membrane of the cheek and into the blood stream, so requires a medication to be completely dissolved.
8	For sublingual administration, assist the client to place the medication under the tongue until the medication dissolves completely. Give last if client has other oral meds.			Allows medication to be absorbed via mucous membranes under the tongue.
9	Observe client take medication.			Promotes client compliance.
10	Perform post-steps.			See post-step rationales.

Checklist #4: Assistance with Gastric Tube (GT) Medication

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Assure client is sitting or in a high-Fowlers position.			Reduces risk of aspiration.
2	Assist the client, if assistance is needed, to remove the medication from the prefilled labeled bottle into a medication cup and dilute with water as ordered. Some crushed tablets may be instilled if diluted and as directed and ordered. Fluids should be room temperature.			Allows client to self-medicate with assistance using correct method and route.
3	To assist with liquid medications : Remove the bottle cap from the container and place cap upside down on a clean surface. Assist client to hold bottle with the label side up and the medication cup at eye level. Fill the cup to the correct dosage. Wipe the lip of the bottle with clean paper towel and replace lid.			Placing the bottle cap upside down on a clean surface prevents contamination of the inside of the container. Holding the bottle with the label up keeps spilled liquid from obliterating the label. Holding the medication cup at eye level ensures an accurate dose. Wiping the lip of the bottle prevents the bottle cap from sticking.
4	Inspect site for redness, drainage. Report to supervisor if noted.			Standard check for infection.
5	Unclamp feeding tube. With a 60cc syringe withdraw gastric contents and gently re-instill contents. If no contents can be aspirated, or if blood or other contents are seen, notify supervisor immediately.			Checks for tube placement in stomach. 60cc syringe does not produce undue pressure on gastric mucosa.
6	Pour medication into 60cc syringe and allow contents to gravity flow into the G-tube and stomach. Gentle pressure using plunger may be used, but prevent air bolus entering the tube.			Allows for correct route and avoids gastric distress.

#	Steps	Satisfactory	Unsatisfactory	Rationale
7	Do not mix medications in the tube. Flush between medications with 15 to 30 mL of water.			Prevents possible medication interactions in the tube where they might coagulate or have particles precipitate out.
8	Use liquid form of medications when possible. If pill crushing is required, follow pill crushing procedure then dissolve in warm water. Nurse supervisor must approve and instruct which pill can be crushed.			Nurse may need to ask the prescriber for liquid form of medication. Many medications should not be crushed because of absorption time and many other factors. Hot or cold water may damage stomach lining and/or cause gastric distress.
9	When administration of medication is complete, flush tubing with 60cc of water as directed.			Ensures that medication is not retained in the tube and prevents clogging of tubing.
10	Re-clamp tubing and assist the client to remain sitting for about 30 minutes, providing call light.			Reduces chance of aspiration and nausea, provides for client comfort and safety.
11	Perform post-steps.			See post-step rationales.

Checklist #5: Assistance with Topical Medications

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Expose the area to be treated and surround with towel.			Provides for privacy; Towel protects client clothing or bed linens.
2	Cleanse the area as instructed and as ordered in the client's care plan. Avoid vigorous rubbing.			Systemically absorbed medication can be affected by residue on the skin, or vigorous rubbing, which causes vasodilatation.
3	Wash hands and re-glove.			Reduces spread of microorganisms, and avoids absorptions of systemic medications by caregiver.
4	Apply medication according to direction (note any precautions).			Allows for correct application and dosage.
5	Use tongue depressor or glove to remove topical med from container and assist client to spread medication using gentle, smooth strokes in the direction of hair growth.			Infection control and comfort of patient.
6	Dispose of tongue depressor in waste container. Do NOT return depressor or unused medication to container.			Prevents contaminating container of medication.
7	If transdermal patches are used generally the site is changed each time the patch is changed. Check site for redness or any change and report to supervisor. Write date, time and initials on the patch (or on tape near patch).			Promotes effective absorption of medication and avoids skin breakdown. Reporting allows for prompt intervention by the nurse if needed. Prevents medication error or over or under-dosing with patches.
8	Perform post-steps.			See post-step rationales.

Checklist #6: Assistance with Metered Dose Inhalers (MDI) Medication

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Assist the client, if assistance is needed, to set up MDI.			Allows client to self-medicate with assistance if needed.
2	If directed, shake the pre-packaged MDI.			Thoroughly mixes the medication.
3	Assist to sitting position as tolerated.			Facilitates full expansion of lungs.
4	Place aero-chamber (spacer) onto the MDI if needed.			Provides a dead space for the medicated mist while the client inhales.
5	Advise the client to exhale.			Clears the lungs in preparation for inhalation of medication.
6	Assist the client to place mouthpiece in his mouth, forming a tight seal.			Promotes medication delivery into the lungs.
7	Have the client press down on the dispenser as the client simultaneously inhales deeply. (Assist with pressing as needed) Hold breath for 10-15 seconds.			Promotes absorption of the drug.
8	After holding breath, remove mouthpiece and exhale slowly.			Helps keep medication in the lungs as long as possible.
9	Repeat from #6 if more than one puff is ordered. Wait at least one minute between puffs.			Person may suffer hypoxia, even passing out, if asked to hold breath more frequently.
10	Provide mouth care as ordered by the care plan.			Some medications require that the client's mouth be thoroughly rinsed after use to prevent oral yeast infection.
11	Perform post-steps.			See post-step rationales.

Checklist #7: Assistance with Premixed Nebulizer Inhaled Medication

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Make sure equipment is clean, dry, table height and plugged into a properly-grounded outlet.			Promotes properly functioning, safe equipment.
2	Assist client as needed to put pre-mixed and pre-measured medication into receptacle and connect receptacle to face mask or mouthpiece as ordered.			Premixed and premeasured assures correct dosage.
3	Assist client as needed to attach tubing to nebulizer.			Proper use of equipment.
4	Turn machine on, assuring mist is present.			Assures medication is achieving aerosol form.
5	Assist client as needed to position face mask properly or to seal lips around mouthpiece.			Allows client to receive the medication.
6	Make sure all medication is gone from receptacle before ending treatment.			Assures client is receiving correct dose.
7	Turn off equipment and unplug from outlet.			Equipment safety.
8	Wash receptacle, and mouthpiece if face mask with warm running water and allow to air dry.			Infection control.
9	Perform post-steps.			See post-step rationales.

Checklist # 8: Assistance with Eye Drops and Ointments

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. When checking plan of care, be sure to note which eye is to receive the medication.			Avoids medication errors.
2	Assist client to supine position with head slightly hyper-extended.			Minimizes the drainage of medication from the eyes or thru the tear duct.
3	Place a tissue below the lower lid.			Absorbs medication that may escape from the eye.
4	Assist the client to hold medication dropper ½ - ¾ inch above eye.			Reduces the risk of dropper touching eye and prevents injury to the eye.
5	Assist the client to pull lower lid down exposing lower conjunctival sac.			Positions eye for correct administration of drops.
6	Tell the client to look up and instill prescribed number of drops into center of lower lid (conjunctival sac).			Prevents injury to cornea.
7	If more than one type of eye drops is used, 5 minutes are required between different drops.			Assures one medication does not dilute the other.
8	Instruct the client to gently close eyes and move eyes or blink slowly.			Distributes solution over conjunctival surface on anterior eyeball.
9	If medication is ointment instead of drops, tell the client to look up and gently assist the client to apply the ointment along the inside edge of the entire lower eyelid, from the inner to outer canthus without touching the tube to the eye or conjunctiva.			Reduces stimulation of the blink reflex and keeps cornea out of the way of the medication. Ensures drug is applied to entire lid. Promotes infection control.
10	Perform post-steps.			See post-step rationales.

Checklist # 9 Assistance with Ear Drops

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. When checking care plan, be sure to note which ear is to receive the medication.			Avoids medication errors.
2	Assist client to side-lying position with the affected ear facing up.			Facilitates the administration of the medication.
3	Straighten the ear canal by pulling the outer ear down and back for children, and back and upward for adults.			Straightens the ear canal and facilitates introduction of the medication.
4	If drainage is present, gently wipe with gauze pad and water, and then discard into waste container.			Drainage may block medication contact with skin.
5	Assist the client to hold medication dropper approximately ½ inch above ear canal. Do not allow dropper to touch the ear.			Reduces the risk of dropper touching ear and prevents injury to the ear canal and infection control.
6	After assisting with administration, instruct the client to maintain the position for 5-10 minutes, providing call light.			Allows for distribution of the medication. Provides for clients safety and compliance.
7	A medication saturated cotton ball may be placed in the outermost part of the canal.			Prevents the medication from draining out if the client changes to a sitting or standing position.
8	Repeat steps #3 – 8 if other ear is to be medicated.			See rationales #3 – 8.
9	Perform post-steps.			See post-step rationales.

Checklist # 10: Assistance with Nasal Medications

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. When checking care plan; be sure to note which nostril is to receive the medication.			Avoids medication errors.
2	Assist the client to blow nose and clear the nostrils of discharge as much as possible.			Discharge can block contact of medication to skin or might dilute medication.
3	Assist the client to the appropriate position. Nose drops: Assist client to supine position with head tilted back and neck slightly hyper-extended. Nasal Spray: The client is generally in an upright position.			Nasal medications are effective only if they reach the areas to be medicated.
4	Assist the client to administer the medication. Nose drops: Assist the client to hold medication dropper near opening of nostril, avoiding touching the sides of the nostril, as the prescribed number of drops are given. Nasal Spray: Ask the client to inhale while the spray is pumped. Repeat process for each number of sprays ordered.			Nose drops: Reduces the risk of dropper contamination with bacteria, which can contaminate entire container. Excess medication in the dropper is discarded for the same reason. Nasal spray: Nasal spray medications are more effective if instilled during inhalation as they will be carried farther into the nasal passages. Administer only 1 spray at a time.
6	Repeat the procedure for the other nostril if prescribed.			Most often both nostrils are treated.
7	Instruct (assist) the client to gently blot excess drainage from the nostril, but do not have the client blow his/her nose.			Blowing the nose will remove medication.
8	Assist the client to rinse mouth if needed.			Nasal medication can enter the throat and mouth, leaving an unpleasant after taste.
9	Perform post-steps.			See post-step rationales.

Checklist # 11: Assistance with Rectal Medications

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Assist client into Sims' position and place pad under client.			The Sims' position promotes bowel opening to prevent perforation. Pad prevents soiling of surface under the client.
2	Visually view the anal area.			Determines presence of bleeding or need to cleanse area prior to insertion of suppository.
3	Remove suppository from wrapper and coat pointed end with water soluble lubricant (do not use petroleum based lubricant).			Lubrication reduces friction and eases insertion. Petroleum based products may impede absorption of medication.
4	Instruct the patient to relax and take slow deep breathes. Gently assist the patient to insert suppository through the anus, past the internal sphincter, and against the rectal wall.			Prepares the client for insertion, relaxes the rectal sphincter, and minimizes pain. Correct placement insures adequate absorption and reduces expulsion of medication.
5	Wipe anal area with washcloth or tissue.			Remove lubricant externally. Promotes cleanliness and comfort.
6	Instruct the patient to remain in bed or on his/her left side for 10-20 minutes.			Keeps medication in place for better absorption.
7	Remove gloves.			Infection control.
8	Wash hands.			Infection control.
9	Place call light or remain with patient to assist to commode or toilet as needed.			Provides comfort for the resident and gives client control over situation.
10	If toileting assistance is needed, re-glove and assist as needed to clean anal area and empty and clean commode if needed.			Promotes client comfort and hygiene and promotes infection control.

#	Steps	Satisfactory	Unsatisfactory	Rationale
11	Remove gloves.			Infection control.
12	Wash hands.			Infection control.
13	If client has a bowel movement, observe for color, consistency, amount and odor. Describe in documentation and report to supervisor if unusual.			Notice any unusual effects. Good communication between coworkers supports good client care.
14	Perform post-steps.			See post-step rationales.

Checklist # 12: Assistance with Vaginal Medications

Name: _____

#	Steps	Satisfactory	Unsatisfactory	Rationale
1	Perform pre-steps. Position on back with knees flexed; drape so only the perineum is exposed.			Provides effective, efficient administration of medication.
3	Visually view the vaginal area.			Determines presence of bleeding or discharge and the need to cleanse area prior to insertion of suppository.
4	Remove suppository from wrapper and place in applicator. Lubricate with a water-soluble lubricant (note: cream medication will need to be injected with an applicator, but applicator use is optional with suppository).			Lubrication reduces friction and eases insertion. Petroleum based products may impede absorption of medication.
5	Instruct the patient to relax and take slow deep breathes. Gently assist the patient to insert suppository into the vaginal orifice about 3 inches, along the posterior wall.			Prepares the client for insertion, relaxes the client, and minimizes pain. Correct placement insures adequate absorption and reduces expulsion of medication.
6	Wipe area with washcloth or tissue (from front to back). Provide sanitary pad if needed.			Promotes cleanliness and comfort. Pad collects any drainage of medication as it melts.
7	Instruct the patient to remain on back or side for 20-30 minutes.			Keeps medication in place for better absorption.
8	Place call light or remain with patient to assist as needed.			Provides comfort for the resident and gives client control over situation.
9	Perform post-steps.			See post-step rationales.

Appendices

Appendix 1: Rules Governing the Practice of UAPs Assisting with Medications

For the Board of Nursing Rules governing Unlicensed Assistive Personnel (UAP) see the web site: <http://adminrules.idaho.gov/rules/current/23/0101.pdf> Section 490 Unlicensed Assistive Personnel defines the UAP as follows:

The term unlicensed assistive personnel, also referred to as “UAP,” is used to designate unlicensed personnel employed to perform nursing care services under the direction and supervision of licensed nurses. The term unlicensed assistive personnel also includes licensed or credentialed health care workers whose job responsibilities extend to health care services beyond their usual and customary roles and which activities are provided under the direction and supervision of licensed nurses.

After completion of a Board-approved training program, unlicensed assistive personnel in care settings may assist patients who cannot independently self-administer medications, provided that:
(5-3-03)

- a. A plan of care has been developed by a registered nurse; (7-1-96)*
- b. The act has been delegated by a licensed nurse; (7-1-96)*
- c. Written and oral instructions have been given to the unlicensed assistive personnel by a licensed nurse concerning the reason(s) for the medication, the dosage, expected effects, adverse reactions or side effects, and action to take in an emergency; (7-1-96)*
- d. The medication is in the original pharmacy-dispensed container with proper label and directions or in an original over-the-counter container or the medication has been removed from the original container and placed in a unit container by a licensed nurse. Proper measuring devices must be available for liquid medication that is poured from a pharmacy-dispensed container. Inventories of narcotic medications must be maintained; (7-1-96)*
- e. Any medication dosages not taken and the reasons thereof are recorded and reported to appropriate supervisory persons; and (5-3-03)*
- f. Assistance with medication may **include**: breaking a scored tablet, crushing a tablet, instilling eye, ear or nose drops, giving medication through a pre-mixed nebulizer inhaler or*

gastric (non-nasogastric) tube, assisting with oral or topical medications and insertion of suppositories.

Prohibitions and Limitations. *Unlicensed assistive personnel are prohibited from performing any licensed nurse functions that are specifically defined in Section 54-1402, Idaho Code. (3-30-07)*

- a. Unlicensed assistive personnel may not be delegated procedures involving acts that require nursing assessment or diagnosis, establishment of a plan of care or teaching, the exercise of nursing judgment, or procedures requiring specialized nursing knowledge, skills or techniques. (5-3-03)*
- b. Examples of procedures that should not be delegated to unlicensed assistive personnel include, but are not limited to: (5-3-03)*
 - i. Sterile procedures; (5-3-03)*
 - ii. Preparation or administration of injections; (5-3-03)*
 - iii. Start, stop or adjust any IV therapy; (5-3-03)*
 - iv. Oxygen adjustment without clear direction from a licensed nurse; (5-3-03)*
 - v. Nasogastric tube feedings or medication administration; (5-3-03)*
 - vi. Mixing or compounding medications; (5-3-03)*
 - vii. Prepare, apply or adjust intermittent positive-pressure breathing machines; (5-3-03)*
 - viii. Assisting with either preparation or administration of non-routine medications; and (5-3-03)*
 - ix. Any act not consistent with Subsection 490.02 of these rules. (5-3-03).*

Appendix 2: Abbreviations

Abbreviation	Meaning
BID	2 times a day
TID	3 times a day
PRN	As needed
HS	Bedtime (hour of sleep)
PO or po	By mouth
D/C	Discontinue
gtt	Drop
q or Q**	Every**
stat	Immediately
MAR	Medication administration record
mL (cc)*	Milliliter (cubic centimeter*)
mg	Milligram
NKA	No known allergies
NPO	Nothing by mouth
oz.	Ounce
OTC	Over-the-counter
PPE	Personal protective equipment
Tbsp	Tablespoon
tsp	Teaspoon
c	With
s	Without

* mL is the preferred abbreviation and should be used in place of cc

**QD, QID and QOD were commonly used in the past for every day, four times per day and every other day, but should not be used.

Appendix 3: Vocabulary

Term	Definition
Allergic reaction	When the body’s immune system reacts to a substance (allergen) by releasing histamine and other substances into the body causing symptoms ranging from a runny nose to a rash to a severe life-threatening anaphylactic shock.
Anaphylaxis	A severe allergic reaction causing swelling of the bronchi in the lungs. It can rapidly lead to death if emergency treatment is not available. Also called anaphylactic shock.
Anus	The lower opening of the digestive tract, through which solid excrement leaves the body.
Aspiration	Drawing foreign substances into the lungs during inhalation. Also refers to removing a gas or liquid by suction.
Assistance with medications (AWM)	Refers to this course to train unlicensed assistive personnel to assist people to take prescribed medications.
Assisted living facility (ALF)	Is a residential facility which provides supervision or assistance with activities of daily living (ADLs); coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being. Assistance may include the administration or supervision of medication, or personal care services provided by a trained staff person. May also be called a residential care facility.
Auricle	The part of the external ear that projects outward from the head; the visible part of the ear.
Care plan	Also referred to as a plan of care, or other name, specific to an individual. It lists what care needs to be done for a person, the most likely medication side effects, who to call and what to do in an emergency.
Certified family home (CFH)	When a family member is taking care of a person with disabilities who is older than the age of majority (21) or people who are otherwise permanently incapacitated, the home can be certified to enable the caregiver to be paid for their work while caring for a family member.

Term	Definition
Clostridium difficile (C-Diff)	A bacteria that causes severe diarrhea and other intestinal disease when competing bacteria in the gut flora have been wiped out by antibiotics.
Cerumen	Ear wax.
Competency	Having enough skill or ability to do something well. Competent may also refer to people who are legally able to make decisions for self (a person with advanced Alzheimer's disease may have been declared by a judge to be legally incompetent).
Conjunctiva	The mucus membrane covering the inside of the eyelids.
Delegation	<p>The Idaho Board of Nursing defines delegation as <i>The process by which a licensed nurse assigns tasks to be performed by others.</i></p> <p>And clarifies: <i>When delegating nursing care, the licensed nurse retains accountability for the delegated acts and the consequences of delegation.</i></p> <p>http://adminrules.idaho.gov/rules/current/23/0101.pdf, (Vocabulary and section 400)</p>
Discharge	An excretion or drainage as from a wound or body orifice. The discharge may be clear, bloody, yellow, green, or white. May also refer to leaving as when a patient is discharged from a medical facility.
Ear canal	The canal or tube that leads from the outer ear to the ear drum.
Ear lobe	The fleshy, pendulous part of the external ear.
Enteric coated	Hard coating over a tablet of medication. It allows the medication to be released later when it is further along in the digestive tract, thus avoiding stomach irritation from the medication.
Expiration date	The date at which the manufacturer can still guarantee the full potency and safety of the drug. Past that date, a drug is said to be "outdated."

Term	Definition
Gastric Tube (G-tube, percutaneous endoscopic gastrostomy (PEG) tube or mickey button)	A tube going through the skin of the abdomen directly into the stomach. A way to administer liquid food and medicine to someone who cannot or will not take them by mouth.
Gastrostomy	Surgical creation of an opening from the stomach through the abdominal wall, for insertion of a G-tube or PEG tube.
Hand hygiene	Refers to the decontamination of the hands through either hand washing or rubbing the hands with an alcohol based hand sanitizer.
High Fowler's	Refers to having the resident's head raised at an angle of 80-90 degrees.
Infection	A process in the body that is caused by an overgrowth of microbes. Some infections may cause death.
Injectable	Substance that can be put into the body using a needle and/or syringe.
Intravenous (IV)	Within a vein; existing or occurring inside a vein, or administered into a vein.
Licensed practical nurse (LPN)	A person who has basic training in providing basic nursing care to people who are ill or infirmed. Has passed a qualifying examination in order to be licensed by a state government to practice. Must work under the supervision of a registered nurse or a licensed physician.
Lithotomy position	Lying on the back with knees bent and legs spread.
Medication abuse	When a medication is taken for the wrong purpose or for the prescribed purpose but in the wrong amount; or at the wrong times; or intentionally by the wrong person.
Medication administration record (MAR)	Record where UAP signs that a medication has been administered or refused; may be a paper or electronic record.
Metered dose inhaler (MDI)	A device that delivers a specific amount of medication to the lungs in the form of a mist.

Term	Definition
Methicillin-resistant <i>staphylococcus aureus</i> (MRSA)	A type of ‘staph’ bacteria that is resistant to common antibiotics. Caused by overuse of antibiotics, it is extremely difficult to treat. Also known as multi-drug resistant organism (MDRO).
Nasogastric (NG) tube	A tube inserted through the nose to the stomach or small bowel, used to remove stomach contents or instill medication or food.
Nebulizer	An electrical device that turns liquid medication into a fine mist to be inhaled.
Nostril	Either opening of the nose.
Oral medication	Medication given by mouth.
Over-the-counter (OTC) medication	Medication deemed safe enough to be sold off the shelf without a prescription.
Pathogen	A microorganism that causes disease.
Personal protective equipment (PPE)	Gloves, gown, masks, goggles, hair covering and foot covering that may be used when a client has a known contagious infection.
Pill organizer	Tray with dividers and lid to arrange daily doses of oral medications.
Policy and procedure	Unique to each facility or agency, a policy addresses a rule or set of principles. A procedure is an outline of the exact steps to follow for a specific care activity. It is the “correct” method of doing something within a specific agency or facility.
Pre-mixed	A medication mixed by the pharmacy or manufacturer before being sold or used.
Prescriber	A licensed person, such as a physician, physician’s assistant or nurse practitioner who has the authority or scope-of-practice to prescribe medication in the state.

Term	Definition
Prescription	An order that is written by a prescriber for a specific patient for a medication or treatment.
Pro re nata (PRN)	Latin word meaning “as needed”.
Rectum	The last portion of the digestive tract before leaving the body through the anus.
Registered nurse (RN)	A nurse who has completed a program of study and has passed a qualifying examination in order to be licensed by a state government to practice. It requires more education than an LPN.
Residential care facilities (RCF)	See assisted living facility.
Scope-of-practice	Defines the procedures, actions, and processes that are permitted by state law for the licensed individual.
Side effect	An unintended effect of a medication.
Sims’ position	Semi-prone position on the left side and chest, the right knee and thigh are drawn up, the left arm along the back. May be used to expose the anal or genital area for suppository or enema administration.
Stable	The person’s level of health is expected to be about the same tomorrow as today and yesterday. There are not great variations in the person’s health care needs. It is steady and not likely to change (does not need assessment before or after medication).
Standard precautions	A set of precautions, used to prevent the spread of microorganisms, that assume every person is potentially infected or colonized with an organism that could be transmitted in a healthcare setting. At a minimum, it includes the use of hand washing and gloving whenever there is a possibility of contact with any blood, body fluid, non-intact skin or mucus membrane.
Suppository	An easily melted cone-shaped solid medication for insertion into the rectum or vagina.

Term	Definition
Sublingual	Under the tongue.
Systemic	Affecting all body systems.
Transdermal patch	A way to administer medication by absorption through the skin.
Unit dose	The amount of medication administered in a single dose. A unit dose container will have a single dosage in a sealed bubble wrap or similar packaging and will be labeled with the name of the medication, dose and frequency,
Unlicensed assistive personnel (UAP)	Unlicensed people who are employed to perform basic nursing care under the supervision of a licensed nurse (RN or LPN).
Vagina	In a female, the canal that extends from the external genitalia to the cervix.
Vulnerable population	People who are at risk of infection resulting from a compromised immune system, such as the elderly, those with cancer or AIDS.

Appendix 4: References

Personal input was provided by individuals listed in the acknowledgements

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Online Resources

Board of Nursing Rules Governing Unlicensed Assistive Personnel (UAP)

<http://adminrules.idaho.gov/rules/current/23/0101.pdf>

Section 490 Unlicensed Assistive Personnel

Assisted Living 16.03.22, Residential Care or Assisted Living Facilities in Idaho

<http://adminrules.idaho.gov/rules/current/16/0322.pdf>

Group Homes 16.03.02, Minimum Standards for Skilled Nursing and Intermediate Care Facilities for People with Intellectual Disabilities (ICF/ID)

<http://adminrules.idaho.gov/rules/current/16/0302.pdf>

Home Health: 16.03.07 Rules for Home Health Agencies:

<http://adminrules.idaho.gov/rules/current/16/0307.pdf>

Certified Family Homes: 16.03.19, Rules Governing Certified Family Homes

<http://adminrules.idaho.gov/rules/current/16/0319.pdf>

Do Not Use Abbreviation List:

http://www.jointcommission.org/facts_about_the_official/