

Hartman's Complete Guide for the Medication Aide

Hartman Publishing, Inc.



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ISBN 978-1-60425-131-9

PRINTED IN CANADA

Notice to Readers

Though the guidelines and procedures contained in this text are based on consultations with healthcare professionals, they should not be considered absolute recommendations. The instructor and readers should follow employer, local, state, and federal guidelines concerning healthcare practices. These guidelines change, and it is the reader's responsibility to be aware of these changes and of the policies and procedures of his or her healthcare facility.

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Gender Usage

This textbook uses gender pronouns interchangeably to denote healthcare team members and residents.

Special Thanks

A very warm thank you goes to our insightful reviewers, listed in alphabetical order:

Sally Christiansen, MS, BSN North Prairie, WI	Mary L. Piker, BSN, BBA, RN San Antonio, TX
Connie W. DeFillippo, BSN, RN, Cincinnati, OH	Ramesh C. Upadhyaya, MSN, MBA, RN, CCHP, CRRN Raleigh, NC
Kara De La Fosse, MSN, BSN, BSEd, RN, PHN New Richland, MN	Wendy Williams, MS, MPH, RN, Tulsa, OK
Kumsa Kenenisa, MSN, RN Silver Spring MD	Melissa Wolff, MSN, RN Austin, MN
HaVy T. Ngo, PharmD, BS, RPh, Montgomery, AL	

We are very appreciative of the many sources who shared their informative images with us:

- Capsa Healthcare, LLC
- Catalyst Healthcare Ltd.
- Dreamstime
- Dr. Jere Mammino, DO
- Dr. Reddy's Laboratories Inc.
- Institute for Safe Medication Practices (ISMP)
- Lupin Pharmaceuticals, Inc.
- MarketLab, Inc.
- Medline Industries, Inc.
- Novo Nordisk Inc.
- Omnicell, Inc.
- Perrigo Company plc

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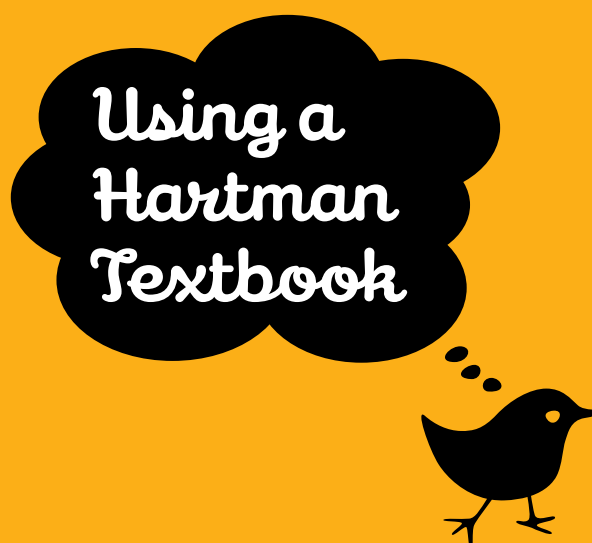
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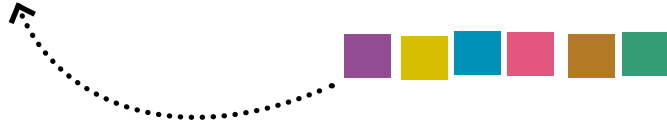
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Understanding how this book is organized and what its special features are will help you make the most of this resource!

We have assigned each chapter its own colored tab. Each colored tab contains the chapter number and title, and is located on the side of every page.



1. List examples of legal and ethical behavior

Everything in this book, the student workbook, and the instructor's teaching material is organized around **learning objectives**. A learning objective (LO) is a very specific piece of knowledge or a very specific skill. After reading the text, you will know you have mastered the material if you can do what the learning objective says.

pharmacology

Bold key terms are located throughout the text, followed by their definitions. They are also listed in the glossary at the back of this book.

Administering oral medications

All **care procedures** are highlighted by the same black bar for easy recognition.

Guidelines: Stroke/CVA

Guidelines help students understand what medication aides need to know about procedures and conditions.

Safety First

There are many points at which medication names should be used before a drug is administered. Handwritten notes are provided for each medication name.

Accurate medication administration is an important part of promoting safety. Throughout this textbook, you'll see these **gray boxes** that describe how to promote safety with medications.

Beginning and ending steps in care procedures

For most care procedures, these steps should be performed. Understanding why they are important will help you remember to perform each step every time care is provided.

Beginning Steps

<p>Identify yourself by name. Identify the resident by name and date of birth.</p>	<p>Upon entering his room, identify yourself and state your title. Residents have the right to know who is providing their care. Identify and greet the resident. This shows courtesy and respect. It also establishes correct identification. This prevents care from being performed on the wrong person.</p>
<p>Wash your hands.</p>	<p>Handwashing provides for infection prevention. Nothing fights infection like performing consistent, proper hand hygiene. Handwashing may need to be done more than once during a procedure. Practice Standard Precautions with every resident.</p>
<p>Explain the procedure to the resident. Speak clearly, slowly, and directly. Maintain face-to-face contact whenever possible.</p>	<p>Residents have a legal right to know exactly what care you will provide. It promotes understanding, cooperation, and independence. Residents are able to do more for themselves if they know what needs to happen.</p>
<p>Provide for the resident's privacy if the resident desires it.</p>	<p>Doing this maintains residents' right to privacy and dignity. Providing for privacy is not simply a courtesy; it is a legal right.</p>

Ending Steps

Make the resident comfortable. Remove privacy measures.	Make sure sheets are wrinkle-free and lie flat under the resident's body. This helps prevent pressure injuries. Replace bedding and pillows. Check that the resident's body is in proper alignment. This promotes comfort and health after you leave the room. Remove extra privacy measures added during the procedure. This includes anything you may have draped over and around the resident, as well as privacy screens.
Wash your hands.	Handwashing is the most important thing you can do to prevent the spread of infection.
Place the call light within the resident's reach.	A call light allows the resident to communicate with staff as necessary. It must always be left within the resident's reach.
Report any changes in the resident to the nurse.	Every time you provide care, observe the resident's physical and mental capabilities, as well as the condition of the resident's body.
Document administration of the medication(s) on the resident's MAR using facility guidelines.	After you have finished administering medication, document on the resident's medication administration record (MAR) using facility guidelines. Do not record any medication before it is given. If you do not document the medication you administered, legally it did not happen.

1

The Medication Aide in Healthcare Settings

1. Describe the medication aide's role

The healthcare system—made up of providers, facilities, and patients—is constantly changing. In recent years healthcare facilities have relied more on unlicensed healthcare workers. These workers are trained to perform specific tasks under the supervision of licensed healthcare professionals like nurses or doctors. EKG technicians, phlebotomists, patient care technicians, and nursing assistants are all part of this growing area of the healthcare system. **Medication aides (MAs)** are part of this trend as well. They are usually employed in **long-term care facilities** and assisted living facilities. Some states may also allow medication aides to work in group homes for people with intellectual disabilities or in prisons.

Usually medication aides have been trained to work as nursing assistants first. Then they receive additional training to give medications to residents (Fig. 1-1). Each state has different rules about how medication aides are trained. States also set different rules about the tasks these aides can perform. Common tasks MAs perform include the following:

- Preparing ordered medications and distributing them to residents under the supervision of a licensed healthcare professional (usually a nurse)
- Observing residents as they take medications, helping as needed

- **Documenting**, or keeping a careful record of, the medications residents take, including the time and amount of medication
- Observing and reporting changes in residents, especially those that could be related to the effects of medications
- Reporting to a nurse or other licensed professional anything that might be a risk to resident safety (e.g., a resident refusing a medication or a mistake in giving a medication)



Fig. 1-1. Medication aides prepare medications and provide them to residents.

Depending on the state and the facility, the MA may also have duties similar to those of a nursing assistant: assisting residents with activities of daily living, measuring and recording vital signs, and observing and reporting changes in residents' conditions or abilities.

Most states also share certain rules about what medication aides cannot do. These rules are

meant to promote safety. Tasks that MAs do not perform include the following:

- Giving medications to residents whose medical condition is changing or unstable
- Deciding when to give **PRN** medications, or medications that are given only when a resident needs them (*PRN* is an abbreviation of a Latin phrase that means *as needed*)
- Giving medications by injection
- Deciding what amount of medication (dose) to give a resident, or doing calculations to find the correct dose

Medication aides can have many different titles, including the following:

- *Medication aide* or *medication assistant*
- *Certified medication aide* or *certified medication assistant*
- *Medication aide–certified* or *medication assistant–certified*
- *Medication technician*
- *Certified medication technician*

The title given varies by state or facility requirements. This textbook will use the term *medication aide (MA)*.

2. Discuss professionalism and list examples of professional behavior

Professional means having to do with work or a job. **Personal** refers to life outside a job, such as family, friends, and home life. **Professionalism** is behaving properly when on the job. It includes dressing appropriately and speaking well. It also includes being on time, completing tasks, and reporting to the nurse. For a medication aide, professionalism means performing tasks exactly as assigned, making careful observations, documenting carefully, and reporting accurately. Residents, coworkers, and supervisors respect employees who behave professionally.

Professionalism helps people keep their jobs and may also help them earn promotions and raises.

A professional relationship with residents includes the following:

- Providing **person-centered care**, or care that is sensitive to each resident's particular needs
- Keeping a positive attitude
- Doing only assigned tasks that the MA is trained to do
- Keeping all resident information private, or **confidential**
- Always being polite and cheerful (Fig. 1-2)



Fig. 1-2. Medication aides are expected to be polite and cheerful in all circumstances.

- Not discussing personal problems with residents or their family members
- Not using personal phones in residents' rooms or in any resident care area
- Not using profanity, even if a resident does
- Listening to the resident
- Calling a resident *Mr.*, *Mrs.*, *Ms.*, or *Miss*, and using the person's last name, or by the name the person prefers; terms such as *sweetie*, *honey*, *dearie*, etc. are disrespectful and should not be used
- Using the pronouns a resident prefers (*she/her*, *he/him*, *they/them*)
- Never giving or accepting gifts

- Always explaining care before providing it
- Following practices, such as handwashing, to protect oneself and residents

A professional relationship with an employer includes the following:

- Completing tasks efficiently
- Always following policies and procedures
- Documenting and reporting carefully and correctly
- Reporting problems with residents or tasks
- Reporting anything that keeps a medication aide from completing duties
- Asking questions when the medication aide does not know or understand something
- Taking directions or feedback without becoming upset
- Being clean and neatly dressed and groomed (Fig. 1-3)
- Always being on time
- Communicating with the employer if the medication aide cannot report for work
- Following the **chain of command**, or line of authority in the facility (more about this in the next learning objective)
- Participating in continuing education programs
- Being a positive role model for the facility



Fig. 1-3. Medication aides should always wear clean, wrinkle-free uniforms and be neatly groomed.

MAAs should be compassionate, honest, tactful, patient, and respectful. Being **conscientious**, or always doing one's best and being alert, observant, accurate, and responsible is especially important for medication aides. Many residents rely on medications to maintain their health. Mistakes in giving medications can cause serious problems and can even be deadly. Providing conscientious care is key to professionalism.

MAAs give medications to residents under the supervision of a nurse. The nurse is **delegating** the task of giving the medications to the MA. This means that they are transferring responsibility to the medication aide for that specific task.

Part of behaving professionally is understanding delegation and not accepting tasks that are inappropriate. An MA should not accept tasks in these situations:

- She has not been trained to perform the task (e.g., giving a medication by injection).
- The nurse will not be available to provide appropriate supervision or support.
- The situation is not appropriate for delegation (e.g., giving a medication when a resident's condition or overall health is not stable).

Healthcare facilities can be very busy. Sometimes in this demanding setting, healthcare workers may make incorrect judgments. Working professionally as a team, however, will help protect resident safety. A medication aide who is asked to accept an inappropriate task must refuse it. An MA should never be afraid to ask for help. She should always ask if she needs any more information or is unsure about something.

3. Discuss the facility chain of command regarding medication administration

A medication aide carries out instructions given to him by a nurse. The nurse is acting on the instructions of a physician or other member of the

care team. This is called the chain of command. It helps to make sure that residents get proper health care. Medication aides must follow the chain of command and only give medications as directed by a nurse. The nurse is delegating this task based on an order from a doctor or other healthcare professional (in some states, physician assistants and nurse practitioners can prescribe medications).

The chain of command protects residents from harm and ensures that they receive proper health care. It also protects employees and employers from liability. **Liability** is a legal term that means someone can be held responsible for harming someone else. For example, a resident may be harmed by a medication given to them by a medication aide. However, the resident's health was stable, a doctor had prescribed the medication, and the MA gave the resident the medication under the supervision of a nurse. In this case, the MA may not be liable, or responsible, for hurting the resident. However, if an MA does something that is not assigned to him, or does not follow instructions, he could be held responsible. That is why it is important for team members to follow instructions and for the facility to have a chain of command.

Medication aides must understand what they can and cannot do. This is important so that they do not harm residents or involve themselves or their employers in lawsuits. Some states certify that medication aides are qualified to work. However, MAs are not licensed healthcare providers. Everything they do in their job must be assigned to them by a licensed healthcare professional (usually a nurse). This professional continues to have responsibility for the overall care of each resident. This is why supervising nurses will show great interest in what medication aides do and how they do it (Fig. 1-4).



Fig. 1-4. Medication aides do their work under the direction and supervision of a nurse or other licensed healthcare professional.

Each state grants the right to practice various jobs in health care through licensure. Examples include a license to practice nursing, medicine, or physical therapy. Every member of the care team works under their scope of practice. A **scope of practice** defines the tasks that healthcare providers are legally allowed to do as permitted by state or federal law. Scope of practice for medication aides may not be clearly defined by law in every state, but facilities set rules defining scope of practice for these workers. Scope of practice for MAs varies by state and by facility, but some tasks are never performed by MAs:

- MAs must not honor a request to do something outside the scope of practice, not listed in a resident's care plan, or not assigned. This is true even if a nurse or doctor asks the MA to perform the task.
- MAs do not diagnose illnesses or prescribe treatments or medications. They do not determine or calculate a medication dose.
- MAs do not tell the resident or the family the diagnosis or the medical treatment plan. Any questions about how a medication works or why it was prescribed should be referred to a supervisor.

An instructor or an employer may provide a list of other specific tasks outside a medication aide's scope of practice. In some cases, an MA may have received training for a task but her

employer does not want her to perform it. It is important that MAs know which tasks these are and not perform them. For example, in some states medication aides are not allowed to perform routine care tasks in addition to their medication tasks. Even if an MA was previously trained as a nursing assistant, if nursing assistant tasks are not assigned, they should not be performed.

Effective resident care requires communication between care team members. This communication allows team members to evaluate and plan for a resident's care needs on an ongoing basis. The **nursing process** is how this communication takes place (Fig. 1-5):

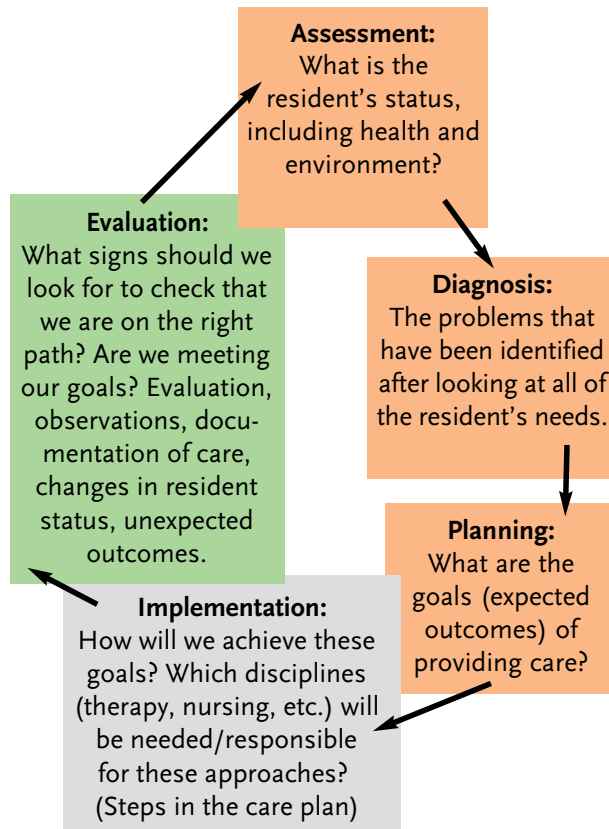


Fig. 1-5. The nursing and care planning process.

Assessment: getting information from many sources, including medical history, physical assessment, and environment, and reviewing this information; the purpose is to identify actual or potential problems

Diagnosis: identifying health problems after looking at all the resident's needs

Planning: setting goals and creating a care plan in accordance with the resident's preferences to meet the resident's needs

Implementation: putting the care plan into action; giving care

Evaluation: examining carefully to see whether the goals were met or progress was achieved

The nursing process constantly changes as new information is collected. Clear communication between all team members and the resident is vital to ensure success of the process. Changes in residents reported by an MA are important for resident care. The nurse has responsibility for overall nursing care. They must be able to rely upon the skills and training of the medication aides to whom they delegate tasks. They also must provide supervision to ensure that delegated tasks are performed correctly.

4. Discuss communication, team building, and interpersonal relationships

Medication aides communicate regularly with care team members, residents, and residents' families and friends. MAs must communicate regularly with the charge nurse regarding residents. They should keep the nurse informed of all important issues during their shift and share information with other staff members as needed. Effective communication is a critical part of a medication aide's job. MAs sometimes work in stressful or confusing situations; regardless of the situation, MAs must communicate clearly and respectfully. Some family members may need help in communicating clearly with each other or with the care team.

Because communication is so important, a review of the basics may be helpful. Communication is a process of sending a message, receiving a message, and providing feedback. During a conversation, this process is repeated over and over (Fig. 1-6).

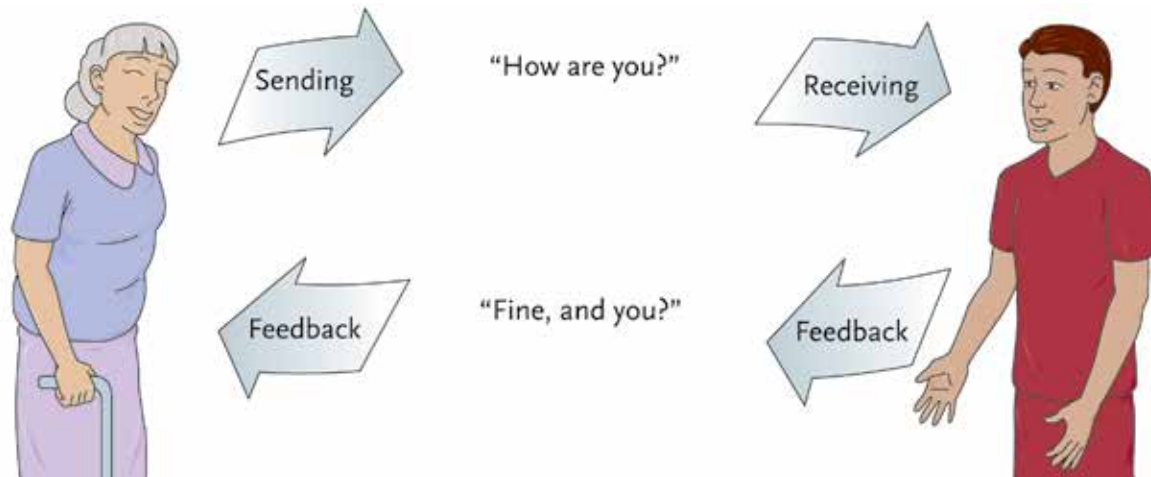


Fig. 1-6. The communication process consists of sending a message, receiving a message, and providing feedback.

Communication is effective when sender and receiver understand each other. Misunderstandings may occur if each person interprets the same words differently. They can also occur for other reasons. Communication is either verbal or nonverbal. **Verbal communication** involves the use of words, spoken or written. **Nonverbal communication** is communicating without using words. Sometimes nonverbal communication can create misunderstandings even when the words used to communicate are understood.

For example, an MA says cheerfully, “I’ll be right there, Mrs. Gonzales.” This communicates that the MA is ready and willing to help. But saying the same phrase in a different tone or emphasizing different words can communicate frustration and annoyance: “*I’ll be right there, Mrs. Gonzales!*” Body language is another form of nonverbal communication. It also sends messages and can create misunderstandings. For example, no matter what words are spoken, slouching and not looking at a person who is speaking says that a person is bored, tired, or hostile. Medication aides must be aware of the verbal and nonverbal messages they send.

Communication can be blocked or disrupted in many other ways as well (Fig. 1-7). Avoiding these communication barriers will help to build strong working relationships with residents:

Resident does not hear MA, does not hear correctly, or does not understand. The MA should stand directly facing the resident. He should speak slowly and clearly. He should not shout, whisper, or mumble.

Resident is difficult to understand. The MA should be patient and take time to listen. He can ask the resident to repeat or explain the message, and then state the message in his own words to make sure he has understood.

MA, resident, or others use words that are not understood. An MA should not use medical terminology with residents or their families. He should speak in simple, everyday words and ask what a word means if he is not sure.

MA uses slang or profanity. The MA should avoid using slang words and expressions. They are unprofessional and may not be understood. He should not use profanity, even if the resident does.

MA uses clichés. **Clichés** are phrases that are used over and over again and do not really mean anything. For example, “Everything will be fine” is a cliché. Instead of using a cliché, the MA should listen to what the resident is really saying and respond with a meaningful message. For example, if a resident expresses dislike of a medication he is taking, the MA can say, “I will note your concerns and we can talk to your

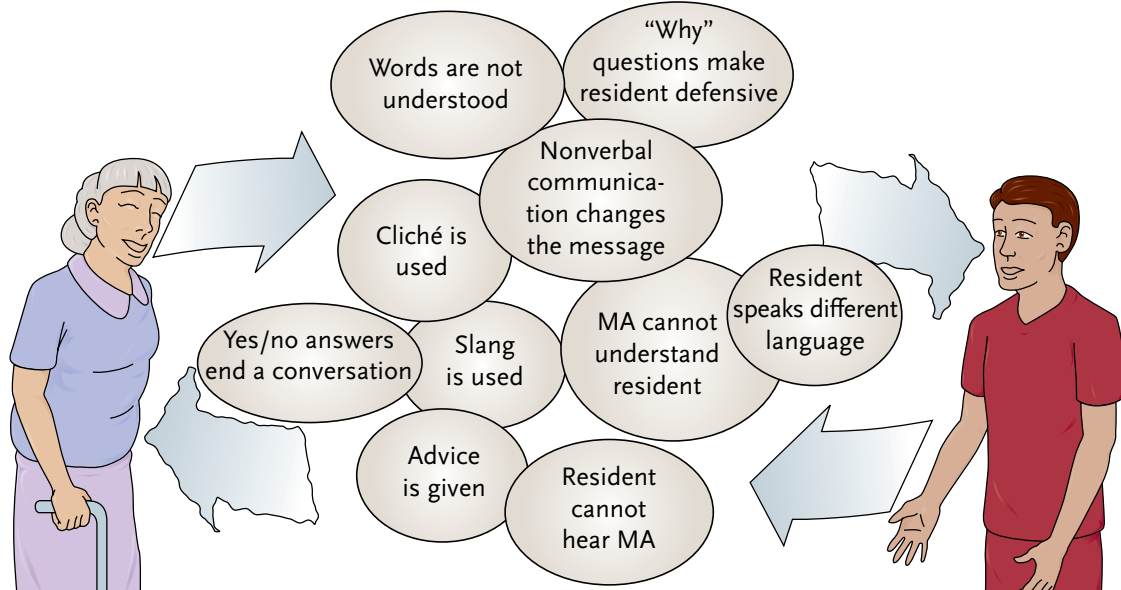


Fig. 1-7. Barriers to communication.

nurse or doctor about them,” instead of saying, “This is for your own good, so there’s no point complaining.”

MA responds with “Why?” The MA should avoid asking “Why?” when a resident makes a statement. “Why” questions make people feel defensive. For example, a resident may say she does not want to take a particular medication today. If the MA asks “Why not?” he may receive an angry response. Instead, he can ask, “What changed your mind about taking your medication today?” The resident may then be willing to discuss the issue.

MA gives advice. The MA should not offer his opinion or give advice. Giving medical advice is not within an MA’s scope of practice. It could be dangerous.

MA asks questions that only require yes/no answers. The MA should ask open-ended questions that need more than a “yes” or “no” answer. Yes and no answers end conversation. For example, if an MA wants to know if a resident is experiencing problems with a medication, he should not ask, “Are you having any trouble with that medication?” Instead, he could say, “Tell me how you’re feeling on that medication.”

Resident speaks a different language. If a resident speaks a different language than the MA does, the MA should speak slowly and clearly. He should keep his messages short and simple. The MA can ask other staff members who speak the resident’s language for help. A medical interpreter or interpretation system may be needed in some cases. A picture-based communication board may also help.

In addition to avoiding the barriers above, using the following guidelines will help MAs send and receive clear, complete messages and develop effective interpersonal relationships.

Guidelines: Effective Communication

- G** Be a good listener. Allow the other person to express her ideas completely. Concentrate on what the other person is saying and do not interrupt.
- G** Provide feedback. Active listening means focusing on the person sending the message and giving feedback. Feedback might be an acknowledgement, a question, or repeating the sender’s message.

- G** Bring up topics of concern. If the MA knows of a topic that might concern a resident, they can raise the issue in a general, nonthreatening way. This lets the resident decide whether to discuss it. For example, if the MA observes that a resident does not seem to want to take a medication, they could say “Mrs. Jones, you don’t seem too eager to take your medicine this morning.”
- G** Let some pauses happen. Using silence for a few moments at a time encourages the resident to gather her thoughts and compose messages.
- G** Tune in to other cultures. The MA should learn some words and expressions from a resident’s culture. This shows respect and interest and promotes person-centered care. It will help the MA understand the resident more fully.
- G** Accept a resident’s religion or lack of religion. Religious differences also affect communication. The MA should respect residents’ religious beliefs, practices, or lack of beliefs, especially if they are different from her own.
- G** Understand the importance of touch. Softly patting residents’ hands or shoulders or holding their hands may communicate caring (Fig. 1-8). Some people’s background may make them less comfortable being touched. The MA should ask permission before touching residents and should be sensitive to their feelings.
- G** Ask for more. When residents report symptoms, events, or feelings, the MA should have them repeat what they have said and ask them for more information.
- G** Make sure communication aids are clean and in proper working order. These include hearing aids, eyeglasses, dentures, and wrist or hand braces. The MA should inform the nurse if they do not work properly or are dirty or damaged.



Fig. 1-8. Gently touching a resident’s shoulder or hand can communicate caring.

Safety First

Medications can cause changes in health and behavior that may be cause for concern. Communicating effectively with residents will help promote safety. When residents are behaving differently or talking about new symptoms, MAs should communicate and listen carefully. They can ask questions to gather information. Then they must report this information to the nurse. This type of communication can protect and improve residents’ health.

Part of building an effective care team and communicating well between team members is learning to manage conflict. Everyone experiences conflict at some point in their lives. For example, families may argue at home, coworkers may disagree on the job, and so on. If conflict at work is not managed or resolved, it may affect a person’s ability to function well. Productivity and the workplace environment may suffer. When conflict occurs, there is a proper time and place to address it. Using the facility’s chain of command, employees may need to appeal to higher levels to resolve it.

Guidelines: Resolving Conflict

- G** Address conflict early on; waiting will allow bad feelings to build.
- G** Plan to discuss the issue at the right time. Do not start a conversation while working with residents. Privacy is important.

- G** Agree not to interrupt the person. Do not be rude or sarcastic, or name-call. Use active listening. Take turns speaking.
- G** Do not get emotional. Some situations may be very upsetting. However, keeping emotions out of conflict resolution makes the process more effective.
- G** Check your body language to make sure it is not tense, unwelcoming, or threatening. Maintain eye contact and use a posture that says you are listening and interested.
- G** Keep the focus on the issue at hand.
- G** Recognize and accept individual differences.
- G** People involved in the conflict may need to come up with possible solutions. Think of ways that the conflict can be resolved. In order to resolve conflict, you may have to compromise. Be prepared to do this.

5. Explain policy and procedure manuals

All facilities have manuals outlining their policies and procedures. A **policy** is a course of action that should be taken every time a certain situation occurs. For example, a very basic policy is that healthcare information must remain confidential. A **procedure** is a method, or way, of doing something. For example, a facility will have a procedure for reporting information about medications given to residents. The procedure explains what form to complete (whether on paper or in a computerized system), how and when to fill it out, and who must check it. New employees will be told where to find a list of policies and procedures that all staff are expected to follow. Common policies at long-term care facilities include the following:

- All resident information must remain confidential. This is not only a facility rule; it is also the law. More information about confidentiality, including the Health Insurance Portability and Accountability Act (HIPAA), can be found in Chapter 2.

- The care plan must always be followed. Medication aides should only perform tasks assigned by the care plan.
- Medication aides should not do tasks that are not included in their job descriptions.
- Medication aides must report important events or changes in residents to a nurse.

Employers will have policies and procedures for every resident care situation. These have been developed to give quality care and protect resident safety. Procedures may seem long and complicated, but each step is important. Medication aides must be familiar with and always follow facility policies and procedures.