# Medication Administration 10/15 hour Training Course for Adult Care homes - Student Manual
## March 2021 Revisions

| Title of Section | Page | Line or Item | Original Text | New Text |
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| Cover Page | | | Center for Aide Regulation & Education | Health Care Personnel Education & Credentialing |
| Title Page | i | First Paragraph | *The Medication Administration: 10-Hour/15-Hour Training Course for Adult Care Homes* was developed as a joint effort by the Center for Nurse Aide Education and Regulation and the Adult Care Licensure Section of the Division of Health Service Regulation, N.C. Department of Health and Human Services. | *The Medication Administration: 10-Hour/15-Hour Training Course for Adult Care Homes* was developed as a joint effort by the Health Care Personnel Education and Credentialing Section and the Adult Care Licensure Section of the Division of Health Service Regulation, N.C. Department of Health and Human Services. |
| Title Page | i | Curriculum Development | Center for Aide Regulation & Education | Health Care Personnel Education & Credentialing |
| Title Page | i | Above DHHS and DHSR logos | N/A | September 2013 (Rev March 2021) |
| Title Page | i | Footer | September-2013 | March 2021 |
| Medication Aide in ACH | v | 1. First Paragraph | A Medication Aide in adult care homes is an individual who has successfully completed the required Medication Aide course(s) approved by the N.C. Department of Health and Human Services, passed the state written medication exam for unlicensed staff in adult care homes and has competency skills validation at the employing facility. | A Medication Aide in adult care homes is an individual who has successfully completed the required Medication Aide course(s) approved by the N.C. Department of Health and Human Services, passed the state written medication exam for Medication Aides in adult care homes **and** completed competency skills validation using The Medication Administration Skills Validation Form (DHSR/AC 4605 NCDHHS) at the current employing facility. |
| Medication Aide in ACH | v | 1. Second paragraph | Any individual employed as a Medication Aide **prior to 10/01/2013** must be able to verify employment as a medication aide within the previous 24 months and completed competency skills validation and passed the state written exam for Medication Aides in adult care homes. | Any individual who passed the State written exam for Medication Aides in adult care homes **on or before 09/30/13 AND** able to provide verification of employment as a medication aide **every 24 months since 10/01/2011 and** completed competency skills validation using The Medication Administration Skills Validation Form (DHSR/AC 4605 NCDHHS) at the current employing facility. |
| Medication Aide in ACH | v | 2 | 2.   The laws and regulations governing Medication Aides in adult care homes in N.C. include: GS § 131D-4.5, GS § 131D-4.5A, GS § 131D-4.5B, 10A NCAC 13F/G .0403; 10A NCAC 13F/G 0503; 10A NCAC 13F/G .0505; 10A NCAC 13F/G .0506, 10A NCAC 13F/G .0903, and 10A NCAC 13F/G .1000. | 2. The laws and regulations governing Medication Aides in adult care homes in N.C. include: GS § 131D-4.5, GS § 131D-4.5A, GS § 131D-4.5B, G.S. § 131D-21, 10A NCAC 13F/G .0403, 10A NCAC 13F/G .0503, 10A NCAC 13F/G .0504, 10A NCAC 13F/G .0505, 10A NCAC 13F/G .0903 and 10A NCAC 13F/G .1000. |
| Medication Aide in ACH | v | 4 | Allegations of fraud against a facility or resident, resident abuse or neglect, misappropriation of property belonging to a resident or facility, or diversion of medication belonging to a resident or facility by the Medication Aide must be reported to the N.C. Health Care Personnel Registry. Substantiated findings by the Heath Care Personnel Registry are posted on the Health Care Personnel Registry. | Allegations of fraud against a facility or resident, resident abuse or neglect, misappropriation of property belonging to a resident or facility, or diversion of medication belonging to a resident or facility by the Medication Aide must be reported to the N.C. Health Care Personnel Registry. Substantiated findings by the Heath Care Personnel Registry are listed on the Health Care Personnel Registry. |
| Medication Aide in ACH | v | 5 | It is the responsibility of the Medication Aide to notify the Adult Care Licensure Section of name and address changes. | It is the responsibility of the Medication Aide to notify the Health Care Personnel Education and Credentialing Section of name changes. |
| Medication Aide in ACH | v | 6 | Information on registration for the state written exam for unlicensed staff in adult care homes may be obtained at www.ncdhhs.gov/dhsr/acls/medtech.html or via email to AdultCare.ctu@dhhs.nc.gov. Results or verification may be obtained via website at | Information on registration for the state written exam for unlicensed staff in adult care homes may be obtained at https://www.ncnar.org/ncmaach.html. Results or verification may be obtained via website at |

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| | | | N.C. Adult Care Medication Testing. | N.C. Adult Care Medication Testing. |
| Medication Aide in ACH | v | Footer | September-2013 | March 2021 |
| Introduction | vi | Second paragraph | The department developed 5-hour, 10-hour and 15-hour standardized training courses to assist qualified instructors to train unlicensed staff who will administer medications to residents in adult care homes. | The department developed 5-hour, 10-hour and 15-hour standardized training courses for qualified instructors to train unlicensed staff who will administer medications to residents in adult care homes. |
| Introduction | vi | Sixth paragraph | The 5-hour, 10-hour, and 15-hour competency-based curriculums provide unlicensed staff with basic knowledge and skills needed to ensure that medication administration is performed in a safe and effective manner.   Successful completion of the 5-hour plus 10-hour training courses **or** the 15-hour training courses will prepare individuals to take the state written medication exam for adult care home staff. | Mar-21 |
| Introduction | vi to vii | Footer | September 2013 | March 2021 |
| Definitions | xiii | First paragraph | **administer** – to give or direct application of a medication to the resident' body whether by injection, inhalation, ingestion or any other means | **administer** – to give or direct application of a medication to the resident's body whether by injection, inhalation, ingestion or any other means |
| Definitions | xiv | First paragraph | **medication error** – when a medication is administered in any way other than how it was prescribed | **medication error** – when a medication is administered in any way other than how it was prescribed; administering a medication that is not prescribed for the resident is also a medication error |
| Definitions | xiii to xiv | Footer | September-2013 | March 2021 |
| Section A - Fingersticks/Glucose Monitoring | A-3 | Seventh bullet | For lancing devices that are NOT single use,  the device is to be labeled with the resident's name and the device is NEVER shared with another individual | For lancing devices that are **NOT** single use, auto disabling devices, the device is to be labeled with the resident's name and the device is **NEVER** shared with another individual. |
| Section A | A-1 to A-3 | Footer | September-2013 | March 2021 |
| Section B - Expectations of the Medication Aide | B-2 | First bullet | Administer medications to residents as ordered by their physician, under the direction of the facility supervisor and administrator | Administer medications to residents as ordered by their physician or prescribing practitioner, under the direction of the facility supervisor and administrator |
| Section B - Expectations of the Medication Aide | B-3 | Second bullet | Follow clear, complete, specific instructions about medication administration documented on the medication administration record (MAR) | Always use the medication administration record (MAR) when administering medications and compare the information for medication administration on the MAR to the information on the medication label and seek advice when there is a difference between the label and MAR |
| Section B - Limitations of the Medication Aide | B-4 | First bullet | If the resident asks questions about the medication, it is best for the Medication Aide to refer the question to the supervisor, primary physician, registered nurse, or pharmacist | If the resident asks questions about the medication, it is best for the Medication Aide to refer the question to the supervisor, primary physician, prescribing practitioner, registered nurse, or pharmacist |
| Section B | B-1 to B-5 | Footer | September-2013 | March 2021 |
| Section C - Legal Implications/Fraud | C-2 | Fourth bullet | Example – if a medication is charted as having been administered, but was not administered | Example – if a medication is documented as having been administered, but was not administered |
| Section C - Medication Errors | C-3 | First bullet | **Definition:** when a medication is administered in any way other than how it was prescribed | **Definition:** when a medication is administered in any way other than how it was prescribed; administering a medication that is not prescribed for a resident is also a medication error |
| Section C - Medication Administration & Resident's Rights/Refusals | C-5 | Second bullet | Follow the facility's policy and procedure when a resident refuses medications (policy and procedure ensures that the primary physician is notified in a timely manner based on resident's physical and mental condition and the medication) | Follow the facility's policy and procedure when a resident refuses medications (policy and procedure ensures that the primary physician or prescribing practitioner is notified in a timely manner based on resident's physical and mental condition and the medication) |
| Section C - Medication Administration & Resident's Rights/Privacy | C-5 | Third bullet | Do not administer an injection outside resident's room if the resident receiving the injection or other residents present are offended by this | Administer injections in a private area, when a resident is outside of the resident's room |
| Section C | C-1 to C-5 | Footer | September-2013 | March 2021 |
| Section D - Preparing to Administer Medications | D-2 | Third bullet | In this course, the word medication will be used when talking about drugs or medications used to treat residents | In this course, the word medication will be used when talking about drugs or medications prescribed for residents |

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| Section D - Components of a Complete Order | D-4 | Second paragraph | None | Orders for psychotropic medications prescribed for PRN administration must also include: Symptoms that require the administration of the medication; Exact dosage; Exact time frame between dosages; Maximum dosage to be administered in 24-hour period |
| Section D - Types of Medication Orders | D-5 | Third bullet | Type of order depends on the desired effect of the medication | The most common orders in adult care homes are routine orders and PRN orders. |
| Section D - Types of Medication Orders | D-5 | Fourth bullet | Medication Aide is allowed to accept verbal orders or orders over the telephone, but obtaining a written order from the prescribing practitioner is the best and safest practice to obtain an order. | Medication Aide is allowed to accept verbal orders or orders over the telephone, but obtaining a written order from the prescribing practitioner is the best and safest practice to obtain an order. With fax machines and other electronic technology, a written order should be able to be obtained. |
| Section D - Right MEDICATION? | D-8 | After 3rd bullet | None | **Remember if in doubt, ASK** |
| Section D - Right DOCUMENTATION? | D-12 | Fifth bullet | After administering a PRN medication to a resident, the Medication Aide must document the date and time the medication was given on the MAR | After administering a PRN medication to a resident, the Medication Aide must document the date, time and reason the medication was given on the MAR (The effectiveness or results of the PRN medication is documented later when the effectiveness or results can be determined or reported by the resident) |
| Section D | D-1-D-12 | Footer | September-2013 | March-2021 |
| Section E - Forms Commonly Used | E-3 | First subheading | **Forms Commonly Used to Document Medication Orders and Medication Administration – Medication Administration Record (MAR)** | **Forms Commonly Used to Document Medication Administration – Medication Administration Record (MAR)** |
| Section E - Transcription of Orders onto MAR | E-3 | Second bullet under "Orders are copied…" | Transcribe using proper abbreviations or written out completely; include all components of a medication order | Transcribe the order writing out any abbreviations completely; include all components of a medication order |
| Section E - Information on the MAR | E-4 | Ninth bullet under "MARS should include" | Date the order expires | Date the order expires (if applicable) |
| Section E-Medication Orders and MAR | E-1 to E--4 | Footer | September-2013 | March 2021 |
| Section F - The MAR and Medication Administration | F-2 | Fourth bullet | None | Always ask the supervisor, if any information about the medication or about administering the medication differ between the medication label and the MAR |
| Section F - Using the MAR | F-1 to F-5 | Footer | September-2013 | March 2021 |
| Section G - Important Infection Control Concepts | G-2 | Second bullet | Do not touch or handle medications, but pour medication from the original medication container into a new, appropriate medication container; give the new container to resident | Do not touch or handle medications, but pour medication from the original medication container into a new, appropriate medication container |
| Section G - Important Infection Control Concepts | G-2 | Fourth bullet | None | Medications are provided to the resident in clean and appropriate medication containers |
| Section G - Standard Precaution | G-2 | Third bullet | Wash hands with soap and water; or with an alcohol based hand rub if hands are not visibly soiled or if there has been no contact with bodily fluids. | Cleanse hands frequently with soap and water or with an alcohol-based hand rub; Hands should be washed with soap or water when visibly soiled or if there has been contact with bodily fluids, before eating and after using the restroom. |
| Section G - Gloves - How to Put on (Don) | G-4 | First bullet | None | Wash Hands |
| Section G - Infection Control | G-1 to G-5 | Footer | September-2013 | March 2021 |
| Section I - Oral Inhalers | I-7 | Third bullet | None | Shake all meter dose inhalers or inhaler canisters before use and shake between puffs |
| Section I - Oral Inhalers | I-7 | Refer to Handout for Oral Inhalers | Refer to HANDOUT 3-E- Oral Inhalers | Refer to HANDOUT I-4: Oral Inhalers |
| Section I - Administering Medications | 1-1 to 1-9 | Footer | September-2013 | March 2021 |
| Section J - Medication Administration Skills Checklists | J-1 to J-2 | Footer | September-2013 | March 2021 |
| Section J - Skill # 3 Putting on (Donning) and Removing Gloves Check-off | J-5 | Step # 1 - Putting on (Donning) Gloves | Select correct size and type of gloves | Cleanse Hands |

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| Section J - Skill # 5 Oral Medication Administration | J-8 | Step # 6 | Pour liquid medications holding the label under hand and turned away from pouring side | Liquids are shaken as directed on the label or MAR |
| Section J - Skill # 5 Oral Medication Administration | J-8 | Step # 7 | Liquids are shaken or diluted as directed on the label | Pour liquid medications holding the label under hand and turned away from pouring side |
| Section J - Skill # 5 Oral Medication Administration | J-8 | Step # 8 | Measure liquid medications at eye level to the desired amount | Measure liquid medications on a flat level surface at eye level to the desired amount |
| Section J - Skill # 5 Oral Medication Administration | J-8 | Step # 9 | Liquids are shaken or diluted as directed on the label | Liquids are diluted as directed on the label or MAR |
| Section J -Skill # 7 Oral Inhalant Medication Administration | J-10 | Step # 5 | Assist residents with proper technique of meter dose inhaler, or disc | Assist residents with proper technique of inhaler or inhalant device |
| Section J - Skill # 7 Oral Inhalant Medication Administration | J-10 | Step # 6 | If spacer used, moved cap of inhaler and place mouthpiece end into slot of spacer. Remove cap of spacer and shake well. Give to residents to depress inhaler and inhale; or hold and instruct resident | If spacer used, remove cap of inhaler and place mouthpiece end into slot of spacer. Remove cap of spacer and shake the inhaler canister well. Give to resident to depress inhaler and inhale; or hold and instruct resident |
| Section L | none | Footer | September-2013 | March 2021 |
| Section L - Handout D-7 | L-12 | Powder definition | Powder- fine, ground form of medication that may be used to be swallowed, or may be used as on the skin for rashes | Powder- fine, ground form of medication that may be used to be swallowed, or may be used on the skin for rashes |
| Section L - Handout D-7 | L-12 | Footer | September 2013 | March 2021 |
| Section L - Handout I-2 | L-26 | 3. under ALWAYS column | ALWAYS hold cups at eye level when measuring | ALWAYS measure at eye level on a flat level surface |
| Section L - Handout I-2 | L-26 | Footer | September 2013 | March 2021 |
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| | | | | |
| Section L - Handout I-3 | L-27 | Last Tip for measuring | TIP: When Measuring liquids, hold the cup at eye level | TIP: Measure liquids at eye level on a flat level surface |
| Section L - Handout I-3 | L-27 | Header | Handout I-3          L-27 | Handout I-3  Med Administration Course-March 2021 L-27 |