

Medication Administration for Unlicensed Personnel

Trainer Requirements

By providing *Medication Administration for Unlicensed Personnel* training, I understand and accept that I am responsible for compliance and agree to conform with:

- Utilizing and following current *Medication Administration for Unlicensed Personnel Training Curriculum* PowerPoint presentation.
- Rules of the Tennessee Department of Intellectual and Developmental Disabilities Chapter 0465-01-03 Administration of Medication By Unlicensed Personnel*
- Standards - DIDD Medication Administration for Unlicensed Personnel*
- Security Agreement - DIDD Medication Administration For Unlicensed Personnel*
- Authorization to Vendor (ATV) and Terms and Conditions - DIDD Medication Administration Trainers Attestation*

*** Complete copies of these documents are located at the end of this presentation.**

MEDICATION ADMINISTRATION FOR UNLICENSED PERSONNEL

Tennessee
Department of Intellectual and Developmental Disabilities
Training Curriculum

Expectations

- Act in a professional manner.
- Disruptive behavior, cheating, lying, or failure to comply with class requirements are grounds for dismissal from class.
- Cell phones OFF and out of sight
- Classroom rules and etiquette. . .



Certification

- 20 hours of classroom instruction.
- A minimum score of 80% is required for written test.
- A minimum score of 80% is required for skills test.
- Renewal of certification can be achieved by completion of the above or by successful completion of Test-Out and is required every 3 years.
- Expires at midnight 3 years from certification date.
- The certified staff is responsible for maintaining current certification.
- The employing agency is responsible for maintaining current certification of staff.

By administering medications you are introducing chemical substances into the body that are used to:

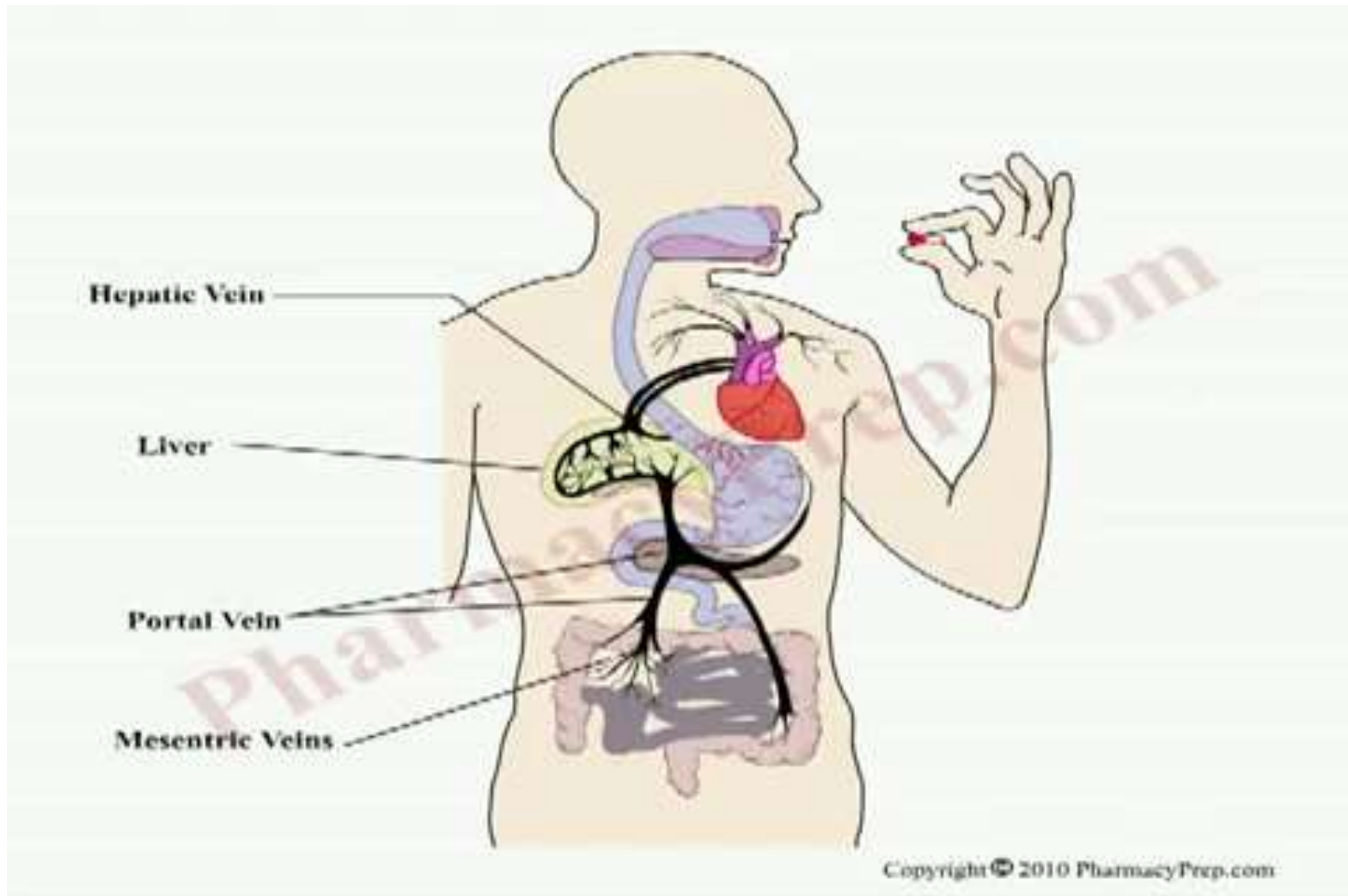
- maintain health (vitamins),
- diagnose (barium - for swallow study),
- treat (antibiotics),
- prevent disease (vaccines: measles, mumps, etc),
- relieve symptoms (antiemetic: nausea/vomiting),
- or to alter body processes (hormones).

ANY MEDICATION CAN
CAUSE HARM TO A
PERSON!

Administering medications
is a serious responsibility.

Administration by the oral route is the slowest way for medication to reach the body's cells.

The oral route may be referred to as PO or by mouth.



It is very important for you to understand your limitations of authority and responsibility:

You must NEVER attempt to perform tasks for which you are not trained.

If your employer asks you to perform tasks, which are beyond the scope of your training, you must refuse.

CERTIFICATION vs. DELEGATION

CERTIFICATION allows you to perform the skills that you learn in this class.

DELEGATION allows you to perform a specific skill when a nurse trains/delegates that skill under their license (nebulizer breathing treatments, oxygen, etc.).

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Your role and your scope of practice as unlicensed personnel administering medication includes:

1. Administration of medications by the following routes: oral, eye, ear, inhaler, nasal, topical, vaginal and rectal in accordance with the safe standards of practice.
2. Following written practitioner orders for administering medications.
3. As a certified staff you **CANNOT TAKE VERBAL OR PHONE ORDERS.**
Only licensed staff (RN or LPN) can take orders.

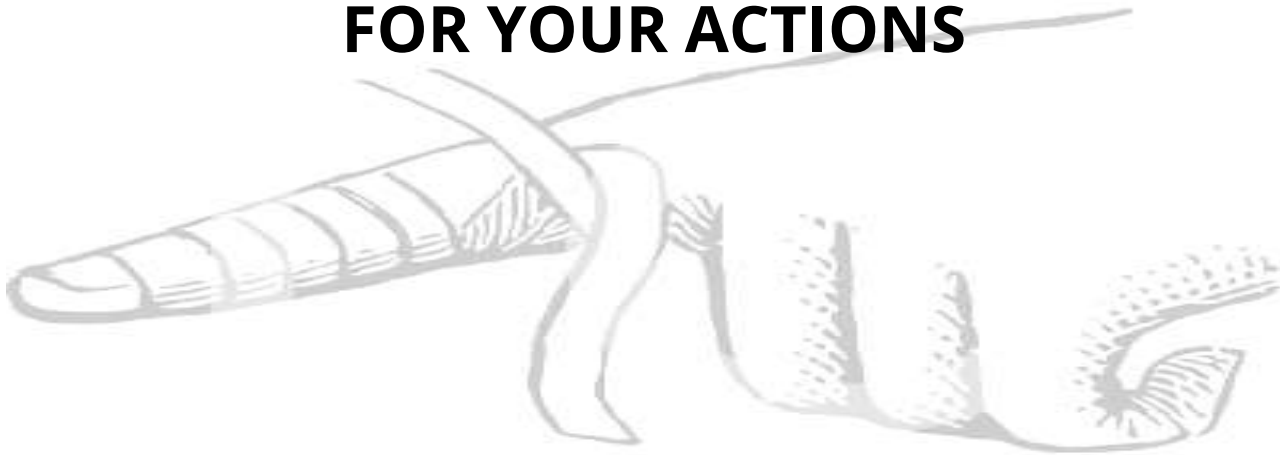
Medication Administration

Administer – To give medication to a person.

Each agency must have specific policies and procedures for the administration of medications and has an obligation to educate employed unlicensed personnel to these policies and procedures.

REMEMBER:

YOU ARE RESPONSIBLE FOR YOUR ACTIONS



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Bill's Story



Department of
**Intellectual &
Developmental Disabilities**

Health Services DSP Persistence Pays Off



Department of
**Intellectual &
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- Observe and report ANYTHING out of the ordinary for the person.
 - unusual sign/symptom or change
 - change in behavior
 - accident or injury



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Side Effect – Any action/reaction other than the intended effect of a drug.

By recognizing and reporting anything that is different or unusual for the person, you could be identifying a side effect of a drug.

Additionally, agency training includes recognizing a medical emergency including:

- that a 911 call must not be delayed
- initiation of first aid procedures
- providing information to medical staff
- notification of provider supervisory staff

MAR (Medication Administration Record)

MEDICATION ADMINISTRATION RECORD

Month:		Year:		HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
	Start																																				
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Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

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Developmental Disabilities

MAR (Medication Administration Record)

MEDICATION ADMINISTRATION RECORD
PRN, STAT AND MEDICATIONS NOT ADMINISTERED

[illegible]

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				
RAb	Right Abd				
LAAb	Left Abd				
RT	Right Thigh				
LT	Left Thigh				

Name: Jane Smith

MAR used for

Transcription – Transferring a practitioner's order to the MAR.

Always transcribe order EXACTLY as it is written by the practitioner.

Documentation – Creating an immediate record of medications administered or actions taken.

Never document that the medication has been taken before it is administered.

Medication Administration Record

- The person administering medications must accurately document meds that were given on the MAR.
- Remember that the MAR is confidential and its contents should neither be shown nor discussed with anyone not administering care to the person. (HIPAA-Protects health information)
- The MAR lists all medications that have been administered to the person during a particular month.

Practitioner orders may be received in many different forms:

- prescription pad
- office printout
- consult form
- ER record
- fax
- pharmacy generated order (e-script)

Medications are:

Prescribed – by the practitioner

Dispensed – by the pharmacist

Administered – by certified staff or nurses

Guiding Principles for Medication Administration

- Safe, clean and proper storage of various types of medications.

Medication taken by mouth

must be stored separately from

Medication administered topically;

(All other routes of administration)

- **ALL** Over-the-Counter (OTC) drugs must be ordered by treating practitioner.

- **ALL** medications must be labeled by a pharmacist.

- Exception: An OTC that falls within the parameters of the manufacturer's label.

Example:

Ordered - Tylenol 325 milligrams (mg) 2 tablets every 4 hours as needed temperature above 101°F.

Package Label –

325 milligrams (mg) 2 tablets every 4-6 hrs.

- Refer to agency policy for specific rules regarding labels.

Additional Information:

STAT – now

PRN – as needed

H or h – hour

NPO – Nothing by Mouth

Based on the following orders: Is a pharmacy label required?

Tylenol 325mg 2 tabs q 4 h
PRN NO

Tylenol 325mg 2 tabs q 6 h
PRN NO

Tylenol 325mg 1 tab q 6 h
PRN YES

Tylenol 325mg 2 tabs q 3 h
PRN YES



The image shows the packaging for Tylenol Regular Strength tablets. The box is red and white, with the brand name 'TYLENOL' in large, bold, white letters on a red background. Below the brand name, it says 'Pain Reliever Fever Reducer' and 'Acetaminophen REGULAR STRENGTH'. The box also indicates '100 TABLETS - 325 mg each' and 'Actual Size' with a small image of a tablet. To the right of the box, there is a vertical label that reads 'See New Warnings Information & Directions' and 'NDC 50580-196-60'.

Drug Facts (continued)

Stop use and ask a doctor if

- pain gets worse or lasts more than 10 days in adults
- pain gets worse or lasts more than 5 days in children under 12 years
- fever gets worse or lasts more than 3 days
- new symptoms occur ■ redness or swelling is present

These could be signs of a serious condition.

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children.

Overdose warning: In case of overdose, get medical help or contact a Poison Control Center right away. (1-800-222-1222)

Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

Directions

■ do not take more than directed (see overdose warning)

adults and children 12 years and over	■ take 2 tablets every 4 to 6 hours while symptoms last ■ do not take more than 10 tablets in 24 hours ■ do not use for more than 10 days unless directed by a doctor
children 6-11 years	■ take 1 tablet every 4 to 6 hours while symptoms last ■ do not take more than 5 tablets in 24 hours ■ do not use for more than 5 days unless directed by a doctor
children under 6 years	ask a doctor

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- Any OTC that is ordered with specific times, dosages, etc., that do **not** correspond with the manufacturer's label, indicates that labeling by the pharmacy is necessary.
- The practitioner must label "Sample" medications with instructions regarding use.

Eight Rights

- Right PERSON
- Right DRUG/MEDICATION
- Right DOSE
- Right ROUTE
- Right TIME
- Right DOCUMENTATION
- Right POSITION
- Right TEXTURE

Documentation

Person

- Allergies
- Special instructions
- Etc.

Medication Times
TO BE USED FOR CLASSROOM AND TESTING PURPOSES

Q day(every) day	8am
BID (two times a day) (twice a day)	8am – 8pm
TID (three times a day)	8am – 2pm – 8pm
QID (four times a day)	8am – 12pm – 4pm – 8pm
AM	8am
PM	8pm

Med times must be **EVENLY SPACED** during awake hours
unless otherwise ordered.

- Medication must be administered within **30 min before** or **30 min after** the administration time transcribed on the MAR.



Medication due at 8:00
Can be administered
between 7:30 and 8:30

DOES NOT APPLY TO PRN MEDICATIONS

Medications may be packaged in bottles, bubble packs or other containers but **MUST** have 3 checks **PRIOR** to administration.
Medications must remain in original packaging until administered.



Common Dosages of Medication

mg – milligram

mcg – microgram

ml – milliliter (liquid measure)

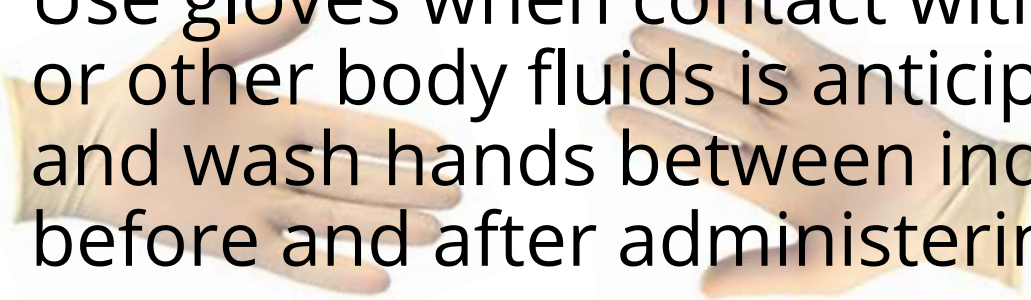
**As an unlicensed person
administering medications,
always seek professional
assistance when in doubt**

**Including abbreviations that you
are unfamiliar with**

Standard Precautions

Always maintain Standard Precautions during medication administration.

- Proper **Hand Washing** – is the MOST effective method to prevent and control the spread of disease.
- Use gloves when contact with medication, blood or other body fluids is anticipated. Change gloves and wash hands between individual contacts, before and after administering medications.



Safe Practice of Medication Administration

- Order, MAR and medication label **MUST** match.
- Medication, dose, route, time, (texture and position if indicated) must be ordered by the practitioner and be transcribed to the MAR.
- **Medication must remain in original container.**
- Meds must be identifiable up to the point of administration.
- **AVOID DISTRACTIONS.**

Safe Practice of Medication Administration

- Read each MAR carefully. If not clear, refer to the practitioner order or call for clarity.
- Read the med label carefully checking to see that the MAR and label are exactly the same.
- Perform '3 Checks'.

PRIOR TO ADMINISTRATION

1. Compare MAR to label **when taking from supply**
2. Compare MAR to label **when preparing medication**
3. Compare MAR to label **just prior to administration**



Safe Practice of Medication Administration

- Never give a medication unless label is present and clearly readable, including any warnings.
- Keep containers tightly closed. Report any change in color, consistency or odor.
- Do not touch pills, capsules, or patches without gloves.
- Do not prepare medications until ready to give.
- Always identify person by picture.
- Provide privacy as appropriate for the situation.

Safe Practice of Medication Administration

- Give only medications which you have prepared yourself and document only the medications which you administer.
- Do not leave medications unattended.
- Always check on the person within 30 minutes of administering medications.

Safe Practice of Medication Administration

- Know the purpose of the med being given, any reactions, warnings, usual dose and specific directions.
- Be familiar with the condition/diagnosis and allergies of the person receiving meds.
- Medications are not to be crushed or placed in foods or beverages unless specified by practitioner orders.
- Never give a medication past its expiration date.
- Meds prepared and not given must never be returned to the container.

Skeletal System

Consists of bones, ligaments and cartilage to support and protect the body.

Skeletal System



Common diagnoses/conditions

- Fracture
- Osteoporosis (brittle bones)
- Arthritis

Associated medications

- Analgesics (pain reliever)
- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Steroids
- Narcotic Analgesics (controlled substances)

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REGULATORY AGENCY

DEA

(Drug Enforcement Agency)

Enforces the importation, use, sale, manufacture and distribution of **controlled substances** which are habit forming and are assigned a Schedule classification.

CONTROLLED SUBSTANCES

➤ MUST be double locked

➤ MUST be counted

includes pills and liquids

REGULATORY AGENCY

FDA

(Food and Drug Administration)

Regulates the importation, use, sale,
manufacture and distribution of all drugs in the U.S.A.

Warning Labels/Stickers

May be printed on medication label or applied as sticker indicating generic substitution, side effects, or specific instructions.



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Medication Preparations

Cap - Capsule: Small container made from gelatin.

Tab - Tablet: Most common form used. Pressed in molds.

- Coated or Enteric Coated: Because of bitter taste, time release or to prevent irritation to the lining of the stomach.
 - **May not be broken, crushed or chewed.**

Additional Information:

Buccal – Route of administration in which the drug is placed and held in the pocket of the cheek until dissolved.

Transcription

- Always use **BLACK** ballpoint pens (**never pencil, felt tip pen, colored ink or gel pen**).
- Always write neatly.
- Do not erase or use “white-out”;
 - line through the error, initial and date.

The date a medication is ordered is the
START DATE.

Every effort is to be made to start the medication on the order date. If for any reason the medication is not available, the date/time due is to be initialed and circled with the reason being noted on the back of the MAR.

Appropriate person must be notified for obtaining meds.

Medication Administration Record

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Crestor 10 milligrams 1 tablet by mouth at 8 pm Dr. Lee cholesterol	Start	8pm								BL																							
	m/8/y																																
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/8/y	8pm	Crestor 10mg 1 tab	cholesterol	8:30pm pharmacy didn't have	BL

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
BL	<i>Brittany Lane DSP</i>

Additional info:

When transcribing a medication to the MAR, lines are used to indicate that a medication is not to be administered during the particular time.

The number of lines needed is related to the number of times the medication could be administered.

PRN meds must have lines for every row.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Start	8am																															
		8pm																															
	Stop																																
	Start	P R N																															
	Stop																																

Order/Prescription

CLINIC
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 4, YYYY

Calcium 1000 mg 1 tab PO q day for osteoporosis

Bob Jones, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Calcium 1000 milligrams 1 tablet by mouth every day Dr. Jones osteoporosis	Start	8am	—	—	—																												
	m/4/y																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

Practice

Ultram 50 mg 2 tabs po q day for bursitis

Dr. Smith ordered on m/8/y.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ultram 50 milligrams 2 tablets by mouth every day Dr. Smith bursitis	Start	8am																															
	m/8/y																																
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Practice

Diovan 80 mg 1 tab po q day

Dr. Johns for hypertension m/22/y

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Diovan 80 milligrams 1 tablet by mouth every day Dr. Johns hypertension	Start	8am																															
	m/22/y																																
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Oral Administration

- Identify person.
- When preparing tablets, capsules, etc., place in the lid of the bottle and then into the med cup.
- When preparing all liquid meds shake bottle to mix contents.
 - Place cap upside down.
 - Hold bottle with label in palm of hand.
 - Pour at eye level.
 - Wipe lip of bottle before recapping (if needed).
- Do not mix liquid meds with other meds.
- Offer meds one at a time.
- Give sips of water before and after each med.
- Remain with person until the medication has been swallowed.
- Note significant observations and report.

Oral Administration

Medication Administration for Unlicensed Personnel

Oral (Tablet) Administration

Documentation Rules

- Documentation must include your
INITIALS
FULL SIGNATURE (FIRST & LAST NAME)
TITLE
MUST BE LEGIBLE (READABLE)
- Always document as soon as possible after administering the medication.
- Do not document for another employee.

Oral Administration

Skill Practice and Documentation

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- All persons have the right to refuse medications and or treatments and the right to be informed of any consequences that may occur from their refusal.
- Refusal – Three (3) attempts should be made within the designated time frame before recording as refused.
- Refusals must be documented on the MAR and reported in accordance with agency policy.

Medication Administration Record

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Motrin 400 milligrams 1 tablet by mouth every day Dr. Lee arthritis	Start	8am	BB	BB	BB	BB	BB	BB	BB	JW																							
	m/1/y																																
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/8/y	8am	Motrin 400m g 1 tab	arthritis	8:30am Refused X3	JW

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
BB	Bob Brown HM
JW	Jane Walker DSP

Practice

Document refusal of Glyburide at 2 pm on the 11th.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Glyburide 5 milligrams 1 tablet by mouth every day at 2pm	Start	2pm											BH BH A7																				
	m/9/y																																
	Stop																																
Dr. Borne diabetes																																	
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
<i>x/11/y</i>	<i>2pm</i>	<i>Glyburide 5 mg 1 tab</i>	<i>diabetes</i>	<i>2:30pm Refused X 3</i>	<i>A7</i>

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
<i>BH</i>	<i>Bob Hunter, DSP</i>
<i>A7</i>	<i>Andrea Thompkin, DSP</i>

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Disposal of Medications

Medications that are expired or no longer needed are to be destroyed.

Follow agency policy regarding medication disposal.

Endocrine System

Consists of glands which secrete chemicals called hormones; e.g., thyroid, pancreas.

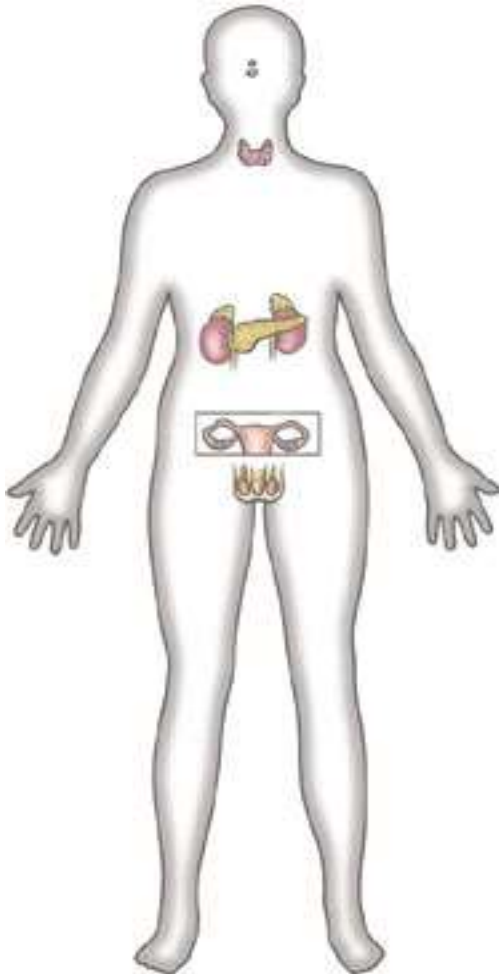
Endocrine System

Common diagnoses/conditions

- Diabetes
- Thyroid (hyper/hypo)

Associated medications

- Hormones
- Antidiabetic agents



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Additional info:

- x or X – abbreviation for **times**
- SL - Sublingual – route of administration in which a drug is placed and held under the tongue until dissolved; **should always be administered last.** Do not immediately follow SL med with water.
- Mucous Membrane – Moist membrane lining body cavities and canals that may allow substances to pass through into the body tissues.

Roman Numerals

ROMAN NUMERALS		ARABIC NUMBERS
Upper Case	Lower Case	
I	i	1
II	ii	2
III	iii	3
IV	iv	4
V	v	5
VI	vi	6
VII	vii	7
VIII	viii	8
IX	ix	9
X	x	10
XI	xi	11
XII	xii	12

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Order/Prescription

CLINIC
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 4, YYYY

Metformin 500 mg 1 tab po bid for diabetes

Vitamin B12 500 mcg ii tabs SL q day as supplement

Bob Jones, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Calcium 1000 milligrams 1 tablet by mouth every day Dr. Jones osteoporosis	Start	8am																															
	m/4/y																																
	Stop																																
Metformin 500 milligrams 1 tablet by mouth 2 times a day Dr. Jones diabetes	Start	8am																															
	m/4/y																																
	Stop	8pm																															
Vitamin B12 500 micrograms 2 tablets sublingual every day Dr. Jones supplement	Start	8am																															
	m/4/y																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

Practice

m/12/y

Celebrex 100 mg 1 cap PO bid for arthritis

Dr. Hart

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Celebrex 100 milligrams 1 capsule by mouth two times a day Dr. Hart arthritis	Start	8am																																
	m/12/y	8pm																																
	Stop																																	
	Start																																	
	Stop																																	

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Practice

Dr. Chang ordered Allegra 30 mg 2 tabs po BID m/3/y allergies

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Allegra 30 milligrams 2 tablets by mouth two times a day Dr. Chang allergies	Start	8am	_____																														
	m/3/y	8pm	_____																														
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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SUBLINGUAL

Medication Administration for Unlicensed Personnel

Sublingual Administration



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Sublingual Administration

Skill Practice and Documentation

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Muscular System

Consists of muscles which shape the body and allows the joints to move.

Muscular System

Common diagnoses/conditions

- Muscle Spasm
- Muscle Strain

Associated medications

- Analgesic (used to relieve pain)
- Non-steroidal Anti-inflammatory Drugs (NSAIDS)
- Muscle relaxants



Order/Prescription

CLINIC
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 4, YYYY

Indocin 25 mg 1 cap po tid for tendonitis

Ibuprofen 200 mg 2 tabs po qid for pain right shoulder

Bob Jones, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Calcium 1000 milligrams 1 tablet by mouth every day Dr. Jones osteoporosis	Start	8am	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	m/4/y																																
	Stop																																
Metformin 500 milligrams 1 tablet by mouth 2 times a day Dr. Jones diabetes	Start	8am	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	m/4/y																																
	Stop	8pm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Vitamin B12 500 micrograms 2 tablets sublingual every day Dr. Jones supplement	Start	8am	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	m/4/y																																
	Stop																																
Indocin 25 milligrams 1 capsule by mouth 3 times a day Dr. Jones tendonitis	Start	8am	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	m/4/y	2pm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Stop	8pm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Ibuprofen 200 milligrams 2 tablets by mouth 4 times a day Dr. Jones pain right shoulder	Start	8am	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	m/4/y	12pm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
	Stop	4pm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
		8pm	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Practice

Ditropan 5 mg 1 tab po tid m/26/y for overactive bladder Dr. Towe

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ditropan 5 milligrams 1 tablet by mouth three times a day Dr. Towe overactive bladder	Start	8am																															
	m/26/y	2pm																															
	Stop	8pm																															
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Practice

L-Dopa 250 mg 1 cap po qid for Parkinson's Dr. Hall m/1/y

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
L-Dopa 250 milligrams 1 capsule by mouth four times a day Dr. Hall Parkinson's	Start	8am																															
	m/1/y	12p																															
	Stop	4pm																															
		8pm																															
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Nervous System

Consists of the brain, spinal cord and nerves to control and coordinate body activities.

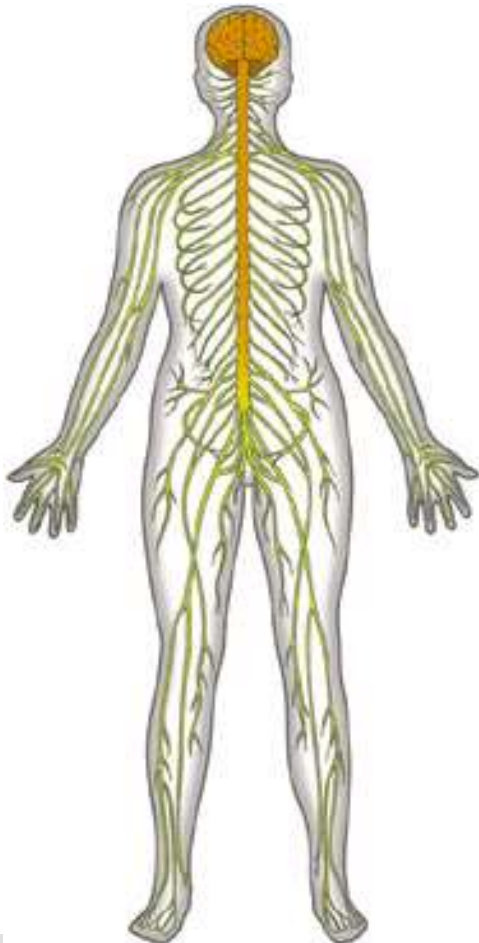
Nervous System

Common diagnoses/conditions

- Seizures
- Stroke
- Trauma (Concussion, Contusion)
- Dementia/Alzheimers
- Bipolar disorder

Associated medications

- Anticonvulsants/antiepileptics
- Psychotropics (affect mental state)
- Antidepressants
- Antianxiety/Sedatives



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Cumulative Effect

Many medications associated with the nervous system may take several days or weeks for the drug to reach an effective level.

TD (Tardive Dyskinesia)

- Tardive Dyskinesia is a side effect of psychotropic medications.
- Usually occurs after the person has taken the medication for a long period of time.
- Person has involuntary and constant movements of the tongue, jaw, lips or eyes.

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S

tardive dyskinesia



Neuroleptic Malignant Syndrome/ Serotonin Syndrome

- Life threatening reaction to **psychotropic** medications.
- May begin within hours of administration or can happen at any time the person is on the drug.
- High fever, stiff muscles, irregular heart rate, excessive sweating, excessive saliva and unstable consciousness along with other abnormal signs.

Liquid medications

Drugs that have been dissolved in water or alcohol.

Suspensions: Fine undissolved particles of drug mixed with liquid.

Must be shaken vigorously before giving.

Sprays: Drugs prepared for administration by reducing a liquid to a fine mist.

ALL LIQUID MEDICATIONS MUST BE SHAKEN

Common Liquid Medication Measurements

- 5 ml - 1 tsp (teaspoon)
- 15 ml - 1 tbsp (tablespoon)
- 30 ml - 1 oz (ounce)

Never use ordinary kitchen spoons

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S

Pouring Liquid Medications

Skill Practice

Pour 5 ml (1 tsp)

Pour 10 ml (2 tsp)

Pour 15 ml (1 tbsp)

Pour 30 ml (1 oz)

Drug/Strength/Dose Examples

DRUG	STRENGTH	DOSE
Amoxicillin	250 mg	2 tabs
Lasix	40mg	1 tab
Trimox	125mg/5ml	5 ml
Dilantin	125mg/5ml	10 ml
Ibuprofen	100mg/5ml	10 ml
Famotidine	40mg/5ml	5 ml

Transcription Notes

- Medications may be ordered that are the same drug but have a different dose.
- Transcription must be in 2 boxes to show the different dose.
 - One dose to be given two times a day and a different dose given one time a day.
 - One dose given certain days of the week and a different dose given on other days.

Order/Prescription

Neurology
000 16th Street
Anywhere, TN 33333
Phone 000-000-0000
Dr. Thomas Frent

Jane Smith

Month 8, YYYY

Dilantin 125mg/5ml suspension 5 ml po bid and 10 ml po
q day at 2 pm for seizures

Thomas Frent, MD

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dilantin 125 milligrams/ 5 milliliters suspension 5 milliliters by mouth 2 times a day Dr. Frent seizures	Start	8am																														
	m/8/y																															
	Stop	8pm																														
Dilantin 125 milligrams/ 5 milliliters suspension 10 milliliters by mouth every day at 2 pm Dr. Frent seizures	Start	2pm																														
	m/8/y																															
	Stop																															
	Start																															
	Stop																															
	Start																															
	Stop																															

Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

Practice

m/8/y Dr. Plum Valproic Acid 250mg/5ml 10ml PO bid and 5ml po q day at 2pm for seizures

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Valproic Acid 250milligrams/5milliliters 10 milliliters by mouth two times a day Dr. Plum seizures	Start	8am																															
	m/8/y	8pm																															
	Stop																																
Valproic Acid 250milligrams/5milliliters 5milliliters by mouth every day at 2pm Dr. Plum seizures	Start	2pm																															
	m/8/y																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Practice

Glucophage 500mg 1 tab po bid and 2 tabs po q day at 12pm m/1/y Dr. Vann diabetes

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Glucophage 500 milligrams 1 tablet by mouth two times a day Dr. Vann diabetes	Start	8am																															
	m/1/y	8pm																															
	Stop																																
Glucophage 500 milligrams 2 tablets by mouth every day at 12pm Dr. Vann diabetes	Start	12p																															
	m/1/y																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Practice

m/14/y Dr. Blue Tegretol 100 mg 1 tab PO bid and 2 tabs po q day at 2pm for seizures

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tegretol 100 milligrams 1 tablet by mouth two times a day Dr. Blue seizures	Start	8am																															
	m/14/y	8pm																															
	Stop																																
Tegretol 100 milligrams 2 tablets by mouth every day at 2pm Dr. Blue seizures	Start	2pm																															
	m/14/y																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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ORAL LIQUID

Medication Administration for Unlicensed Personnel

Oral (Liquid) Administration



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Skill Practice and Documentation

Integumentary (Skin) System

Consists of skin, sweat and oil glands to protect the body from harmful germs and helps regulate body temperature.

Integumentary (Skin) System



Common diagnoses/conditions

- Cellulitis (skin infection)
- Scabies/Lice/Bed bugs
- Rash
- Burns
- Decubitus (pressure sores)

Associated medications

- Anti-itch creams
- Medicated ointments
- Topical anti-infectives
- Anti-fungals

Topical medications:

(Medications administered by all routes other than by mouth)

Creams/Ointments are applied locally to the skin or mucous membrane.

Drops/Sprays are administered in eyes, ears, and nostrils.

Suppository: Drug in a base that melts at body temperature, molded for insertion into the rectum or vagina. May need refrigeration.

Additional Info:

Stop Date – Date last dose of medication is to be given

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 9, YYYY

Keflex 250 mg i cap po qid x VII d for cellulitis

Hydrocortisone cream 2.5% apply thin layer to rash
on left arm bid

Bob Jones, MD

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			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dilantin 125 milligrams/ 5 milligrams suspension 5 milliliters by mouth 2 times a day Dr. Frent seizures	Start	8am																															
	m/8/y																																
	Stop	8pm																															
Dilantin 125 milligrams/ 5 milliliters suspension 10 milliliters by mouth at 2 pm Dr. Frent seizures	Start	2pm																															
	m/8/y																																
	Stop																																
Keflex 250 milligrams 1 capsule by mouth 4 times a day times 7 days Dr. Jones cellulitis	Start	8am																															
	m/9/y	12pm																															
	Stop	4pm																															
	m/15/y	8pm																															
Hydrocortisone cream 2.5% apply thin layer to rash on left arm 2 times a day Dr. Jones rash	Start	8am																															
	m/9/y																																
	Stop	8pm																															
	Start																																
	Stop																																

Name: Jane Smith

DOB: 2/25/1975

PCP: Bob Jones, MD

Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

Practice

Augmentin 250 mg 1 tab po TID x 7 days for pneumonia Dr. Evans m/5/y

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Augmentin 250 milligrams 1 tablet by mouth three times a day times 7 days Dr. Evans pneumonia	Start	8am																															
	m/5/y	2pm																															
	Stop	8pm																															
	m/11/y																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

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Practice

Order received on m/15/y by Dr. Hann for UTI

Cephalexin 250 mg 1 cap PO qid X 7 days

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Cephalexin 250 milligrams 1 capsule by mouth four times a day times 7 days Dr. Hann UTI	Start	8am																															
	m/15/y	12p																															
	Stop	4pm																															
	m/21/y	8pm																															
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

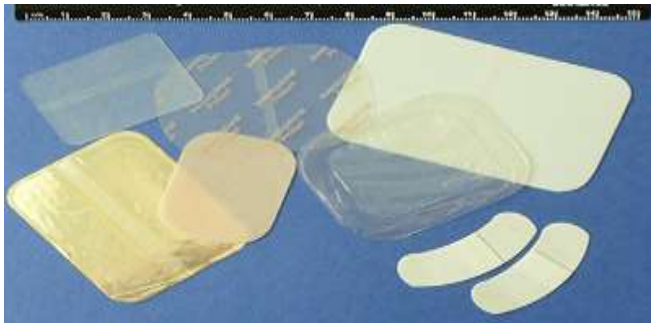
Initial	Signature/Title

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Topical (skin) Administration

- Route of administration in which a drug is placed on the skin or mucous membrane.



- Identify person.
- Clean the area if indicated (clean away from the affected area). Do not double wipe.
- If using applicator, do not 'double dip'.
- Use gloves if applying directly.
- Spread thin layer of medication on affected area.
- Do not let tip of container touch affected area.
- Cover affected area if indicated.

TOPICAL cream/ointment

Medication Administration for Unlicensed Personnel

Topical Administration



Version 10.01.18

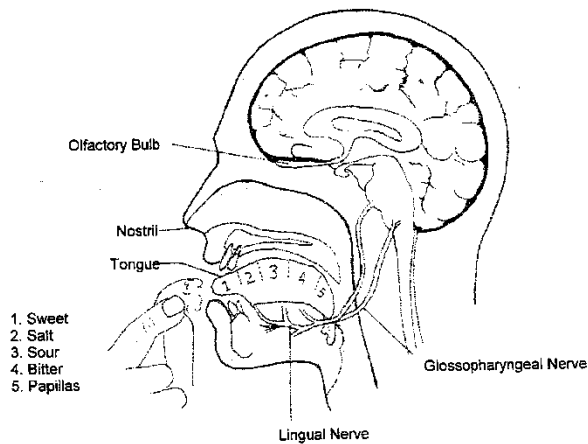
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Skill Practice and Documentation

Sensory System

Consists of eyes, ears, nose mouth and skin to provide sight, hearing, taste, smell and touch.

Sensory System

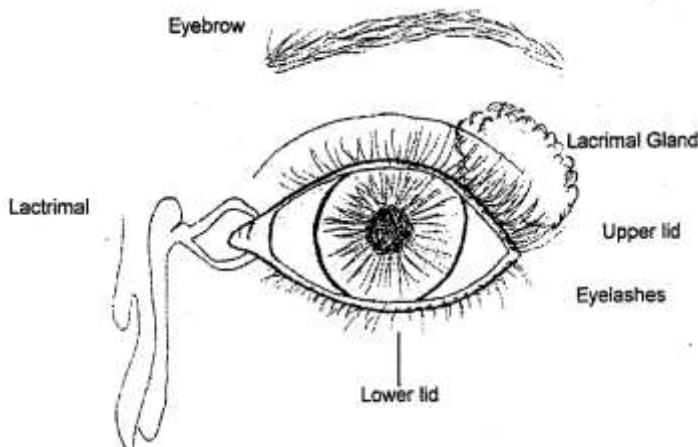


Common diagnoses

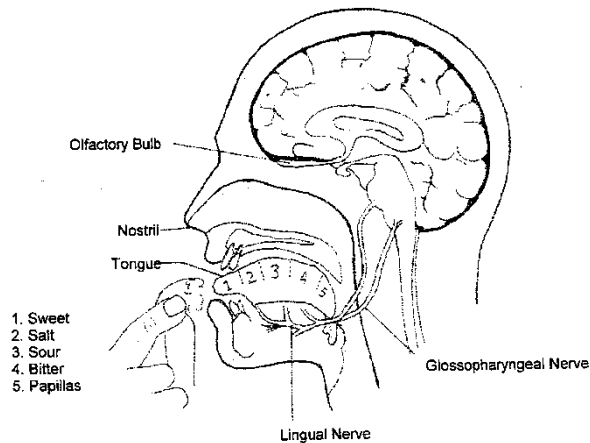
- Eye
 - Conjunctivitis (pink eye)
 - Cataracts
 - Glaucoma
 - Dry eyes

Associated medications

- Ophthalmic (Eye) drop (gtt)



Sensory System

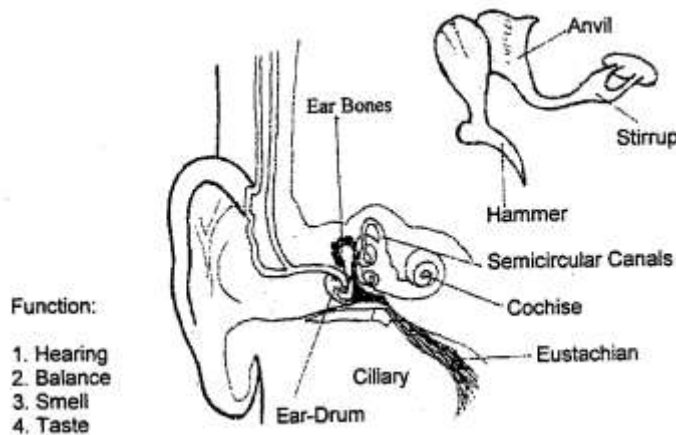


Common diagnoses

- Ear
 - Otitis Media (Ear Infection)
 - Excess ear wax

Associated medications

- Otic (Ear) drops (gtts)



Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Ann Lents

Jane Smith

Month 10, YYYY

Artificial Tears 2 gtts both eyes bid for dry eyes

Ann Lents, OD

Version 10.01.18

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			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Dilantin 125 milligrams/ 5 milliliters suspension 5 milliliters by mouth 2 times a day Dr. Frent seizures	Start	8am																															
	m/8/y																																
	Stop	8pm																															
Dilantin 125 milligrams/ 5 milliliters suspension 10 milliliters by mouth at 2 pm Dr. Frent seizures	Start	2pm																															
	m/8/y																																
	Stop																																
Keflex 250 milligrams 1 capsule by mouth 4 times a day times 7 days Dr. Jones cellulitis	Start	8am																															
	m/9/y	12pm																															
	Stop	4pm																															
	m/15/y	8pm																															
Hydrocortisone cream 2.5% apply thin layer to rash on left arm 2 times a day Dr. Jones cellulitis	Start	8am																															
	m/9/y																																
	Stop	8pm																															
Artificial tears 2 drops both eyes 2 times a day Dr. Lents dry eyes	Start	8am																															
	m/10/y																																
	Stop	8pm																															

Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

Topical (eye) Administration



- Identify person.
- Wipe from inner corner outward if needed.
- Use clean wipe for each wipe.
- Shake the medication.
- Position with head back and looking upward.
- Separate lids using forefinger for upper and thumb for lower.
- Approach eye from below.
- Instill drops as ordered. Avoid contact with eye.
- Apply near the center of lower lid.
- Do not wipe tip.

TOPICAL EYE

Medication Administration for Unlicensed Personnel

Eye Administration

Topical eye

Skill Practice and Documentation

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 10, YYYY

Debrox 2 gtts both ears bid X 3 days for excess ear
wax

Bob Jones, MD

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MEDICATION ADMINISTRATION RECORD

Month:

Year:

[illegible]

Topical (ear) Administration



- Identify person.
- Tilt head or lie on side until ear is as horizontal as possible.
- Shake the medication.
- Administer by pulling the ear gently up and back.
- Instill drops as ordered. Do not touch ear canal with dropper/container.
- Maintain position for 2 or 3 minutes.
- If to be instilled in both ears, wait at least 5 min before putting in other ear.
- Do not wipe tip.

TOPICAL Ear

Medication Administration for Unlicensed Personnel

Ear Administration

Skill Practice and Documentation

Respiratory System

Consists of the mouth, nose, trachea and lungs to provide air (oxygen) to the body's cells.

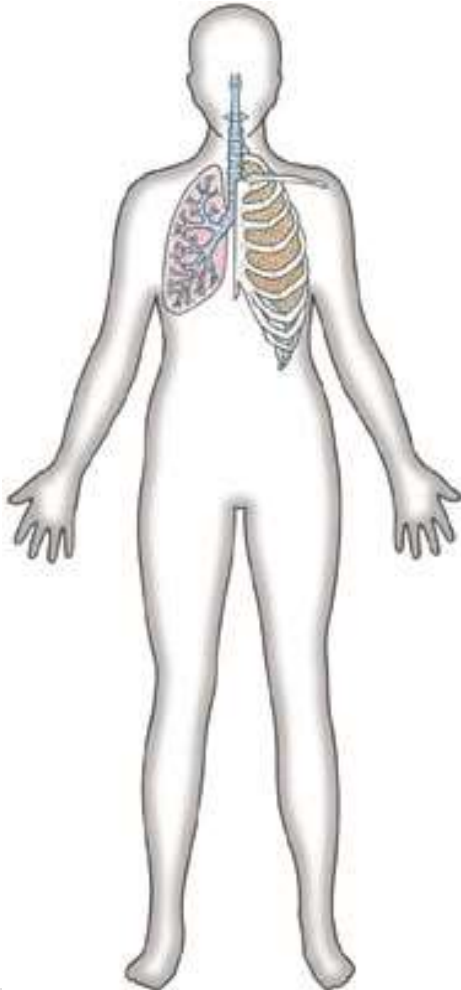
Respiratory System

Common diagnoses/conditions

- Pneumonia
- Upper Respiratory Infection (URI)
- Allergies
- Chronic Obstructive Pulmonary Disease (COPD)
- Sinusitis/Common Cold/Flu
- Asthma
- Bronchitis

Associated medications

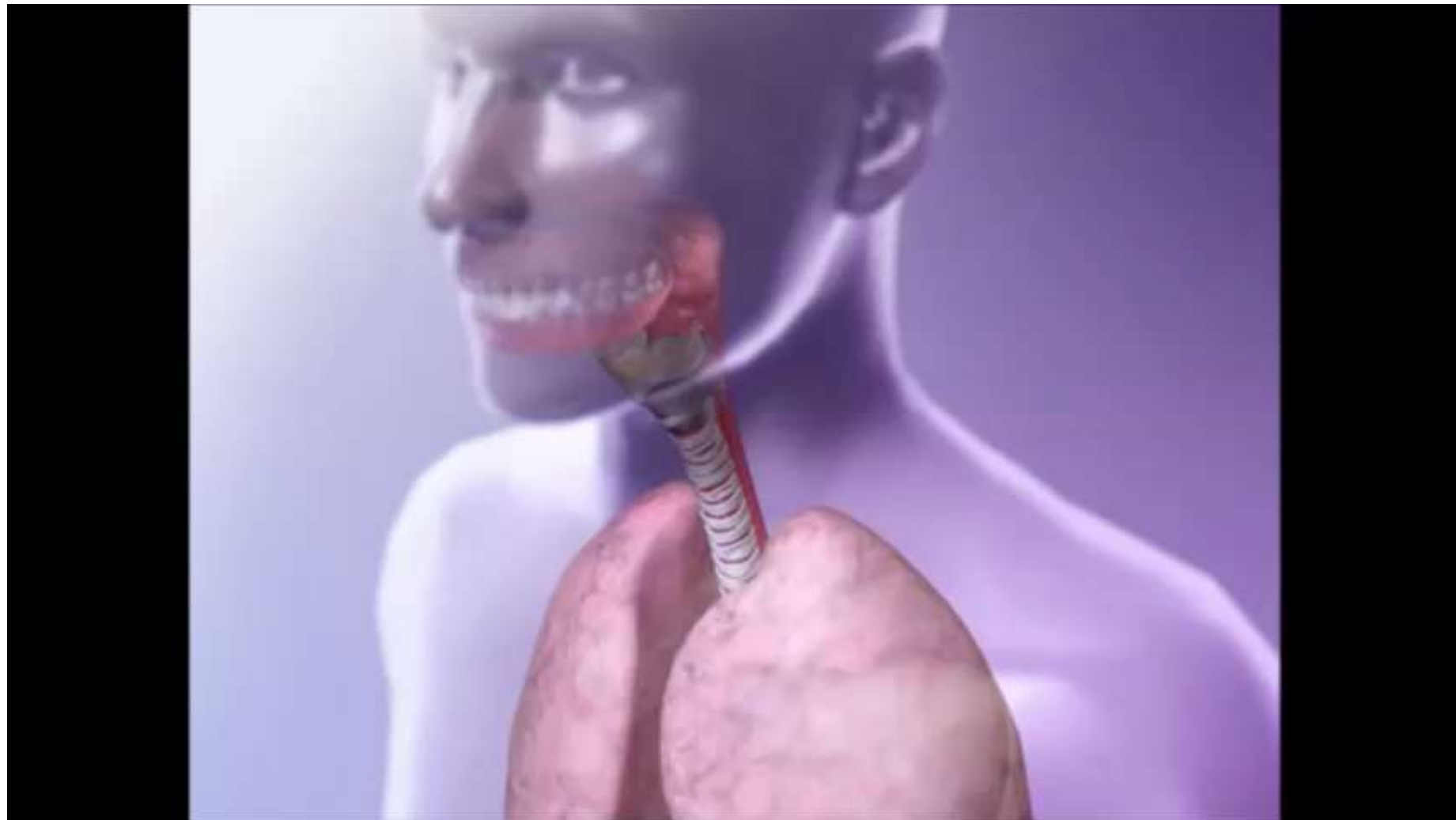
- Bronchodilators (increases air flow to lungs)
- Antibiotics (kill bacteria)
- Antihistamines (treat allergies)
- Anti-inflammatories



Aspiration Pneumonia

Infection in the lungs
caused by
breathing in liquids or food.

Epiglottitis



Aspiration

Modified Barium Swallow



Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 11, YYYY

Flonase 50 mcg 2 sprays each nostril q day for allergies

Bob Jones, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Debrox 2 drops both ears 2 times a day times 3 days Dr. Jones excess ear wax	Start	8am																															
	m/10/y																																
	Stop	8pm																															
	m/12/y																																
Flonase 50 micrograms 2 sprays each nostril every day Dr. Jones allergies	Start	8am																															
	m/11/y																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

Nasal Administration



- Identify person.
- Instruct to blow nose.
- Position sitting with head tilted down.
- Shake the medication.
- Place tip of container just inside the nostril. Close off the other nostril. Instruct to sniff as the container is squeezed.
- Repeat in other nostril if ordered.
- Wipe tip between nostrils and after administration.

NASAL

Medication Administration for Unlicensed Personnel

Nasal Administration



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Nasal Administration

Skill Practice and Documentation

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Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 11, YYYY

Proventil 90 mcg 2 puffs inhalation q day for asthma

Bob Jones, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Debrox 2 drops both ears 2 times a day times 3 days Dr. Jones excess ear wax	Start	8am																															
	m/10/y																																
	Stop	8pm																															
	m/12/y																																
Flonase 50 micrograms 2 sprays each nostril every day Dr. Jones allergies	Start	8am																															
	m/11/y																																
	Stop																																
Proventil 90 micrograms 2 puffs inhalation every day Dr. Jones asthma	Start	8am																															
	m/11/y																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

Inhalation Administration.



- Identify person.
- Shake the canister.
- Instruct to slowly breathe out.
- Instruct to seal lips around mouthpiece.

- Squeeze canister between the thumb and fingers and instruct to breathe in deeply at the same time.
- Release pressure on the canister.
- Withdraw mouthpiece and instruct to hold breath for a few seconds.
- Instruct to breathe normally.
- If more than one inhalation is ordered wait one minute between administrations.
- Wipe mouthpiece following administration.

INHALATION

Medication Administration for Unlicensed Personnel

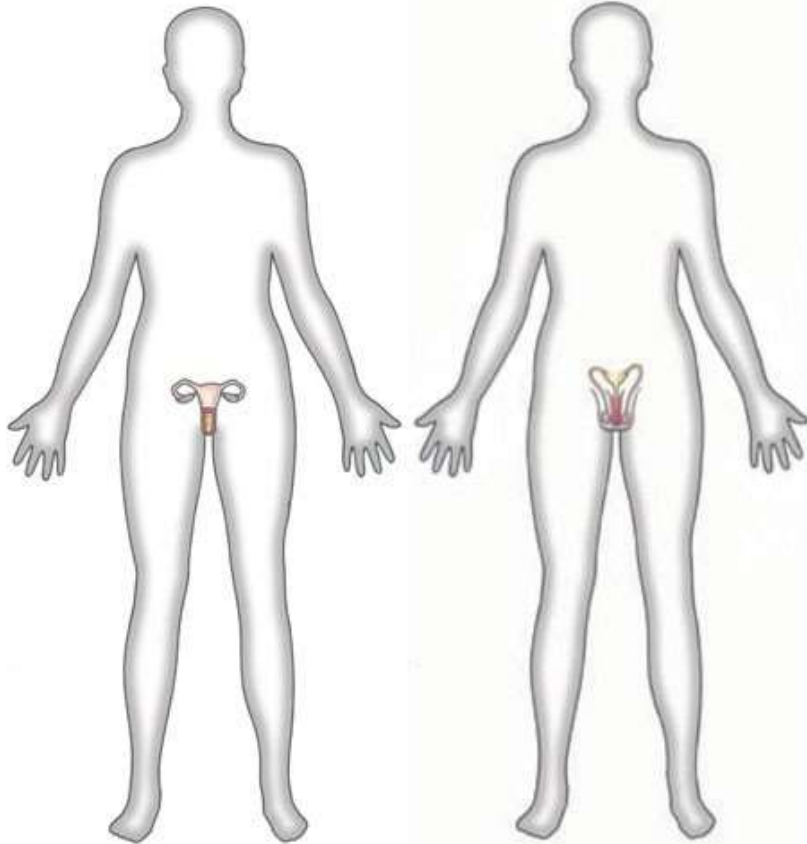
Inhalation Administration

Skill Practice and Documentation

Reproductive System

Consists of ovaries and uterus in females, testicles in males and allows the creation of a new human being.

Reproductive System



Common diagnoses/conditions

- Female
 - Yeast infection
 - Menopause
- Male
 - BPH (Benign Prostatic Hypertrophy)
 - Prostatitis

Associated medications

- Antifungal
- Hormone therapy
- Antibiotics

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Sue Self

Jane Smith

Month 12, YYYY

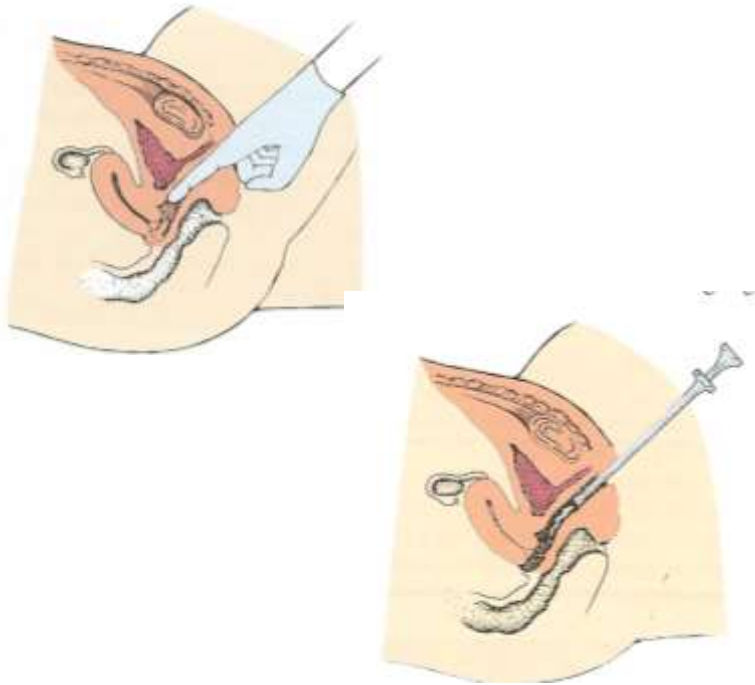
Monistat 7 cream 1 applicator full vaginally q day at
bedtime x VII d for yeast infection

Sue Self, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Debrox 2 drops both ears 2 times a day times 3 days Dr. Jones excess ear wax	Start	8am																															
	m/10/y																																
	Stop	8pm																															
	m/12/y																																
Flonase 50 micrograms 2 sprays each nostril every day Dr. Jones allergies	Start	8am																															
	m/11/y																																
	Stop																																
Proventil 90 micrograms 2 puffs inhalation every day Dr. Jones asthma	Start	8am																															
	m/11/y																																
	Stop																																
Monistat 7 cream 1 applicator full vaginally every day at bedtime times 7 days Dr. Self yeast infection	Start	8pm																															
	m/12/y																																
	Stop																																
	m/18/y																																
	Start																																
	Stop																																

Vaginal Administration



- Identify person.
- Position on back with knees bent and legs spread.
- Separate labia and insert suppository with double gloved finger
- or
- Insert applicator with double gloved hand to recommended length and depress plunger.

VAGINAL

Medication Administration for Unlicensed Personnel

Vaginal Administration

Vaginal Administration

Skill Practice and Documentation

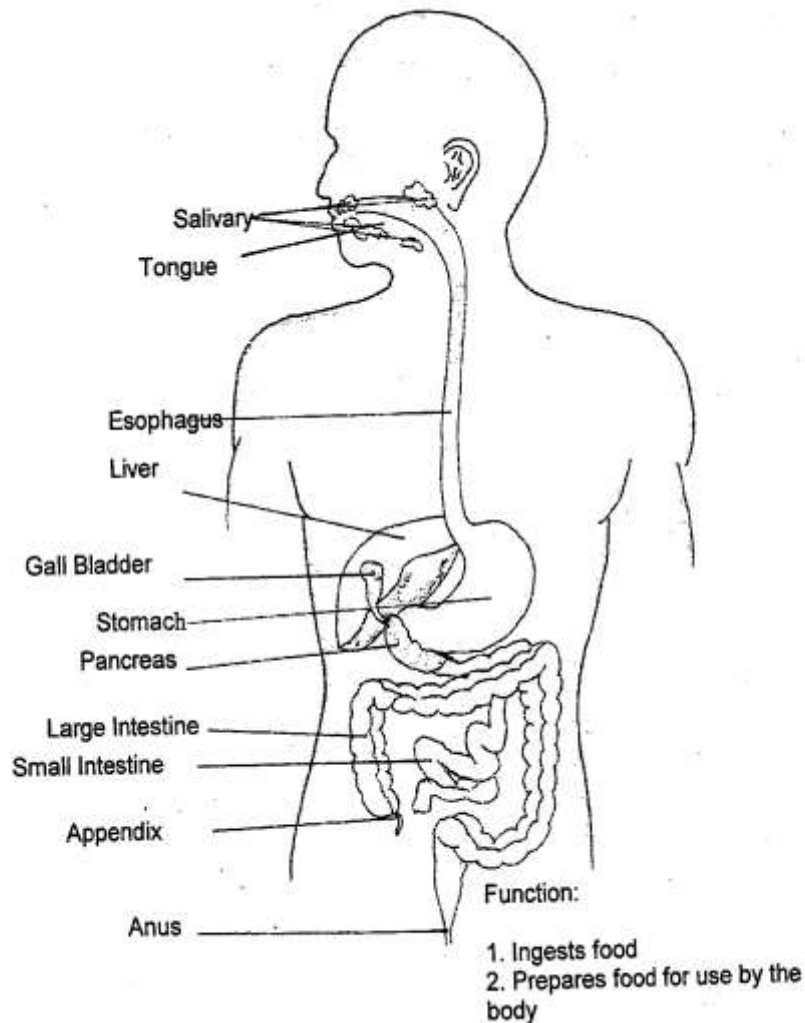
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Gastrointestinal System

Consists of the mouth, esophagus, stomach, liver, gallbladder, small and large intestines and pancreas to take in food, prepare it for use by the body and excrete wastes.

Gastrointestinal System



Common diagnoses/conditions

- Constipation
- Reflux/Heartburn (GERD)
- Diarrhea
- Hemorrhoids
- Nausea/Vomiting

Associated medications

- Antacids
- Antidiarrheal agents
- Antiemetics (prevent vomiting)
- Laxatives/Enemas

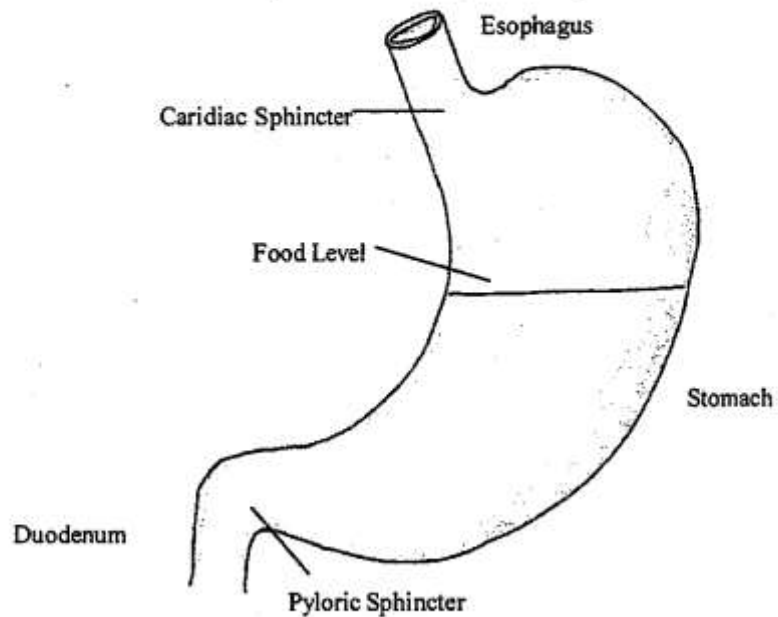
GERD

GastroEsophageal Reflux Disease

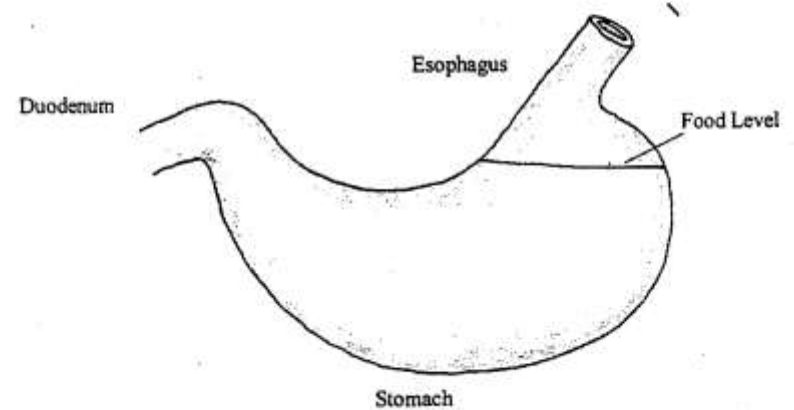
The backflow of stomach contents into the esophagus.

Positioning

Upright Position
Upright Position



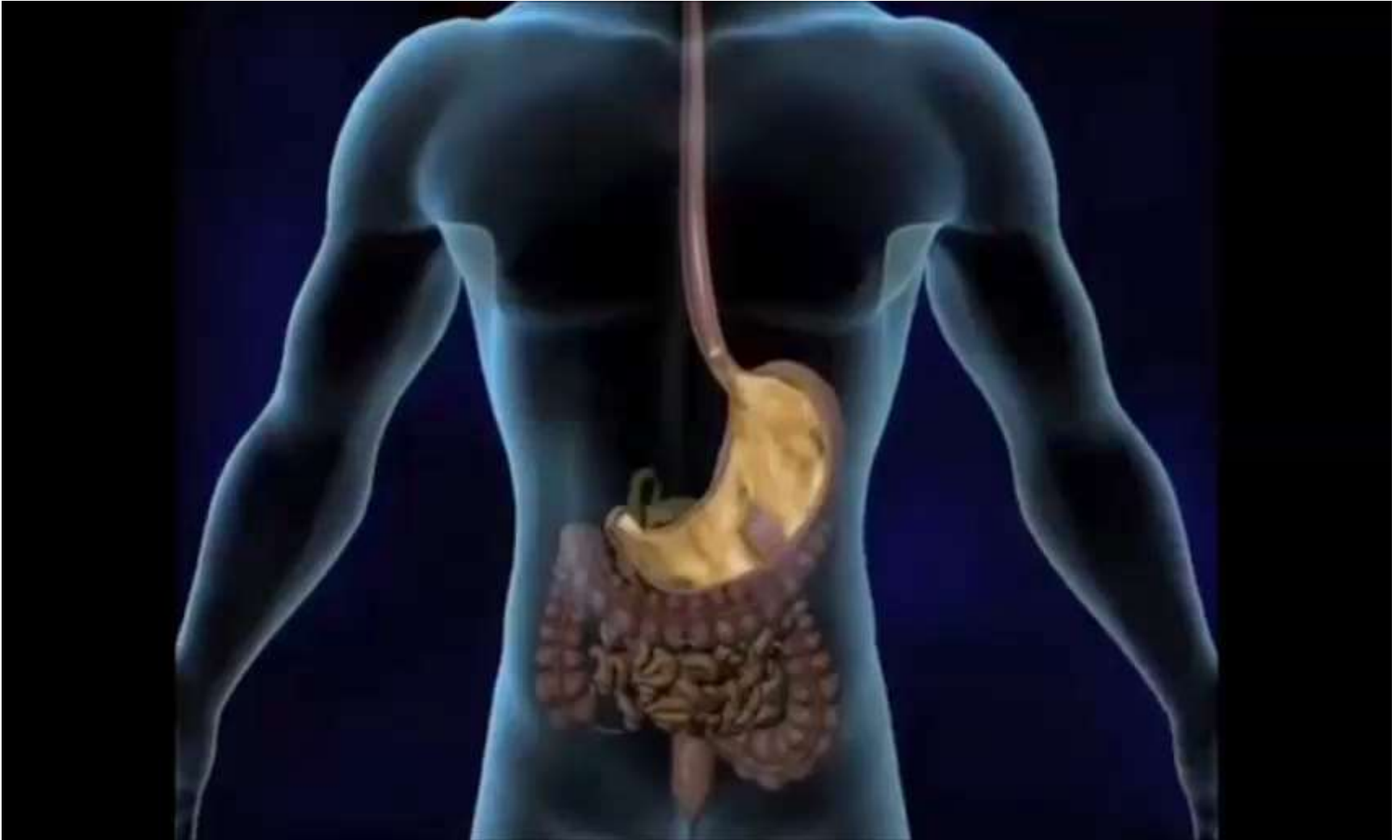
Lying Position
Lying Position



Version 10.01.18

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GERD



Additional Information:

- "R" or "r" – rectal

- Supp – suppository

- Enteral route (by tube) is administration by way of the stomach or intestines and is

NOT covered by the exemption

(you cannot administer enteral meds)

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Tom Bass

Jane Smith

Month 12, YYYY

Dulcolax supp 1 R q3days in the pm for constipation

Fleet enema 1 bottle R q 7 days in the am for
constipation

Tom Bass, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Debrox 2 drops both ears 2 times a day times 3 days Dr. Jones excess ear wax	Start	8am																															
	m/10/y																																
	Stop	8pm																															
	m/12/y																																
Flonase 50 micrograms 2 sprays each nostril every day Dr. Jones allergies	Start	8am																															
	m/11/y																																
	Stop																																
Proventil 90 micrograms 2 puffs inhalation every day Dr. Jones asthma	Start	8am																															
	m/11/y																																
	Stop																																
Monistat 7 cream 1 applicator full vaginally every day at bedtime times 7 days Dr. Self yeast infection	Start	8pm																															
	m/12/y																																
	Stop																																
	m/18/y																																
Dulcolax suppository 1 rectally every 3 days In the pm Dr. Bass constipation	Start	8pm																															
	m/12/y																																
	Stop																																

Fleet enema 1 bottle rectally every 7 days in the am Dr. Bass constipation	Start	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	n/12/y																															
	Stop																															
	Start																															
	Stop																															
	Start																															
	Stop																															
	Start																															
	Stop																															
	Start																															
	Stop																															

Name: Jane Smith
 DOB: 2/25/1975
 PCP: Bob Jones, MD
 Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

Practice

Bisacodyl 1 tablet po q 5 days

Order received on m/5/y by Dr. Green for constipation

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bisacodyl 1 tablet by mouth every 5 days Dr. Green constipation	Start	8am																															
	m/5/y																																
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

Practice

Vitamin D2 1.25 mg 1 tablet po q 7 days

Order received on m/3/y by Dr. Fuller as supplement

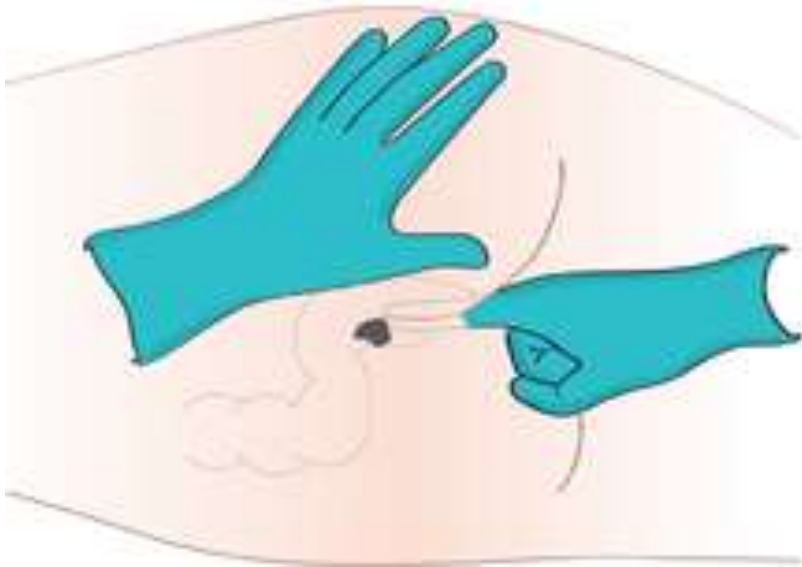
Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Vitamin D2 1.25 milligrams 1 tablet by mouth every 7 days Dr. Fuller supplement	Start	8am																															
	m/3/y																																
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

Rectal Administration



- Identify person.
- Position on left side, right leg bent.
- Lubricate suppository if necessary.
- Insert suppository into the rectum along the rectal wall well beyond the sphincter pushing gently with double gloved finger.

or

- Shake then insert Fleet type enema tip and slowly squeeze contents from container.
- Slowly withdraw finger or enema tip.

RECTAL

Medication Administration for Unlicensed Personnel

Rectal Administration



Version 10.01.18

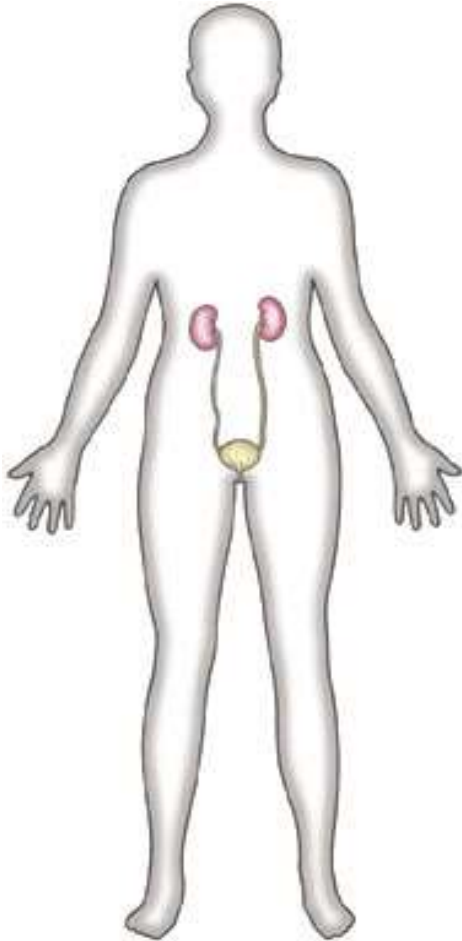
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Skill Practice and Documentation

Urinary System

Consists of kidneys, ureters,
bladder and urethra;
removes waste from the blood by
producing urine.

Urinary System



Common diagnoses/conditions

- UTI (Urinary Tract Infection)
- Cystitis (bladder infection)
- Urinary Retention (unable to urinate)
- Urinary Incontinence (cannot control)

Associated medications

- Muscle Relaxants
- Analgesics
- Antibiotics

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 14, YYYY

Amoxil 250 mg 2 caps po stat and 1 cap po tid X 10 days
for UTI

Bob Jones, MD

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Fleet enema 1 bottle rectally every 7 days in the am Dr. Bass constipation	Start	8am																																
	m/12/y																																	
	Stop																																	
Amoxil 250 milligrams 2 capsules by mouth now Dr. Jones UTI	Start	S																																
	m/14/y	T																																
	Stop	A																																
	m/14/y	T																																
Amoxil 250 milligrams 1 capsule by mouth 3 times a day times 10 days Dr. Jones UTI	Start	8am																																
	m/14/y	2pm																																
	Stop	8pm																																
	m/24/y																																	
	Start																																	
	Stop																																	
	Start																																	
	Stop																																	

Document
STAT
Amoxil
at 2pm
on the 14th

Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

MEDICATION ADMINISTRATION RECORD

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
<i>m/14/y</i>	<i>2pm</i>	<i>Amoxil 250 mg 2 capsules</i>	<i>UTI</i>	<i>2:30pm / no adverse effect</i>	<i>SC</i>

Code	Description	Code	Description	Code	Description	Initial	Signature/Title
		RA	Right Arm			<i>SC</i>	<i>Susie Cook DSS</i>
		LA	Left Arm				
		RAb	Right Abd				
		LAB	Left Abd				
		RT	Right Thigh				
		LT	Left Thigh				

Name: Jane Smith

Practice

Ceftin 250 mg 2 caps po STAT then 1 cap po bid x VII days for bronchitis
 Dr. Wills on m/10/y **Administer at 8:00 am.**

Month:	Year:		HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ceftin 250 milligrams 2 capsules by mouth now Dr. Wills bronchitis	Start	S																																
	m/10/y	T																																
	Stop	A																																
	m/10/y	T																																
Ceftin 250 milligrams 1 capsule by mouth 2 times a day times 7 days Dr. Wills bronchitis	Start	8am																																
	m/10/y	8pm																																
	Stop																																	
	m/17/y																																	

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

Practice

Ceftin 250 mg 2 caps po STAT then 1 cap po bid x VII days for bronchitis

Dr. Wills on m/10/y

Administer at 8:00 am.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Ceftin 250 milligrams 2 capsules by mouth now Dr. Wills bronchitis	Start	S																															
	m/10/y	T										CR 8am																					
	Stop	A																															
	m/10/y	T																															
Ceftin 250 milligrams 1 capsule by mouth 2 times a day times 7 days Dr. Wills bronchitis	Start	8am																															
	m/10/y	8pm																															
	Stop																																
	m/17/y																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/10/y	8:00am	Ceftin 250mg 2 caps	bronchitis	8:30am no adverse effects	CR

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
CR	Carrie Rice, DSS

Practice

Give STAT dose of Penicillin 250 mg 2 tabs po and 1 tab po qid X 10 days

Dr. Reed on m/14/y for pneumonia

Administer stat dose at 12 pm.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Penicillin 250 milligrams 2 tablets by mouth NOW Dr. Reed pneumonia	Start	S																															
	m/14/y	T																															
	Stop	A																															
	m/14/y	T																															
Penicillin 250 milligrams 1 tablet by mouth 4 times a day times 10 days Dr. Reed pneumonia	Start	8am																															
	m/14/y	12p																															
	Stop	4pm																															
	m/24/y	8pm																															

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

Practice

Give STAT dose of Penicillin 250 mg 2 tabs po and 1 tab po qid X 10 days

Dr. Reed on m/14/y for pneumonia

Administer stat dose at 12 pm.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Penicillin 250 milligrams 2 tablets by mouth NOW Dr. Reed pneumonia	Start	S																															
	m/14/y	T														CR 12p																	
	Stop	A																															
	m/14/y	T																															
Penicillin 250 milligrams 1 tablet by mouth 4 times a day times 10 days Dr. Reed pneumonia	Start	8am																															
	m/14/y	12p																															
	Stop	4pm																															
	m/24/y	8pm																															

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/14/y	12pm	Penicillin 250mg 2 tabs	pneumonia	12:30pm no adverse effects	CR

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
CR	Corbin Reave, DSS

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 14, YYYY

Tylenol 325 mg 2 tabs po q4h p r n for temp above 101

Bob Jones MD

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fleet enema 1 bottle rectally every 7 days in the am Dr. Bass constipation	Start	8am																															
	m/12/y																																
	Stop																																
Amoxil 250 milligrams 2 capsules by mouth now Dr. Jones UTI	Start	S														50																	
	m/14/y	T														2 am																	
	Stop	A																															
	m/14/y	T																															
Amoxil 250 milligrams 1 capsule by mouth 3 times a day times 10 days Dr. Jones UTI	Start	8am																															
	m/14/y	2pm																															
	Stop	8pm																															
	m/24/y																																
Tylenol 325 milligrams 2 tablets by mouth every 4 hours as needed Dr. Jones temp above 101	Start	P																															
	m/14/y	R																															
	Stop	N																															
	Start																																
	Stop																																

Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

When documenting medication administered for temperature:

REASON must be the actual temp,
not temp above 101

RESULTS must be a number,
(as displayed on the thermometer)
not temp down or no fever, etc.

			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
Fleet enema 1 bottle rectally every 7 days in the am Dr. Bass constipation	Start	8am																																					
	m/12/y																																						
	Stop																																						
Amoxil 250 milligrams 2 capsules now by mouth Dr. Jones UTI	Start	S														SC																							
	m/14/y	T														2 pm																							
	Stop	A																																					
	m/14/y	T																																					
Amoxil 250 milligrams 1 capsule by mouth 3 times a day times 10 days Dr. Jones UTI	Start	8am																																					
	m/14/y	2pm																																					
	Stop	8pm																																					
	m/24/y																																						
Tylenol 325 milligrams 2 tablets by mouth every 4 hours as needed Dr. Jones temp above 101	Start															CB																							
	m/14/y															2:15 pm																							
	Stop																																						
		N																																					
	Start																																						
	Stop																																						
			Document Tylenol at 2:15pm on the 14th for temp 102.6																																				

Document
Tylenol
at 2:15pm on the 14th
for temp 102.6

MEDICATION ADMINISTRATION RECORD

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/14/y	2pm	Amoxil 250 mg 2 capsules	UTI	2:30pm / no adverse effect	SC
m/14/y	2:15pm	Tylenol 325mg 2 tabs	temp 102.6	2:45pm / temp 99	CB

Code	Description	Code	Description	Code	Description	Initial	Signature/Title
		RA	Right Arm			SC	Susie Cook DSS
		LA	Left Arm			CB	Chelise Brown, HM
		RAb	Right Abd				
		LAB	Left Abd				
		RT	Right Thigh				
		LT	Left Thigh				

Name: Jane Smith

Practice

Motrin 200 mg 2 tabs po q6h PRN for arthritis pain

Dr. Brock ordered on m/8/y

Administer med at 3 am and 10 am on the 10th and 6am on the 12th.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Motrin 200 milligrams 2 tablets by mouth every 6 hours as needed Dr. Brock arthritis pain	Start	P R N										BS 3am		CC 6am																			
	m/8/y											BS 10a																					
	Stop																																
	Start																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/10/y	3:00am	Motrin 200 mg 2 tabs	arthritis pain	3:30am stopped crying	BS
m/10/y	10:00am	Motrin 200 mg 2 tabs	arthritis pain	10:30am "not hurting now"	BS
m/12/y	6 am	Motrin 200mg 2 tablets	arthritis pain	6:30 am "feel better"	CC

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
BS	Bill Smith, SS
CC	Candi Church, DSP

Practice

Robitussin 2 tsp po q4h prn for cough

Dr. Adams ordered on m/17/y

Administer med at 10 am on the 28th and 2:15pm on the 30th.

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Robitussin 2 teaspoons by mouth every 4 hours as needed Dr. Adams cough	Start	P R N																																
	m/17/y																																	
	Stop																																	
	Start																																	
	Stop																																	

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/28/y	10:00am	Robitussin 2 tsp	cough	10:30am stopped coughing	BS
m/30/y	2:15pm	Robitussin 2 teaspoons	cough	2:45pm less cough	BS

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
BS	Bill Smith, SS

Additional Information

The '30 minute before' rule does not apply to PRN medications

- A medication ordered q 4 hours prn given at 6 pm may not be administered again until 10 pm

**PRN medications may not be administered
30 min before time due.**

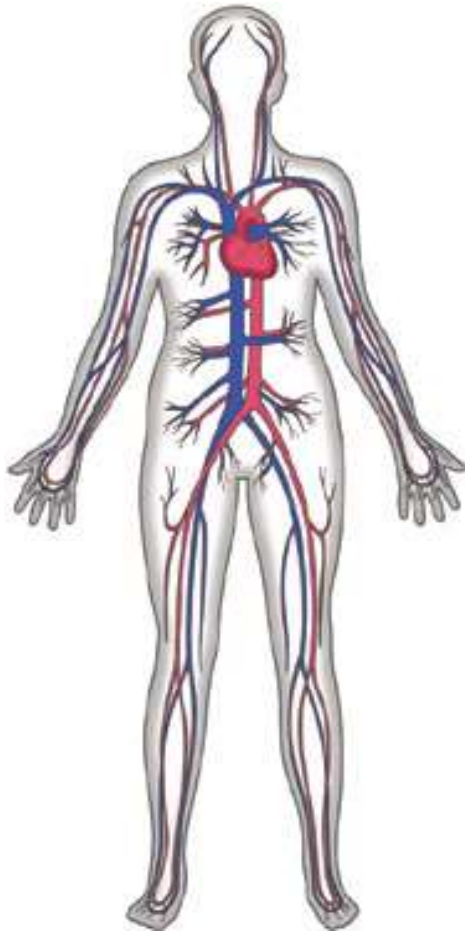
- PRN medications may only be administered for the reason ordered.
- A PRN medication ordered for an elevated temperature cannot be given for a headache.

Circulatory System

Also known as the
Cardiovascular System

Consists of the heart, blood vessels,
blood and lymph system and
carries nutrients and
oxygen to the body's cells.

Circulatory System



Common diagnoses/conditions

- Hypertension (high blood pressure)
- High Cholesterol
- Excess fluid (edema)
- Angina (chest pain)
- Blood Clots

Associated medications

- Antihypertensives (lower blood pressure)
- Diuretics (decrease fluid by increasing urination)
- Antiarrhythmics (regulates heart rate)
- Cholesterol meds (decreases cholesterol levels)
- Nitrates (treat chest pain)
- Anticoagulants (blood thinner-treats blood clots)

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Bob Jones

Jane Smith

Month 16, YYYY

Nitroglycerin patch 0.2 mg 1 topically q day for angina

Coumadin 2.5 mg PO 1 tab q day X 2 days alternate with 2 tabs PO q day X 3 days for blood clots

Bob Jones, MD

Version 10.01.18

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			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Fleet enema 1 bottle rectally every 7 days in the morning Dr. Bass constipation	Start	8am																															
	m/12/y																																
	Stop																																
Amoxil 250 milligrams 2 tablets by mouth now Dr. Lei UTI	Start	S														SC																	
	m/14/y	T														2 pm																	
	Stop	A																															
	m/14/y	T																															
Amoxil 250 milligrams 1 tablet by mouth 3 times a day times 10 days Dr. Lei UTI	Start	8am																															
	m/14/y	2pm																															
	Stop	8pm																															
	m/24/y																																
Tylenol 325 milligrams 2 tablets by mouth every 4 hours as needed Dr. Lei temp above 101	Start	P														CB																	
	m/14/y	R														2:15 pm																	
	Stop	N																															
Nitroglycerin patch 0.2 milligrams 1 topically every day Dr. Jones angina	Start	8am																															
	m/16/y	site																															
	Stop																																

Name: Jane Smith DOB: 2/25/1975 PCP: Bob Jones, MD Diagnoses: Seizures/Osteo/Constipation/Arthritis/Asthma

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Coumadin 2.5 milligrams by mouth 1 tablet every day times two days alternate with Dr. Jones blood clots	Start	8am	—																		—	—				—	—						
	m/16/y																																
	Stop																																
Coumadin 2.5 milligrams by mouth 2 tablets every day times three days Dr. Jones blood clots	Start	8am	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					—	—			—	—				—
	m/16/y																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

Practice

Lanoxin 0.25mg 1 tab po q day X 3 days alternate with 0.125 mg 1 tab po q day x 2 days for CHF

Dr. Brown on m/6/y

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Lanoxin 0.25 milligrams 1 tablet by mouth every day times 3 days alternate with Dr. Brown CHF	Start	8am																															
	m/6/y																																
	Stop																																
Lanoxin 0.125 milligrams 1 tablet by mouth every day times 2 days Dr. Brown CHF	Start	8am																															
	m/6/y																																
	Stop																																

Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

Practice

Colace 100 mg ii caps PO q day x 5 days alternate with Miralax 1 packet dissolved in 8 oz water po q day times 3 days

Dr. Jordan on m/2/y for constipation

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Colace 100 milligrams 2 capsules by mouth every day times 5 days alternate with Dr. Jordan constipation	Start	8am	—						—	—	—						—	—	—						—	—	—						—
	m/2/y																																
	Stop																																
Miralax 1 packet dissolved in 8 ounces water by mouth every day times 3 days Dr. Jordan constipation	Start	8am	—	—	—	—	—					—	—	—	—				—	—	—	—					—	—	—	—			
	m/2/y																																
	Stop																																

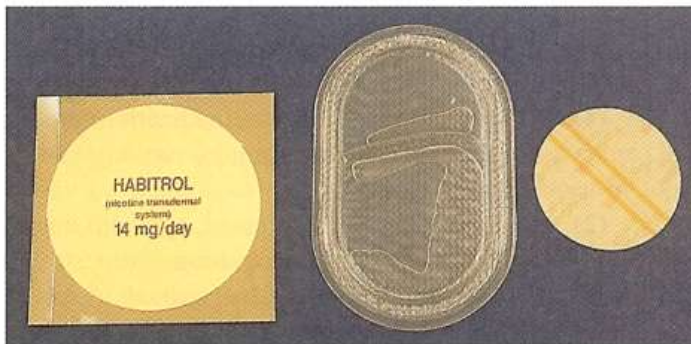
Date	Hour	Medication/Dose	Reason	Time/Result	Initial

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title

Transdermal Administration

- Route of administration in which a drug is absorbed continuously through the skin into the bloodstream.



- Identify person.
- Gloves must be worn to...
- ...Remove old patch, clean area to remove residue.
- Change to clean gloves.
- Patch must be labeled with date, time and initials.
- Place directly on the skin at the specified area.
- Patch should not be placed in the same spot each application.

TRANSDERMAL

Medication Administration for Unlicensed Personnel

Transdermal Administration

Skill Practice and Documentation

Injectable Epinephrine

Life saving measure covered under exemption for severe allergic reaction.



Medication can be in different types of auto-injectors.

Epinephrine Administration

When epinephrine injection is needed:

If coworker is available have them
Call 911.

If no one available to call 911
Administer epinephrine

Epinephrine Administration

If you are responsible for a person who has an epinephrine auto-injector you should review and be familiar with the instructions that come with the medication.

Be sure you know how to use before an emergency happens.

Keep epinephrine auto-injector with you at all times.

Epinephrine Administration

When you are ready to administer:

- Remove auto-injector from case
- Remove cap/s from auto-injector
- With tip (needle end) facing down
 - Hold auto-injector in fist of dominate hand
 - Keep fingers away from either end
- Press the auto-injector firmly against the outer thigh at 90° angle until clicks or fires
- Hold in place for at least 3 seconds
- Remove and massage area

Epinephrine Administration

During Administration:

- **Hold leg still to prevent injury**
- **Do not swing auto-injector which can result in missing the intended location or twisting the device, possibly breaking the needle.**

Following administration:

- **Call 911 if contact not already made.**
- **Make sure auto-injector is given to medical personnel.**
- **Remember to get epinephrine refill.**
- **Document administration on MAR.**

Order/Prescription

Clinic
000 S. Justen Lane
Anywhere, TN 33333
Phone 000-000-0000
Dr. Tim Ware

Jane Smith

Month 1, YYYY

Epinephrine 0.3 mg inject PRN for bee sting

Tim Ware, MD

MEDICATION ADMINISTRATION RECORD

Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Coumadin 2.5 milligrams by mouth 1 tablet every day times two days alternate with Dr. Jones blood clots	Start	8am																															
	m/16/y																																
	Stop																																
Coumadin 2.5 milligrams by mouth 2 tablets every day times three days Dr. Jones blood clots	Start	8am																															
	m/16/y																																
	Stop																																
Epinephrine 0.3 milligrams inject as needed Dr. Ware bee sting	Start	P R N																															
	m/1/y																																
	Stop																																
	Start																																
	Stop																																
	Start																																
	Stop																																

Skill Practice and Documentation

Document Epinephrine at 1 PM on the 3rd

Version 10.01.18

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Month:	Year:	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Epinephrine 0.3 milligrams inject as needed Dr. Ware bee sting	Start	P R N			KK 1pm																													
	m/1/y																																	
	Stop																																	
	Start																																	
	Stop																																	

Date	Hour	Medication/Dose	Reason	Time/Result	Initial
m/3/y	1:00pm	Epinephrine 0.3 mg	bee sting	1:30am sent to ER	KK

Code	Description	Code	Description	Code	Description
RA	Right Arm				
LA	Left Arm				

Initial	Signature/Title
KK	Kim Kite, DSP

Routine Insulin Administration

- Allowed by exemption but requires additional specialized individual specific training.
- Does not include drawing up of insulin.
- Does not include sliding scale insulin.

Administering medications is a serious responsibility.

Medication Variance

- Medication variances and omissions can occur during transcribing, preparing, administering or in the documentation of a medication. A medication variance occurs at any time that a medication is given in a way that is inconsistent with how it was ordered by the prescribing practitioner and in accordance with the “Eight Rights” (i.e., right dose, right drug, right route, right time, right position, right texture, right person and right documentation).

Medication Variance

- Medication variances and omissions are to be reported on the medication variance form and are categorized according to severity (Categories A-I).
- **POTENTIAL** - Categories A and B have the potential to cause harm but the medication did not reach the person.
- **ACTUAL** - In categories C to I, the medication actually reached the person and has the capacity to cause harm, therefore the prescribing practitioner or hospital emergency room shall be contacted.

Medication Variance

- Categories E-I require a Reportable Incident Form, with a copy of the Medication Variance Form.
- In all cases, medication administration by someone who was not certified requires investigator notification.

IMPORTANCE OF REPORTING A MEDICATION VARIANCE

- to recognize trends
- to improve safe medication administration



DIDD MEDICATION VARIANCE REPORT

NAME _____ SS# _____ AGE _____ M ☐ F ☐ AGENCY _____

DATE VARIANCE OCCURRED _____ DAY OF WEEK Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ WEEKEND/HOLIDAY Y ☐ N ☐

TIME 6a ☐ 7a ☐ 8a ☐ 9a ☐ 10a ☐ 11a ☐ 12n ☐ 1p ☐ 2p ☐ 3p ☐ 4p ☐ 5p ☐ 6p ☐ 7p ☐ 8p ☐ 9p ☐ 10p ☐ 11p ☐ 12a ☐ 1a ☐ 2a ☐ 3a ☐ 4a ☐ 5a ☐

LOCATION Home ☐ Day Program ☐ Community ☐ Work ☐ Other ☐ _____

STAFF CLASSIFICATION

Nurse ☐ Pharm ☐ Physician ☐ DSS ☐ Other ☐

STAFF STATUS

Regular ☐ Agency/Contract ☐ Float/PRN ☐ *Not Certified/Unlicensed ☐

DRUG/DOSE Ordered _____

DRUG/DOSE Administered _____

HIGH ALERT MEDICATION Y ☐ N ☐

ALLERGIC Y ☐ N ☐

WRONG

Person ☐ Med/Drug ☐ Time ☐ Position ☐ Texture/Formulation ☐ Documentation ☐ Dose ☐ extra ☐ omitted ☐ Route ☐ PO ☐ SC ☐ IV ☐ IM ☐ Topical ☐ Vaginal ☐ Tube ☐ Trach ☐ Other ☐

DATE VARIANCE DISCOVERED _____ **FACTORS** Product ☐ Med Use System ☐ Communication ☐ Other ☐

DESCRIPTION Prescribing ☐ Dispensing ☐ Transcribing ☐ Administering ☐ Procurement/Storage ☐ Monitoring ☐

COMMENTS _____

CATEGORY

Potential

A ☐ Could result in a variance

B ☐ Identified prior to actual administration

Actual

* E ☐ Intervention (practitioner/ER)

* F ☐ Hospitalization

* G ☐ Permanent harm

* H ☐ Near death event

* I ☐ Death

Actual

* C ☐ No harm or unlikely to cause harm

* D ☐ Additional monitoring

PRACTITIONER NOTIFIED Y ☐ N ☐

* Required for C-I

REPORTABLE INCIDENT FORM COMPLETED Y ☐ N ☐

* Required for E-I

* Required for Not Certified/Unlicensed

INVESTIGATOR NOTIFIED Y ☐ N ☐

* Required for Not Certified/Unlicensed

Signature/Title _____ Date _____

OUTCOME _____

Signature/Title _____ Date _____

DIDD-0484

REVISED 1-15

Version 10.01.18

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and Developmental Disabilities

REVISED 1-15

Medication Variance

Name - The typed or printed name of the individual.

SS# - Social Security Number of the individual.

Age - The current age of the individual.

M/F - The sex of the individual.

Agency - The name of the agency supporting the individual.

Date Variance Occurred - The actual date/s the variance happened.

Day of Week - The day/s of the week the variance happened.

Weekend/Holiday - If variance occurred on a weekend day or holiday.

Time - The hour the variance happened within.

Location - Where the variance happened.

Staff Classification

Nurse - LPN/RN

Pharmacist - Pharmacist dispensing the medication.

Physician - Practitioner prescribing the medication.

DSS - Staff hired to care for the individual.

Other - Title of person involved.

Staff Status

Regular - Staff assigned to assist the individual on a routine or regular basis.

Agency/Contract - Staff who are hired or contracted from an agency other than the provider agency.

Float/PRN - Staff that normally work for the facility or agency, but do not routinely assist the individual.

Medication Variance

***Not certified/unlicensed** - Person involved not currently certified to administer medications within the DIDD system. (Not certified or expired, natural support or volunteer).

Drug/Dose Ordered - The name and dosage of the drug ordered.

Drug/Dose Administered - The name and dosage of the drug given.

High Alert Medication - Drug that bears high risk of harm to individual; e.g., Coumadin, insulin, etc.

Allergic - Individual has allergy to drug ordered or administered.

Wrong

Person - The individual received medication not ordered for them.

Med/Drug - Wrong drug given.

Time - Not given or not given within the time frame.

Position - Was not placed in the ordered position to receive medication.

Texture/Formulation - Wrong consistency was used for administration (tab vs. liquid)

Documentation - Not completed as required.

Dose

Extra - More than ordered amount was given.

Omitted - Drug not given or MAR did not indicate reason or was not signed.

Route

PO - To be given by mouth.

SC - To be given subcutaneously.

IM - To be given into the muscle.

IV - To be given into the vein.

Topical - To be placed on surface of the skin or mucous membrane.

Tube - To be given by way of an enteral tube.

Medication Variance

Route (cont.)

Tracheal - To be given by way of a tracheotomy.

Other - Route ordered by practitioner if not listed above.

Date Variance Discovered - When the variance was identified/found; today's date.

Factors

Product - Unclear label, 'sound-alike' drug names, 'look-alike' packaging, etc.

Medication Use System - Side-by-side storage of look-alike drugs, competing distractions, failure to identify individual, etc.

Communication - Lack of clear, accurate and timely written/oral communications related to medication administration.

Other - List and explain.

Description

Prescribing - Practitioner order not clear or person listed as allergic to ordered drug.

Dispensing - Pharmacist filled prescription not as ordered by practitioner or when listed as allergic to ordered drug.

Transcribing - Staff did not transfer practitioner order to MAR correctly.

Administering - Staff did not give medication as ordered by practitioner.

Procurement/Storage - Drug/medication not kept in accordance with safe medication practice.

Monitoring - Failure to ensure prescribed medications are available and transcribed as ordered.

Comments - List and explain.

Medication Variance

Category

Potential

- A Could result in a variance. Situation caught prior to being transcribed to MAR.
- B Identified prior to actual administration. Situation caught while preparing to administer medication.

Actual

- *C No harm or unlikely to cause harm. Variance occurred; person received drug, practitioner notified and states 'no harm'.
- *D Additional Monitoring. Variance occurred; practitioner notified and ordered additional monitoring.
- *E Intervention. Seen by practitioner; office, ER, etc.
- *F Hospitalization. Admitted to hospital and recovered completely.
- *G Permanent harm. Admitted to hospital, recovered but has lasting effects.
- *H Near death event. Required intervention necessary to sustain life.
- *I Death. Variance resulted in or contributed to death.

Practitioner Notified - Required for any actual variance; category C-I.

Reportable Incident Form Completed - Required for any variance falling in category E-I. Completion of a reportable incident form and investigator notification is required anytime a variance involved someone who was not certified.

Investigator Notified - Required for staff not certified.

Signature/Title-Date - Completed by person filling out the form.

Outcome-Signature/Title-Date - Completed by person responsible for reviewing, tracking and trending of medication variances for the agency.

Medication Variance

- Jane received an order on the 14th for Amoxil 250 mg po 2 tablets STAT and then Amoxil 250 mg 1 tablet tid times 7 days.
- Staff who works with her at the day program administered Amoxil 250 mg 1 tablet as the STAT dose at 2 pm.



DIDD MEDICATION VARIANCE REPORT

NAME Jane Smith **SS#** 000-00-0000 **AGE** 00 **M** ☐ **F** ☒ **AGENCY** Community Services

DATE VARIANCE OCCURRED MM/14/YYYY **DAY OF WEEK** Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ **WEEKEND/HOLIDAY** Y ☐ N ☐

TIME 6a ☐ 7a ☐ 8a ☐ 9a ☐ 10a ☐ 11a ☐ 12n ☐ 1p ☐ 2p ☒ 3p ☐ 4p ☐ 5p ☐ 6p ☐ 7p ☐ 8p ☐ 9p ☐ 10p ☐ 11p ☐ 12a ☐ 1a ☐ 2a ☐ 3a ☐ 4a ☐ 5a ☐

LOCATION Home ☐ Day Program ☒ Community ☐ Work ☐ Other ☐ _____

STAFF CLASSIFICATION Nurse ☐ Pharm ☐ Physician ☐ DSS ☒ Other ☐ **STAFF STATUS** Regular ☒ Agency/Contract ☐ Float/PRN ☐ *Not Certified/Unlicensed ☐

DRUG/DOSE Ordered Amoxil 250 mg 2 tabs **DRUG/DOSE** Administered Amoxil 250 mg 1 tab **HIGH ALERT MEDICATION** Y ☐ N ☐

WRONG Person ☐ Med/Drug ☐ Time ☐ Position ☐ Texture/Formulation ☐ Documentation ☐ Dose ☒ extra omitted ☐ Route ☐ PO ☐ SC ☐ IM ☐ IV ☐ Topical ☐ Rectal ☐ Vaginal ☐ Tube ☐ Trach ☐ Other ☐

DATE VARIANCE DISCOVERED MM/today/YYYY **FACTORS** Product ☐ Med Use System ☐ Communication ☐ Other ☐ _____

DESCRIPTION Prescribing ☐ Dispensing ☐ Transcribing ☐ Administering ☒ Procurement/Storage ☐ Monitoring ☐

COMMENTS _____

CATEGORY

Potential

- A ☐ Could result in a variance
- B ☐ Identified prior to actual administration

Actual

- C ☒ No harm or unlikely to cause harm
- D ☐ Additional monitoring

Actual

- * E ☐ Intervention (practitioner/ER)
- * F ☐ Hospitalization
- * G ☐ Permanent harm
- * H ☐ Near death event
- * I ☐ Death

PRACTITIONER NOTIFIED Y ☒ N ☐
* Required for C-I

REPORTABLE INCIDENT FORM COMPLETED Y ☐ N ☐
* Required for E-I
* Required for Not Certified/Unlicensed

INVESTIGATOR NOTIFIED Y ☐ N ☐
* Required for Not Certified/Unlicensed

Signature/Title _____ Date _____

OUTCOME _____

Signature/Title _____ Date _____

DIDD-0484

REVISED 1-15

Written Test

The written test will consist of multiple choice questions and transcription of practitioner orders to MAR

Skills Test

The skills test requires you to demonstrate administration of medications at the time listed on the top of the MAR.

Skills Test

Trainer will observe your skills:

- Enter testing area as you would enter med area at persons home
- Check MAR for medication due at time listed on test
- Prepare medication
- Administer
- Document

ADMINISTER Hour Medications AND EpiPen at Hour TODAY

MEDICATION ADMINISTRATION RECORD	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Calcium 1000 milligrams 1 tablet by mouth every day at 8 am	Start 8a x/1/xx Stop																															
Dr. Jones osteoporosis																																
Cortizone 10 cream apply thin layer to rash on left wrist every day at 12 pm	Start 12p x/1/xx Stop																															
Dr. Jones rash																																
Debrox 1 drop both ears every day at 9 pm	Start 9p x/1/xx Stop																															
Dr. Jones excess ear wax																																
Valproic Acid 250 milligrams/5 milliliters 10 milliliters by mouth every day at 8 pm	Start 8p x/1/xx Stop																															
Dr. Plum seizures																																
Nitroglycerin patch 0.2 milligrams Apply 1 patch every day at 4 pm	Start 4p x/1/xx Stop																															
Dr. Jones angina																																
Proventil Inhaler 90 micrograms 1 puff inhalation every day at 12 pm	Start 12p x/1/xx Stop																															
Dr. Jones asthma																																
Artificial Tears 2 drops both eyes every day at 8 am	Start 8a x/1/xx Stop																															
Dr. Jones dry eyes																																
Flonase 50 micrograms 2 sprays each nostril every day at 4 pm	Start 4p x/1/xx Stop																															
Dr. Lee nasal congestion																																
Fleet enema 1 bottle rectally every day at 8 pm	Start 8p x/1/xx Stop																															
Dr. Jones constipation																																
Monistat 7 Cream Insert 1 applicator full vaginally at 9 pm	Start 9p x/1/xx Stop																															
Dr. Jones yeast infection																																
Epinephrine 0.3 milligrams Inject immediately for bee sting	Start P x/1/xx R Stop N																															
Dr. Jones bee sting																																

Name: Sally Minor

DOB: 3/10/1975

PCP: Fred Jones, MD

Diagnoses: Seizures/Constipation/Asthma

PRN, STAT AND MEDICATIONS NOT ADMINISTERED

[illegible]

Code	Description	Code	Description	Code	Description	Initial	Signature/Title
RA	Rt Arm	LB	Lt Back				
LA	Lt Arm						
RAb	Rt Abd						
LAAb	Lt Abd						
RT	Rt Thigh						
LT	Lt Thigh						
RB	Rt Back						

Name: Sally Minor

ACKNOWLEDGEMENTS

in the development of the

Medication Administration For Unlicensed Personnel Training Curriculum

Dr. Thomas Cheetham

Deputy Commissioner of Health Services

Danny Ricker

East Tennessee Director of Nursing

Joyce Couch

Nurse Educator

Leah McWain

Nurse Educator

Jamie Stanley

Nurse Educator

Rules

Rules

RULES OF THE TENNESSEE DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

CHAPTER 0465-01-03 ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

TABLE OF CONTENTS

0465-01-03-01	Purpose	0465-01-03-36	Limitations of Functions of Unlicensed Personnel
0465-01-03-02	Definitions	0465-01-03-37	Provider Agency Requirements
0465-01-03-03	Medication Administration Training Programs	0465-01-03-38	Termination of Authority to Administer Medication
0465-01-03-04	Approval of Unlicensed Personnel	0465-01-03-39	Monitoring of Unlicensed Personnel
0465-01-03-05	Certification of Unlicensed Personnel		

0465-01-03-01 PURPOSE.

- (1) The purpose of these rules is to amend the former rules pertaining to Administration of Medication by Unlicensed Personnel and establish new rules in light of the Department of Intellectual and Developmental Disabilities' current organization, structure and resources.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-1-904
Administrative History: Original rule filed August 26, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

0465-01-03-02 DEFINITIONS.

- (1) "Administration of Medications" shall mean providing for the ingestion, application, injection of medications allowed by these rules, inhalation or rectal or vaginal insertion of medication, including over the counter and prescription drugs, according to the written or printed directions of the prescribing practitioner, and making a written record thereof with regard to each medication administered, including the time and amount taken. Administration does not include judgment, evaluation or assessment.
- (2) "Certification" shall mean the period of time an unlicensed staff is authorized to administer medications in accordance with these rules.
- (3) "Certified Personnel" authorized to administer medications shall mean an employee who:
 - (a) Is at least 18 years of age;
 - (b) Has met all requirements to be an employee of a provider agency;
 - (c) Is able to effectively read, write and communicate verbally in English as well as read and understand instructions, perform record-keeping duties and write reports;
 - (d) Has successfully completed the DIDD medication administration training program; and
 - (e) Holds current certification to administer medications according to the provision of these rules.
- (4) "Competency Testing" shall mean a written examination and a practical demonstration of skills that measure basic proficiency in medication administration.

November, 2015

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ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

CHAPTER 0465-01-03

(Rule 0465-01-03-02, continued)

- (5) "Curriculum" shall mean the current course training program "Medication Administration for Unlicensed Personnel".
- (6) "Department" shall mean the Tennessee Department of Intellectual and Developmental Disabilities, also referred to as DIDD.
- (7) "Drugs or Medications" shall mean substances intended for use in diagnosis, care, mitigations, treatment or prevention.
- (8) "Employee" shall mean an individual who is unlicensed and is employed or receives payment through a provider agency contracting with the Department.
- (9) "Medication Variance" shall mean any time a medication is given in a way that is inconsistent with how it was ordered by the prescribing practitioner and in accordance with the "Eight Rights" (i.e. right dose, right drug, right route, right time, right position, right texture, right person and right documentation).
- (10) "Injectable Medications" shall mean medications given by intradermal, subcutaneous, intramuscular or intravenous routes. Injectable medications that may be given by certified unlicensed personnel are limited to routine insulin injections that are pre-drawn/prepared by the pharmacy and ordered on a regular basis (with additional training) or injectable epinephrine (i.e. EpiPen).
- (11) "Monitoring" shall mean periodic review, observation, direction, and evaluation of a certified unlicensed staff's knowledge, skills and performance related to the functions and activities provided for in these rules.
- (12) "Participant Record" shall mean the official record from the Department containing all information relative to class participation. Participant record is the only acceptable documentation for proof of certification to administer medications under the exemption.
- (13) "RN Trainer" shall mean a registered nurse holding an unencumbered license in the State of Tennessee and who is trained by the Department to provide medication administration training in accordance with the curriculum and these rules.
- (14) "Person (receiving services)" shall mean any person with intellectual and/or developmental disabilities who is enrolled in a DIDD home and community based waiver program and any person served by an agency that is both licensed under Title 33 and under contract with DIDD to provide residential or day services for people with intellectual and/or developmental disabilities, including persons served in the CHOICES program.
- (15) "Provider Agency" shall mean private non-profit or for-profit entity under agreement/contract with the Department to provide services to individuals with intellectual and/or developmental disabilities.
- (16) "Termination" shall mean the permanent revocation of certification and authority for:
 - (a) Unlicensed staff to administer medication or
 - (b) RN trainer to train the curriculum.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-1-904
Administrative History: Original rule filed August 26, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

November, 2015

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Rules

Rules

ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

CHAPTER 0465-01-03

0465-01-03-03 MEDICATION ADMINISTRATION TRAINING PROGRAMS:

- (1) Medication Administration Curriculum developed and administered by the Department.

The course curriculum should cover, at a minimum, the following:

 - (a) Legal and ethical aspects of medication administration;
 - (b) State and federal regulations regarding medications;
 - (c) Terminology, abbreviations and measurements;
 - (d) Administration of medications;
 - (e) Types of medications, indications, actions, side effects and appropriate emergency response;
 - (f) Documentation; and
 - (g) Storage of medications.
- (2) Certified RN Trainers
 - (a) The instruction of medication administration shall be performed by a Registered Nurse licensed and registered in the State of Tennessee who has:
 - (1) A minimum of two (2) years RN experience;
 - (2) A minimum one of (1) year experience in the provision of services to people within the DIDD system; and
 - (3) Experience as a direct supervisor responsible for oversight and management of staff.
 - (b) RN Trainer shall maintain security of all testing materials.
 - (c) Training for RN trainer shall be provided in accordance with Departmental rules and standards.
 - (d) The Department shall maintain a current database of certified RN trainers who are eligible to provide the instruction of medication administration under the exemption.
 - (e) The RN Trainer's authority to provide training in Medication Administration for Unlicensed Personnel may be terminated by the Department for failure to conform and perform to the standards set forth in these rules and the curriculum. Notice shall be provided to the RN Trainer by certified mail and he/she shall have the right to request an appeal hearing of decision to terminate his/her authority to provide training, pursuant to the Tennessee Uniform Administrative Procedures Act.
- (3) The Department shall keep abreast of current standards and practices in the field and update the program accordingly.
- (4) Competency Based Medication Administration Program.

November, 2015

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ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

CHAPTER 0465-01-03

(Rule 0465-01-03-03, continued)

- (a) The Department shall ensure that training sessions are held in accordance with these rules;
- (b) Provider agencies shall develop and maintain a system for ensuring that any certified personnel administering medications have current certification in Medication Administration for Unlicensed Personnel.
- (c) The Department shall maintain course material for one (1) year and participant records for five (5) years; and
- (d) The Department shall provide the agency with a participant record for each participant registered for class.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 4-5-301, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-1-90. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

0465-01-03-04 APPROVAL OF UNLICENSED PERSONNEL

- (1) Any contracted DIDD provider agency employing staff who are not otherwise authorized by law to administer medications shall be allowed to perform such duties only after passing competency testing. Certified personnel who administer medications within the provision of this paragraph shall be exempt from the licensing requirements of the Nurse Practice Act and the Rules of the Board of Nursing.
- (2) Before administering medications, an employee shall successfully complete a medication administration program consisting of not less than twenty (20) hours of classroom instruction as set forth in these rules.
- (3) To successfully complete a medication administration training program, an employee shall achieve a score of at least 80 percent (%) for the course based on a written, objective test on the components set forth in these regulations. Demonstrated proficiency in the practicum of medication administration shall also be required with a score of at least 80 percent (%).
- (4) Certification shall be renewed every three (3) years by:
 - (a) Successfully completing the Medication Administration for Unlicensed Personnel program or
 - (b) Test-out, by completion of online review followed by successfully passing the written and practical tests administered by a certified RN Trainer.
- (5) DIDD shall allow employees who failed under the previous system to start fresh under the new system. DIDD shall remove any limit on the number of times an employee may take the exam with no waiting period between attempts. After the second failure of the employee to pass the examination, the cost of further testing shall be shifted to the provider.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-1-904. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

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Rules

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ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

CHAPTER 0465-01-03

0465-01-03-.05 CERTIFICATION OF UNLICENSED PERSONNEL

- (1) The provider agency shall obtain proof of certification (participant record) for new employees from the Department before they are allowed to administer medications.
- (2) The Department shall verify an employee's current status and date of last successful completion of the medication administration training program.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-4-904. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

0465-01-03-.06 LIMITATIONS OF FUNCTIONS OF UNLICENSED PERSONNEL

- (1) The following may be performed by certified personnel under the scope of these regulations and in accordance with the training curriculum:
 - (a) Medication administration via the following routes: oral, rectal, vaginal, eye, ear, nasal and topical; and
 - (b) Administration of medications by subcutaneous route for routine insulin (with additional training) and injectable epinephrine (i.e. EpiPen).
- (2) This regulation does not preclude the performance of procedures by certified personnel pursuant to individual delegation by licensed personnel in accordance with the Nurse Practice Act and the Rules of the Board of Nursing.
- (3) Administration of medications included in this exemption cannot be delegated.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-4-904. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

0465-01-03-.07 PROVIDER AGENCY REQUIREMENTS

- (1) A provider agency employing certified personnel shall have a written policy demonstrating compliance with these rules. This policy shall be accepted by the Department and shall include, at a minimum, the following elements:
 - (a) Medication prohibitions;
 - (b) Security;
 - (c) Program requirements;
 - (d) Medication storage and labeling;
 - (e) Editing of medication records;
 - (f) Medication refusal;
 - (g) Medication Administration Record (MAR);
 - (h) Controlled substances;
 - (i) Medication variances;

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ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

CHAPTER 0465-01-03

(Rule 0465-01-03-.07, continued)

- (j) Medication disposal;
 - (k) Family visit; and
 - (l) Self-Administration.
- (2) A provider agency shall have a separate Medication Administration Record (MAR) of ordered medications for each person. The MAR must include at least the following:
 - (a) Name of person receiving the medication;
 - (b) Name of medication, indication, dosage and route of administration;
 - (c) Time and date of administration;
 - (d) Name of prescribing practitioner;
 - (e) Start date and stop date, if applicable; and
 - (f) Any specific directions.
- (3) A provider agency shall maintain a side effects sheet and practitioner orders with the MAR for each medication ordered. Such records shall be subject to review by the Department.
- (4) Storage, security and disposal of medications shall be maintained in accordance with State and Federal laws and DIDD regulations.
- (5) The agency shall have certified personnel available to administer medications as ordered and at a place and time convenient for the person.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-4-904. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

0465-01-03-.08 TERMINATION OF AUTHORITY TO ADMINISTER MEDICATION

- (1) The provider agency shall submit a recommendation to the Department for termination of authority to administer medications in the event a certified personnel is determined to be unable to safely administer medications due to:
 - (a) The use of drugs, alcohol or controlled substances which could impair judgment; or
 - (b) Performance of unsafe or unacceptable care of people receiving medications; or
 - (c) Failure to conform to the essential and prevailing standards of medication administration.

The Department shall review the recommendation and provide a decision to the provider agency. Termination of certification notice shall be provided to the certified personnel by certified mail and the he/she shall have the right to request an appeal hearing on his/her termination of authority to administer medications, pursuant to the Tennessee Uniform Administrative Procedures Act.

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ADMINISTRATION OF MEDICATION BY UNLICENSED PERSONNEL

CHAPTER 0465-01-03

(Rule 0465-01-03-.08, continued)

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 4-5-301, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-1-904. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

0465-01-03-.09 MONITORING OF UNLICENSED PERSONNEL.

- (1) The Department shall monitor the administration of medications by certified personnel. Monitoring shall be completed by Registered Nurses employed by the Department.
- (2) The provider agency shall monitor, at a minimum, the first medication pass of the certified personnel upon successful completion of his/her original certification, provide ongoing monitoring in accordance with agency policy and maintain documentation of such.

Authority: Tenn. Code Ann. (T.C.A.) §§ 4-5-202, 33-1-302, 33-1-303, 33-1-305, 33-1-309 and 68-1-904. **Administrative History:** Original rule filed August 28, 2015; effective November 26, 2015. Rule renumbered from 1200-20-12.

Standards

Standards

DEPARTMENT OF INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

MEDICATION ADMINISTRATION FOR UNLICENSED PERSONNEL

STANDARDS:

- **Notification of Classes and Test-Outs/Calendar**
 - o All Nurse Trainers should provide written notification of the dates of their classes or Test/Test Outs to the appropriate DIDD Regional Nurse Educator no later than the end of the month 2 months prior to class/test-out date in order to have guaranteed placement on the calendar; e.g., March class schedule is due by the end of January. This notification shall include dates, times, and location of class or test-out along with contact information for registration.
 - o The Regional Nurse Educator may grant exceptions.
 - o Nurse Trainers will contact Regional Nurse Educator, in writing, if schedule needs to be changed or cancelled.
 - o All Nurse Trainers must possess an approved Authorization to Vendor form (ATV) from the appropriate Regional Nurse Educator prior to the start of each class or test-out.
 - o Test-outs cannot be combined with the testing for a 20-hour class. Each class or test-out must have a separate ATV and calendar entry. A trainer's classes or test-outs cannot overlap in any way.
- **Registration of Participants for Class/Test-Outs**
 - o All participants must be registered and approved by having their eligibility verified by the appropriate DIDD Regional Nurse Educator or designee.
 - Registration form(s) must be submitted to the appropriate DIDD Regional Nurse Educator at least 5 calendar days prior to scheduled class or test-out and include date of employment and program designation (CLS, DIDD or both), participant name, participant social security number, and employing agency name(s).
 - Certification may be renewed by class or test-out up to 6 months before expiration, or up to 30 days after expiration. For renewal more than 30 days after expiration date, participants must attend a 20-hour class for instruction and testing. After expiration has occurred, staff may not pass medications until he/she is recertified.
 - Registration approval will be provided by the appropriate DIDD Regional Nurse Educator or designee.
 - Nurse Trainers are to return registration form to the appropriate DIDD Regional Nurse Educator with class materials and note all no shows, incompletes, and any cancellations including date of cancellation.
 - Request for accommodations must be submitted at time of registration.
 - o Persons not employed by a DIDD provider are not eligible to be registered. This includes natural supports and volunteers.
- **Class Materials**
 - o Nurse Trainers must adhere and follow the current DIDD Power Point presentation for training Medication Administration for Unlicensed Personnel.
 - o Agencies shall provide participants with the Medication Administration hand-outs from the DIDD website (https://www.tn.gov/content/dam/tn/didd/documents/divisions/health-services/medication-administration/Medication_Administration_Handout.pdf) at least one week prior to scheduled class.

services/medication-administration/Medication_Administration_Handout.pdf] at least one week prior to scheduled class.

- o Each student is expected to bring their own class materials to the class.
 - o Students shall bring a writing utensil.
 - o Students shall bring Picture ID.
- **Length of Class**
 - o Classes must consist of not less than 20 hours of instruction. All breaks, including meal times must be in addition to the required instruction hours. Labor Laws require a maximum of a 30-minute lunch break if class is more than 6 hours.
 - o Each Nurse Trainer may use his/her own judgment to determine how to best utilize time during the training based on student needs.
 - **Test-Out**
 - o Test-outs can only be conducted by DIDD certified Medication Administration for Unlicensed Personnel Nurse Trainers.
 - o Students shall bring a writing utensil.
 - o Students shall bring Picture ID.
 - **Certification**
 - o Agencies must have Participant Record on file as proof of certification before the participant may administer medications. Participant Records must be obtained from DIDD Regional Nurse Educator or designee and cannot be obtained from participant or another agency.
 - **Testing includes two components: Written and Skills**
 - o **Written**
 - Participants should be separated as much as possible for testing and should clear tables; no cell phones, notes, caps, hoodies, or other items that may be a distraction to other participants, as determined by the Nurse Trainer.
 - Written test time is limited to 1.5 hours.
 - Nurse Trainers are to closely monitor the testing environment.
 - Clarification of a question is acceptable during testing.
 - The test shall NOT be returned to the participant after being handed in.
 - Tests are not to be graded while participants are testing.
 - Test grading is to be done in accordance with the approved DIDD test keys and in red ink.
 - o **Skills**
 - Skills testing shall be performed 1:1, participant to trainer.
 - Skills testing shall simulate the home environment.
 - Skills testing procedure shall be performed by setting up medications in one location, taking medications and MAR to the person (pt/ol), and proper documentation. Upon completion, the test will be handed to the Nurse Trainer.
 - Skills testing shall be performed by observation only with no visual or verbal prompts from the Nurse Trainer. However encouragement is acceptable as an effort to reduce test anxiety for the student.
 - **Failures and Incompletes**
 - o Nurse Trainers must provide the DIDD Regional Nurse Educator or designee a list of all fails at the same time they notify the agency (2 business days after test date).

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Standards

Standards

- If a participant does not attend the entire class, it will be considered an incomplete. A student may make up the incomplete portion of the class with the same Nurse Trainer during a regularly scheduled calendar class within 45 days of the incomplete class.
- Once the participant receives the test, if they choose not to complete it, then it is counted as a fail.
- Any participant caught cheating will be dismissed from class and considered as a fail. The Nurse Trainer shall inform the agency if a participant failure is a result of cheating.

Submission of Class Materials to DIDD

- Nurse Trainers will submit a completed packet in accordance with the DIDD Packet Order Check Sheet, postmarked no later than 4 business days from test date to the appropriate DIDD Nurse Educator. Failure to comply may result in non-payment for the class and may result in denial of future ATVs.
- All information must be submitted on current forms, which must be filled out completely and accurately. All incorrect or incomplete forms will be returned to the Nurse Trainer for correction and will delay processing of payment.
- All registered participants will have a Participant Reised submitted with packet, i.e., No Shows and incompletes must be included with notification to agency.

Additional Trainer Responsibilities and Information

- Prospective Nurse Trainers shall complete DIDD Train-the-Trainer class taught by the Regional Nurse Educators. After attending the training, prospective Nurse Trainers shall be required to observe a class taught by a DIDD Regional Nurse at a DIDD Regional Office. The prospective Nurse Trainer must also teach a minimum of one class monitored by a DIDD Regional Nurse at a DIDD Regional Office. DIDD shall certify Nurse Trainers upon successful completion of this process, which may include additional supervised training.
- Certified Nurse Trainers must teach a minimum of one paid class following above certification process prior to providing test outs.
- It is the Nurse Trainer's responsibility to provide the appropriate DIDD Nurse Educator with updated personal information.
- To maintain active trainer status, Nurse Trainers must attend annually a scheduled mandatory meeting with the appropriate Regional Nurse Educator and must train a minimum of one class per 6-month period. Failure to train within a 6-month period will require the Nurse Trainer to observe a Medication Administration of Delirious/Personnel Class taught by a DIDD Regional Nurse in order to maintain Nurse Trainer certification.
- DIDD may with advance notice require additional Nurse Trainer informational meetings.
- Class or test-out size is limited to 20 participants per Nurse Trainer, i.e., if the class and/or test-out has more than 20 persons, then a second active Nurse Trainer must be present at all times and two ATVs—one in each Nurse Trainer's name shall be required. For classes or test-outs of 20 or less, the Nurse Trainer listed on the Authorization to Vendor (ATV) is responsible for teaching and/or testing the entire class.
- Prior to starting class or test-out, the participant's identity must be verified with a picture ID. Nurse Trainers will initial the Participant Record as confirmation. If not confirmed as eligible, participant must be dismissed and details of dismissal must be included on the Participant Record.
- Each student must receive a total of 20 hours of classroom instruction. Participants should be encouraged to arrive 15 minutes prior to scheduled class start time. Students who arrive late for class may or may not be admitted based on the Nurse Trainer's discretion.

- If a participant shows up after testing has begun for test-out, they must be dismissed and counted as a no show.
- Classroom rules and proper etiquette must be established and enforced in fairness to all participants, including participant cell phones being turned off. It is the Nurse Trainer's responsibility, following issuance of a warning, to dismiss any participant that is disruptive, disrespectful, or is otherwise interfering with the class.
- Nurse Trainer's cell phones shall be turned off during classroom instruction and testing.
- The Nurse Trainer shall maintain the integrity and security of the written and skills tests.
- A Statement of Understanding covering the DIDD Standards and test security shall be signed by trainers and kept on file by the appropriate DIDD Nurse Educator.
- Test materials will be mailed to Nurse Trainer's home address or can be delivered by hand.
- DIDD shall pay the Nurse Trainer/agency for all class participants who are tested.
- DIDD shall bill agency noted on registration for participants who have more than 3 consecutive fails prior to class.

Definitions and Additional Information

- Participant Cancellations: Notification to the Nurse Trainer shall be made at a minimum of 2 business days prior to first day of class. A cancelled participant is not considered registered and not counted in class totals.
- No Show: Any registered participant who does not attend class or arrives too late to participate on the first day of class.
- Incomplete: Participant attends part of a class but is never allowed to see any part of the written or skill tests.
- Fail: Participant is handed or sees a test and either does not complete the written or skills test or does not score an 80% or above on both.
- Unlicensed personnel cannot administer medications without a current verified certification.
- Unlicensed personnel cannot administer medications if they fail a class or test-out until they complete and pass another class or test-out. Certified staff who fail testing prior to their expiration date are no longer certified and may not administer medications.
- Agencies can request DIDD terminate a current certification with cause, per the rule (0485-01-03) (0611).
- Records will be maintained by DIDD for verification of training and certification.
- DIDD Regional Nurse Educators are responsible for monitoring of classes, test-outs and class materials.

Failure to comply with these standards is considered grounds for revocation of the authority to provide training in Medication Administration for Delirious/Personnel.

Approved:  For Commissioner's Office
 Date: 1-31-18
 Commissioner of the Department of Intellectual and Developmental Disabilities

Rev. January 2018

Security Agreement

Security Agreement



STATE OF TENNESSEE
DEPARTMENT INTELLECTUAL AND DEVELOPMENTAL DISABILITIES
EAST REGIONAL OFFICE
P.O. BOX 130
AFTON, TENNESSEE 37616-0130
H23D8T-6737
FAX H23J798-6289

SECURITY AGREEMENT

Please sign this security agreement before you receive test items or exams designed for medication administration by unlicensed personnel.

I, _____, hereby agree that I will not share or discuss the information in any way with anyone who has not also signed a security form for this purpose.

This means that I will not discuss the questions or answers, will not copy the materials for anyone else, will not give the materials to anyone else and will not leave the materials where anyone else can view or have access to them at any time.

I will allow no one other than myself to see the materials that are given to me including test questions, answers, answer keys and the test administration forms. I will maintain the confidentiality of this information. I will discourage the sharing of this information with anyone who has not signed a security agreement.

I certify that I am the person whose name appears on this security agreement and I will protect the security of the test materials.

Signature/Title _____ Date _____

ATV / Attestation

ATV / Attestation

 AUTHORIZATION TO VENDOR			
AUTHORIZATION PERIOD			
Begin:		End:	
STATE INFORMATION			
State Agency: Department of Intellectual and Developmental Disabilities		Program: Medication Administration for Unlicensed Personnel	
State Contact:		Agency Tracking #	
Delegation #	Edison Record #	Edison PO #	
CPDA #	Account Code:	Speed Code:	
VENDOR INFORMATION			
Vendor:		Region:	
Address:			
Phone:		Invoice #	
FEDTSM:		Edison Vendor #	
Ownership/Control: (required information)			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> Female	<input type="checkbox"/> Person with Disability	<input type="checkbox"/> Small Business	<input type="checkbox"/> Government
<input type="checkbox"/> Other:	<input type="checkbox"/> NOT Minority/Disadvantaged		
AUTHORIZATION DETAIL			
Service Authorized	Units Authorized	Unit Cost	Payment Amount
Type/Date(s) DDD Only =	\$ 20		\$
Type/Date(s) CLS Only =			\$
TOTAL AMOUNT AUTHORIZED:			\$
NOTICE: Acceptance of the Authorization To Vendor Terms and Conditions is on file in Regional Office			
AUTHORIZATION & ACCEPTANCE			
State Authorization: (signature with printed name & title)		Vendor Acceptance: (signature with printed name & title)	

DIDD Medication Administration Trainers Attestation

I, _____ (the vendor), hereby agree that I have read the Terms and Conditions for DIDD Medication Administration Trainers appearing below governing the submission of ATV(s)/invoice(s) for payment upon completion of either 20 hour training classes at \$50 per participant listed or Test-outs at \$5 per participant – both of which must be authorized and scheduled with the regional nurse educator.

Authorization to Vendor Terms and Conditions for DIDD Medication Administration Trainers

- The Vendor (independent trainer or trainer working for provider agency as their representative) agrees, warrants, and assures that no person shall be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination in the performance of the authorized service or in the employment practices of the Vendor on the grounds of disability, age, race, color, religion, sex, national origin, or any other classification protected by Federal, Tennessee State constitutional, or statutory law.
- [THIS SECTION SHALL NOT BE APPLICABLE IF THE VENDOR IS A TENNESSEE GOVERNMENTAL ENTITY] The Vendor warrants that no amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Vendor in connection with any work contemplated or performed relative to each Medication Administration ATV/invoice.
- The Vendor understands and agrees that Medication Administration Authorizations/invoices shall be null and void if the Vendor is, or within the past six months has been, a state employee or if the Vendor is an entity in which a controlling interest is held by an individual who is, or within the past six months has been, a state employee. For purposes of this provision, an individual shall be deemed a state employee until such time as all compensation for salary, termination pay, and annual leave has been paid.
- The State may terminate this purchase without cause for any reason, and such termination shall not be deemed a breach of contract by the State.
- [THIS SECTION SHALL NOT BE APPLICABLE IF THE VENDOR IS A GOVERNMENTAL ENTITY] The Vendor agrees to indemnify and hold harmless the State of Tennessee as well as its officers, agents, and employees from and against any and all claims, liabilities, losses, and causes of action which may arise, accrue, or result to any person, firm, corporation, or other entity which may be injured or damaged as a result of acts, omissions, or negligence on the part of the Vendor, its employees, or any person acting for or on its or their behalf relating to this purchase. The Vendor further agrees it shall be liable for the reasonable cost of attorneys for the State in the event such service is necessitated to enforce the terms of this purchase or otherwise enforce the obligations of the Vendor to the State.
- The requirements of Tennessee Code Annotated, Section 12-4-524, et seq., addressing the use of undocumented immigrants in the performance of any contract to supply goods or services to the state of Tennessee, shall be a material provision of all Medication Administration Authorizations, a breach of which shall be grounds for rescission and other penalties, up to and including termination of Medication Administration Authorizations.
 - The Vendor hereby attests, certifies, warrants, and assures that the Vendor shall not knowingly utilize the services of an undocumented immigrant in the performance of Medication Administration training Payment Authorizations and shall not knowingly utilize the services of any subcontractor who will utilize the services of an undocumented immigrant in the performance of this Authorization.
 - The Vendor understands and agrees that failure to comply with this section will be subject to the sanctions of Tennessee Code Annotated, Section 12-4-524, et seq., for acts or omissions occurring after its effective date. This law requires the Commissioner of Finance and Administration to prohibit a vendor from contracting with, or submitting an offer, proposal, or bid to contract with the State of Tennessee to supply goods or services for a period of one year after a vendor is discovered to have knowingly used the services of undocumented immigrants during the performance of Medication Administration Training Payment Authorizations.
 - For purposes of Medication Administration Training Payment Authorizations, "undocumented immigrant" shall be defined as any person who is not either a United States citizen, a Lawful Permanent Resident, or a person whose physical presence in the United States is authorized or allowed by the federal Department of Homeland Security and who, under federal immigration laws and/or regulations, is authorized to be employed in the U.S. or is otherwise authorized to provide services under the Authorization.
- Activities and records pursuant to all Authorizations shall be subject to monitoring and evaluation by the State or duly appointed representatives.
- The State is not responsible for the payment of services rendered without specific, written authorization.
- The Vendor must submit an ATV/invoice in form and substance acceptable to the State to effect payment.
- The Vendor agrees that the State shall NOT compensate the Vendor any amount for:
 - training that is not authorized by the State and accepted by the Vendor in writing;
 - authorized training that does not meet the minimum hours of training required— twenty (20) hours for Initial Training OR
 - authorized training or test-out that exceeds the ratio of no more than twenty (20) students per instructor per class.

Signature/Title: _____ Date: _____