2026

Nurse Mom and Family

CMA Course Student Manual

Student Name _____

Course Date _____

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Course Overview

By the end of the course, you will be able to:

- Demonstrate knowledge of Certified Medication Aide (CMA) regulations in accordance with the State of Georgia requirements
- Demonstrate proper procedures for the safe storage, handling, and disposal of medications
- Apply infection prevention and control protocols in compliance with healthcare standards
- Explain medication classifications and their therapeutic purposes
- Identify commonly administered medications, including controlled substances, in clinical settings
- Accurately interpret prescription and pharmacy medication labels
- Demonstrate understanding of standard medication abbreviations used in healthcare documentation
- Apply correct medication measurement techniques and allergy verification protocols
- Explain the intended purpose, actions, and potential effects of medications
- Demonstrate proper medication administration techniques in accordance with approved protocols
- Apply appropriate procedures when a patient refuses medication, including documentation and reporting
- Demonstrate correct execution of the medication pass process
- Identify medication errors and follow established reporting and documentation procedures
- Accurately state and apply the Six Rights of Medication Administration
- Differentiate between PRN (as-needed) and over-the-counter (OTC) medications and their appropriate uses
- Accurately read, interpret, and document entries on the Medication Administration Record (MAR)
- Identify common dosage forms and demonstrate correct administration techniques for each
- Demonstrate understanding of diabetes management and proper subcutaneous injection protocols

Role of the Certified Medication Aide

CMAs in Georgia must be trained to work as certified nursing assistants first before receiving additional training to give medications to residents.

Common tasks CMAs perform include the following:

- Preparing ordered medications and distributing them to residents under the supervision of a licensed nurse.
- Observing residents as they take medications, helping as needed.
- Documenting, or keeping a careful record of the medication's residents take, including the time and amount of medication.
- Observing and reporting changes in residents, especially those that could be related to the effects of medication
- Reporting to a nurse or other licensed professional anything that might be a risk to a resident's safety (e.g., a resident refusing a medication or a mistake in giving a dose)

Professional & Professional Behavior

Professional means having to do with work or a job. Personal refers to life outside a job, such as family, friends, and home life. Professionalism is behaving properly when on the job. It includes dressing appropriately and speaking well. It also includes being on time, completing tasks, and reporting to the nurse.

For a medication aide, professionalism means:

- Performing tasks exactly as assigned,
- Making careful observations, Nurses do assessments, CMAs discuss what they observed or saw,
- Documenting carefully and reporting accurately.
- Residents, coworkers, and supervisors respect employees who behave professionally.

Professionalism helps people keep their jobs and may also help them earn promotions and raises. A professional relationship with residents includes the following:

- Providing person-centered care, or care that is sensitive to each resident's particular needs.
- Keeping a positive attitude.
- Doing only the assigned tasks that the MA is trained to do.
- Keeping all resident information private or confidential.
- Always being polite and cheerful.
- CMAs are expected to be polite and cheerful in all circumstances.
- Do not discuss personal problems with residents or their family members.
- Not using personal phones in residents' rooms or in any resident care area.
- Not using profanity, even if a resident does.
- CMAs should listen to the residents and their concerns.
- CMAs should call a resident Mr., Mrs., Ms., or Miss, and use the patient's last name, or by the name the person prefers;
- Terms such as sweetie, honey, dearie, etc. are disrespectful and should not be used.
- Use the pronouns a resident prefers (she/her, he/him, they/them)

- Never give or accept gifts.
- Always explain care before providing it·

As a professional, you should always:

- Completing tasks efficiently·
- Always follow policies and procedures·
- Document and report carefully and correctly
- Report problems with residents or tasks
- Report anything to the supervisor that keeps a CMA from completing duties
- Ask questions when the CMA does not know or understand something.
- Take directions or feedback without becoming upset.
- Be clean and neatly dressed and groomed.
- Always be on time or communicate with the supervisor AND staff if you cannot report for work.
- Follow the ***chain of command***, or line of authority, in the facility (The chain of command protects residents from harm and ensures that they receive proper health care. It also protects employees and employers from liability.)

Liability is a legal term that means someone can be held responsible for harming someone else. For example, a resident may be harmed by a medication given to them by the CMA.

However, if the resident's health was stable, a doctor had prescribed the medication, and the CMA gave the resident the medication under the supervision of a nurse. The CMA may not be liable or responsible for hurting the resident.

If a CMA does something that is not assigned to them or does not follow instructions, they could be held responsible. That is why it is important for team members to follow instructions and for the facility to have a chain of command.

The CMA should be a positive role model for the facility. They should participate in continuing education programs as required. The CMA should always wear clean, wrinkle-free uniforms and be neatly groomed. The CMAs should be compassionate, honest, tactful, patient, and respectful. Be conscientious, or always do one's best and be alert, observant, and accurate. The CMA should be responsible; this is very important!!!

Many residents rely on medications to maintain their health. Mistakes in giving medications can cause serious problems and can even be deadly. Providing conscientious care is key to professionalism.

CMAs will give medications to residents under the supervision of a nurse. The nurse is delegating the task of giving the medications to the CMA.

This means that they are transferring responsibility to the CMA for that specific task. Part of behaving professionally is understanding delegation and not accepting tasks that are inappropriate.

A CMA should not accept tasks in these situations:

- They have not been trained to perform the task.
- Giving medication when a resident's condition or overall health is not stable without direct supervision.

Certified Medication Aide Regulations

Medication regulations, rules, and regulations are divided into three categories

1) Self-administration of medications
2) Assistance with self-administration
3) Community administration of medications

In some facilities, residents may have the option of administering their own medications. They may also have a range of choices for assistance with medications. They may have access to pharmacy services that will provide their prescriptions, sorted by dose and administration time (in bubble packs, plastic packets, or pill organizer boxes).

CMAs may help residents who self-administer their medications.

Self-administration of Medications

Residents who have cognitive and functional capacity to engage in self-administration of medications safely and independently without staff assistance or **supervision** must be allowed to store their own medications securely and self-administer medications as they so desire.

* If there is an issue with your patient self-administering their meds, you should contact the provider. (Doctor)

When helping residents with self-administration, the CMA should check medication labels for the right person, medication, time, expiration date, route, and dose. CMAs do not have to see the patient self-administering their medication.

Assistance with self-administration

An ALF/SN/Penal facility must provide assistance with or supervision of self-administered medications to those residents who have the cognitive capacity to engage in the self-administration of medications but require or request staff assistance without supervision of the self-administration of drugs for safety or convenience

For example:

- Patients might need help with applying topical medications.
- Use of EPI pen - (To properly handle an EPI pen(epinephrine), give it on the outer thigh, through clothing & call 911.

(The auto-injectors should be injected into the mid-outer thigh, and you do not necessarily need to remove clothing to administer them. It's best to avoid seams and pockets.

- You may aid visually impaired patients in using or administering medications.

When assisting a patient, the CMA may provide food or water as needed. Shake liquid medications if ordered, and opening and closing containers. After observing the resident taking the medication, the CMA should document according to facility policy. When helping residents who self-administer medications, a CMA should never pour or mix medication from one bottle into another, even if both contain the same medicine.

Community Administration of Medications

The ALF/SNF/Penal facility must provide *total assistance* with administering medication to the resident.

Tasks that CMAs do not perform include the following:

- Deciding what amount of medication(dose)to give a resident, or doing calculations to find the correct dose.
- CMAs in Georgia are usually employed in **skilled nursing or long-term care facilities, assisted living facilities, or in penal systems.**

Additional Facility Regulations:

1. Communities offering medication administration services must employ certified medication aides, at a minimum, to administer medications
2. The Facility must determine and document that the CMAs have **yearly** medication checklist reviews and continue to have the knowledge and skills necessary to administer medications properly for the community. You, as well as any facility you are employed at, should keep a record of your Medication aide checklist if you will be working there longer than a year
3. The Facility can use an RN or pharmacist to conduct random quarterly medication administration observations to determine that the aides comply with CMA tasks.

***Authorized Tasks for CMAs = Administration of Physician-Ordered Medications**

Routes of Medication Administration

There are several different routes of medication administration that the CMA can use for Georgia.

In pharmacology, **the route of administration is the pathway through which a drug enters the body**. The route may be based on the purpose of the medication. Different drugs may need to take effect in a certain part of the body or may need to be absorbed at a certain speed.

1. *The oral route* is most commonly used. It is generally easier to administer than other routes. Oral drugs are administered by mouth as liquids, tablets, or capsules. Absorption usually begins in the mouth and continues in the digestive tract.
2. *Buccal tablets* are also designed to bypass the digestive system (like sublingual tablets). They dissolve slowly when placed between the cheek and gums/ molars.
3. *Rectal route* - involves insertion of a suppository into the rectum through the anus. Suppositories may also be administered by the vaginal route, i.e., inserted into the vagina.
4. *Ocular route* (sometimes called the optic route), the drug is administered to the eyes. Medication is mixed with other substances to make drops or an ointment that is applied to the eye. Eye drops are easy to administer, but drops can run off the eye before the medication takes effect.
5. *Ocular Gel/Ointment* - keeps the drug in contact with the eye longer, but it may blur vision for some time.
6. *Otic route* - is used to administer medications to the ear. Drugs administered by this route are in the form of drops.
7. *Nasal route* - tiny droplets of the drug are delivered in a spray. The droplets are then breathed in and absorbed through the mucous membranes lining the airways.
8. *Inhalation route* - the drug is converted into smaller droplets that are inhaled through the mouth to reach the lungs.
9. *Nebulization route* - is similar to the inhalation route. The drug is aerosolized, or broken apart by pressure, into small particles that reach the lungs. Special machines (nebulizers) create these small particles. The person taking the medication is fitted with a mask or uses a tube to breathe in a mist containing the drug.
10. *Topical route (or cutaneous route)* - involves applying the drug to the skin. An ointment, cream, lotion, or gel commonly contains the medication.
11. *Transdermal route* - delivers the drug through a patch on the skin. The drug is absorbed through the skin into the bloodstream. This route allows medication to be delivered slowly and continuously for hours or days.
12. *Patches* are useful for drugs that are eliminated quickly from the body or when a constant drug level must be maintained.

Common Types of Parenteral Injections

1. *Parenteral routes* are used if the drug needs to be quickly absorbed or given at a high dose in a specific area and needs to avoid the digestive tract. Parenteral means any medication given by injection that bypasses the gastrointestinal (GI) tract (not taken by mouth).

2. *Intramuscular (IM or into muscle)* - Only IM drug given by CMAs is a vitamin B12 according to physician directions and appropriate protocol (given via deltoid (upper arm) or gluteal (buttocks)
3. *Subcutaneous (SQ)* – Into fatty tissue, for example, Insulin injections for Diabetes. Can be given by a CMA in Georgia
4. *Intradermal (ID)* – Into the skin, similar to 2-day TB screening. Usually completed by a nurse.
5. *Intravenous (IV, into a vein)* - **NOT** allowed to be administered by CMAs in Georgia
6. *Feeding Tubes* - CMAs can now administer medication via a gastronomy tube (GT). Naso-gastric (NG) or Jejunum (JT) tubes cannot be used by a CMA in Georgia.

Medication Storage and Security

Most facilities store medications in a dedicated medication room, medication cart, or in a patient's room who self-administers their meds
rooms or apartments.

A **Medication cart** is a locked mobile cart, on wheels, where medications can be held and locked up while being distributed or passed to patients. Some facilities use automated dispensing cabinets, which work with electronic health records to dispense the proper medications for each patient.

A **medication room and cart** must be locked when not in use. Medications categorized as **controlled substances must be double-locked**.

- Only exception: a patient with a rescue inhaler can keep it on their person for emergencies

The medication room and cart must have separate storage areas for topical and oral medications. Storing medications according to the route of administration is a common system, and can improve safety.

A resident's oral solid medications should be stored together but separated from other residents' medications in the medication cart.

Medications must be kept in original containers with original labels intact. Medications must be properly labeled in separate unit or multi-unit dose packaging and handled in accordance with physicians' instructions and applicable laws and regulations.

Eye drops, inhalers, etc., should be stored separately from other medications. Internal medications should be stored separately from external medications.

Loose medication, discontinued or refused medications, or medications not given for any reason should be removed from the medication cart and disposed of promptly per facility policy.

There should be nothing in your medication cart that isn't being used by a patient.

Often, the RN or pharmacist will evaluate the medication cart and rooms for proper storage.

Stock medications, which are over-the-counter medications kept on hand for routine or PRN use, are stored separately from medications ordered for specific residents. Different types of medications are stored separately.

Medications that are not stored properly can lose their effectiveness or even become toxic.

All medications should be stored in a dry area away from sunlight. Most medications can be stored at room temperature, though some must be stored in a refrigerator or freezer.

A medication storage area should be kept at a comfortable room temperature, between 68- and 77-degrees F. CMAs should report to a supervisor if a medication room seems too hot or too cold.

In addition to shelves, cupboards, and/or drawers, a medication storage room has a sink and a refrigerator. Some medications must be kept cold.

Foods to be provided along with medications may also be refrigerated. If food is kept in the refrigerator, it must be kept in a separate refrigerator from the medications. A sink is needed for handwashing and for washing supplies and equipment like pill splitters and

Medication Disposal Procedures

Sometimes medications must be discarded or destroyed. Situations requiring the disposal of medications include the following:

- The medication has expired.
- The medication has been contaminated or damaged.
- A resident develops an allergic or adverse reaction to medication.
- A resident's treatment plan has changed, and the medication is no longer needed.
- A resident refuses medication after it has been prepared.
- A medication is prepared, but then must be held due to the resident's condition.
- A resident leaves the facility and will not return, or their return is uncertain.

- A resident died.

CMAs can discard individual refused, held, or contaminated doses, but cannot dispose of larger quantities.

If the medication is a controlled substance, it must be accounted for in the controlled substance count, and two staff members must be involved in its disposal (the CMA and a nurse). In all cases, disposal of a medication must be documented and reported. If a medication is contaminated or damaged, a replacement dose needs to be acquired.

Different drugs may be disposed of in different ways. The FDA maintains lists of drugs that should be flushed down the toilet (including used fentanyl patches, a type of transdermal opioid medication) when used in the home. Most drugs on this list are controlled substances, and facilities have policies regarding their disposal.

Other drugs may be placed in special bags and discarded in the trash, returned to the pharmacy for disposal, or turned over to a safe drug disposal program. CMAs should follow the facility policy. When destroying or disposing of medications, it is always important to protect the resident's privacy. No packaging with the resident's protected health information should be discarded without marking out or destroying the identifying information.

Infection Prevention and Control

When administering medications, Infection prevention is key to careful medication administration.

Aseptic means free from pathogens. Maintaining aseptic conditions protects residents from illness. Before preparing or administering medications, the CMA should **wash her hands thoroughly. Using soap and water**, Proper **hand washing is the most important method** to help prevent the spread of germs and infections.

The CMA should lather surfaces of the hands and wrists, using friction for at least 20 seconds before rinsing.

Hand hygiene must be performed between residents (an alcohol-based rub may usually be used unless hands are visibly soiled).

In some cases, hands are cleaned between administering different types of medications. For example, hand hygiene should be performed after applying a topical medication.

While preparing medications, the CMA should check that all containers are clean. If blister packs or medication bottles, tubes, etc., are visibly soiled, it should be reported to the nurse. Surfaces

on which medications are prepared should be cleaned regularly with facility-approved disinfectants.

Pill splitters, crushers, and ***medication trays*** should be clean and dry. If a *medication tray* is set down outside a medication room, it must be cleaned before being returned to the medication room. If a medication cart is used, the top should be cleaned before and after each use.

Solid medications are usually placed in small paper cups called ***soufflé*** cups before they are administered. The medications are emptied directly from their containers into the cups. ***Medications should not be touched or handled by the employee's hands.***

Gloves must be worn when administering some medications:

- Any medication administered to the eyes
- Any medication administered by vaginal or rectal routes
- In any situation that requires contact with a resident's blood or body fluids, or with broken skin
- Any medication given by the otic route (to the ears) ·
- Any medication given by the topical route.
- Hand hygiene should be performed both before gloves are donned and after they are removed.

CMAs should handle soufflé cups carefully. They should be stored with the opening down, and handled by the base rather than the edge.

Each cup should be used only once for one resident and then discarded. If a medication falls on the floor, it cannot be administered. It must be reported, documented, and discarded, and a **new dose must be prepared.**

Always wash with soap and water before and after assisting with eye drops, nasal sprays, topical creams, patches, ointments, suppositories, and dressings.

Always **wear gloves when you think you may come into contact with body fluids** (blood, vaginal secretions, feces, urine, vomit, sputum, semen)

Any used **sharp** (lancets, insulin syringes) must be disposed of in a special container or like a **sharp's container.** **Never recap** a needle/never reuse a needle. **Do not leave** soiled gloves, linen, or other items in a resident's room

Medication Terminology

Prescription drug - refers to medicines that are safe and effective when used under a doctor's care. They must be ordered or prescribed by a physician.

Non-prescription or over-the-counter (OTC) drugs are medicines that are considered safe and effective for use without a doctor's prescription. These drugs also require a doctor's order if administered by a CMA in the facility.

Both prescription and non-prescription medications are generally given two names in the pharmaceutical industry. The ***generic name***, which is not capitalized in writing, is usually related to chemicals in the drug. The name is based on the ingredients that make the drug work.

Brand name (trade name) - is the other name. It is a shorter, more memorable name by which the medicine is usually known to the public. It is capitalized in writing. Acetaminophen and ibuprofen are generic names. Tylenol and Advil are brand-name drugs that contain the same medicine as their generic forms.

When a prescription drug is first available, the manufacturer who developed it is usually allowed to sell their brand-name version for a certain amount of time without competition. Later on, other manufacturers can make their own versions.

Medication Abbreviations

Doses

- gm: gram (largest)
- mg: milligram (middle)
- mcg: microgram (smallest)
- cc: cubic centimeter
- ml: milliliter
- *cc=ml means the same thing, measures liquids

Abbreviations

- TSP: teaspoon = 5 ml
- TBSP: tablespoon = 3 tsp (15ml)
- drop (to instill, i.e.: eye drops)
- ss: one-half
- Oz: ounce (30 ml or 2 TBSP)
- mEQ: milliequivalent (dosage used for potassium)
- pint: 2 cups
- C with / S without
- cup = 8 oz.

Routes of administration (pathway to enter the body)

- po: by mouth
- pr: by rectum
- OD: right eye
- OS: left eye
- OU: both eyes
- AD: right ear
- AS: left ear
- AU: both ears
- SL: sublingual (under the tongue)
- SQ: subcutaneous (under the skin)

Times

- QD: Everyday
- BID: Twice a day
- TID: Three times a day
- QID: Four times a day
- QOD: Every other day
- QH: *QH = 1 Hour, Q2H=2 Hours, Q3H:3 Hours, and so on
- QHS/HS: At bedtime
- AC: Before meals
- PC: After meals
- AC/HS: Before meals and at bedtime (usually for diabetic treatment)
- PC/HS: After meals and at bedtime
- PRN: As needed
- Stat: Immediately

Other Abbreviations:

- MAR: medication administration record
- SIG: label or direction
- Standing order= protocol
- Routine order = regularly given (8am, 4pm, 9pm….)
- One time = single order (ex: antibiotic)
- ASA: aspirin
- APAP: Acetaminophen (brand is Tylenol)
- DOS: Docusate Sodium (brand is Colace)
- NPO: Nothing by mouth
- Please note - Special diet: Puree, Thickened, Ground, Nectar, etc.

Medication Classifications

Example: Psychoactive refers to all drugs that have some effect on the brain and nervous system

- Cardiovascular – Heart and Vessels (Blood pressure, Heart meds)
    - i.e.: Digoxin - anti-arrhythmia/glycoside, (report weight gain greater than 5lbs)
- Gastrointestinal – Stomach and Intestines (Acid Reflux, Nausea Meds, Laxatives)
- Endocrinology - Diabetes/Insulin, Thyroid/Synthroid for hypothyroidism
- Ear, Eye, and Nose – Packaged as drops, ointment & nasal sprays (Glaucoma Drops or Artificial Eye Drops)
- Diuretics – Kidneys - excrete medications through urine)
- Antibiotic/Antiviral/Antifungal – Infections - (Single one-time order, i.e., Amoxicillin)
- Urinary/Genital – Used to treat conditions of the Reproductive organs and Excretory system or Urinary tract. (i.e.: Oxybutynin)
- Gynecological – Ovaries, Vagina, Uterus, and Cervix (females) -vaginal suppositories should be given at bedtime
- Respiratory – Lungs (COPD Tx, DuoNeb, Salbutamol for Bronchospasm)
- Dermatological – Skin, applied Topically (Transdermal, i.e., lotions, paste, and creams)
- Pain management (Narcotics) - Used for pain that acts on the central nervous system

These drugs work on the brain and central nervous system, (maybe used to treat symptoms like Dementia, Mental Health, Agitation)

- Psychotropic – Abilify (Aripiprazole), Seroquel (Quetiapine), Risperdal (Risperidone), Geodon (Ziprasidone), Zyprexa (Olanzapine), Haldol (Haloperidol)
- Anti-Anxiety: Ativan (Lorazepam), Klonopin (Clonazepam), Buspar (Buspirone), Xanax (Alprazolam)
- Antidepressants: Lexapro (Escitalopram), Celexa (Citalopram), Prozac (Fluoxetine), Zoloft (Sertraline)
- Sedatives/Hypnotics – Restoril (Temazepam), Ambien (Zolpidem)

Controlled Substances

The **Controlled Substances Act (CSA),** passed in 1970, defines drugs that pose a risk for addiction or abuse. These drugs are defined, or scheduled, according to their level of risk and whether or not they have a true medical use.

Under the CSA, Schedule I drugs are considered to have a high potential for abuse and no accepted medical use. Lysergic Acid Diethylamide (LSD), Marijuana, and Heroin are some examples of Schedule I drugs.

Schedules II through V are drugs that may be prescribed for medical use, but that also have some potential for abuse. Schedule II has the highest potential for abuse, and Schedule V has the lowest.

Some prescription medications are considered controlled substances, meaning they have a risk for addiction or abuse. All states have laws related to the storage, distribution, and disposal of controlled substances.

Facilities must abide by these laws. All facilities have policies and procedures to ensure controlled substances are handled and documented according to the law. This ensures that these medications are given correctly, given to the correct resident, and not diverted (stolen).

A regular count of controlled medications must be conducted with more than one person present each time keys for that medication cart are exchanged between individuals, mainly at the start and end of each shift.

Facilities vary as to whether CMAs can handle or count controlled medications. Criminal charges and serious legal penalties can result if controlled substances are not managed properly.

Although this does not include all, some examples of scheduled drugs are listed below.

1. Schedule II: Amphetamine, Dextroamphetamine (Adderall), Cocaine, Codeine. *(Original RX needed, can't be phone or faxed except for hospice)*
2. Schedule III: Acetaminophen with Codeine, Anabolic steroids (Androderm, Testim), Buprenorphine and Naloxone (Suboxone), can be phoned or faxed
3. Schedule IV: Alprazolam (Xanax), clonazepam (Klonopin), and Diazepam (Valium) can be phoned or faxed
4. Schedule V: Acetaminophen with Codeine, Phenergan with Codeine, Robitussin AC with Codeine. Some are OTC and can be obtained with RX

***Please Note**: **The CMA is responsible for the keys to their cart at all times.**

- The CMA is responsible for accepting and reviewing all medications coming into the facility for all patients, especially for narcotics.
- It is important to be able to identify the information on the **pharmacy label,** interpret the information on a prescription and explain the difference between generic and brand names.

Prescription and Pharmacy Labels

Physicians indicate what medications residents are to take by writing a prescription or writing the order on the physician's order sheet (or electronically)

Prescriptions contain the following information:

- Resident's name
- Name of medicine, dosage, frequency
- Number of refills (number of times the drug may be obtained from the pharmacy without a new prescription)
- Substitution of a drug, permissible or not
- Name, address, and telephone number of physicians and MD signature

Pharmacy labels contain the following information:

From the Pharmacy:

- Name of pharmacy
- Address and telephone number of pharmacies
- Pharmacist in charge

On the Medication:

- Name of medication
- Strength of medication
- Quantity dispensed
- Directions for use and cautionary warnings
- Number of times it may be refilled
- Date of dispensing
- Expiration date
- May list lot# and manufacturer name, if generally substituted

Instructions on the Prescription label should match what is on the Medication Administration Record (MAR)

Medication Measurement

- Always consult your pharmacist when you have a question about measuring or a label, contact the MD for questions about an order.
- Never use cups that are not marked with the amount they hold (cc or ml)
- Never measure ml with a device that is marked mgs (baby dropper)
- Never leave air bubbles mixed with the liquid in an oral measuring syringe (changes dose)
- If the pharmacy or manufacturer sends a measuring device, use that device
- Use an oral syringe for amounts less than 5 ml
- When measuring liquids, place the cup on a flat surface and view it at eye level

*If the strength of a medication is 40mg/5ml, this means 5ml contains 40 mg of medication

Allergies and Adverse Reactions

Substances such as pollen, certain foods, or medicines are known as allergens. In many cases, successful allergies are the immune system's specific reaction to a normally harmless treatment involving medication.

- An allergy is the body's hypersensitivity to substances in the environment. Depending on what is causing a person's allergies, symptoms can range from mild itching, sneezing, or eczema (inflamed, itchy skin) to severe hives (urticaria), hay fever, wheezing, and shortness of breath
- CMA should know a patient's allergies before giving them medications (located at the bottom of MAR)
- An extreme allergic reaction can result in anaphylactic (*anaphylaxis*) shock, a life-threatening situation in which a person's airway swells shut and blood pressure drops. (EpiPen)
- If you must call the doctor, make sure you know the patient's allergies and vital signs

Medication Purpose and Effects

Medications are used to achieve a certain outcome or effect. When medications are used, as the medication aide, you should be watching for three outcomes or effects.

1) The desired effect (Patient takes blood pressure pills and their pressure comes down)
2) No effect (pressure doesn't change)
3) Side effect or adverse effect

Side effects are unwanted effects that are predictable and tolerable (ex, constipation, drowsiness, upset stomach, and headache)

- The doctor will: treat symptoms and prescribe medicine.

Adverse effect: may or may not be predictable and is not tolerable (ex, skin rash, extreme anxiety, N&V, SOB, or no effect)

- The doctor will: Change Medicine.

Other side effects to monitor include dizziness, dry mouth, confusion, blurred vision, and orthostatic BP (changes in BP as the patient changes positions, bradycardia (low heart rate, and tachycardia (high heart rate)

Medication and side effect examples:

- Lopressor or Ativan/Agitation
- Narcotics /constipation
- Morphine/Itching
- Lisinopril/cough
- Ferrous Sulfate/(Iron)/Dark Tarry stools and Stomach Upset

Medication Administration Protocols

Shake Well

- What is the proper way to shake well?

Medication Protocol: Do not Crush

- **You must have a doctor's order to crush medications** (ex, black swan story)
- Keep the crusher clean and free from debris from previous medications. Don't **cross-**contaminate while crushing medications
- Only crush medications immediately before giving; if the resident does not take them immediately, discard the medication

Residents' refusal to take medications

- **The resident always has the right to refuse medications**
- Residents refuse medications for many reasons.
- **Some include:**
  (a) The effects or side effects are unpleasant or unwanted
  (b) The medication tastes bad (**flavored drink**)
  (c) The resident has difficulty swallowing. Religious, cultural, or ethnic beliefs
  (d) Depression or loss of will to live, Delusional beliefs that staff are intending to harm them.

Types of refusal

- Active refusal: a person directly refuses to take the medications
- Passive refusal: less direct and requires closer observation, for example, if your patient attempts to hide the medication

Protocol for Administering Medications

<u>Always observe (except for who?) the resident taking the oral medications.</u> If you have signed the MAR, you are verifying that you have assisted or administered the medication; therefore, you should observe that the resident swallowed the medication.

- Never assume that the resident will take the medication.
- Never leave medications with a resident or the resident's family to take when they are ready.

PRN Medications (as needed)

(The words "PRN" or "as needed" must appear in the MD order!)

- PRN orders must include the following: **Exact dosage, exact time frame between doses, symptom for medication, and maximum dosage** to be administered in 24 hours
- When signing out PRN medications: initial the MAR, **log med, dosage, date, time, and reason for PRN med on the MAR (electronically) and notate the effectiveness of medication in 2 hours in the MAR**. The effectiveness tells us if the medication is working
- If your shift is over and the effectiveness is not evident, chart "**no results after 2 hours**" or **"no results at the end of the shift."**

Preparing and Conducting the Medication Pass

Always have MAR with you while completing the medication pass. Compare each medication order with the medication package, making sure that you have the correct medication and dosage.

<u>Read the order 3 times:</u> (For example….)

1. **Before removing the medication from the package**

2. **While pulling the medication bubbles**
3. **Before giving the dose or after initialing afterwards**

Reminders!

- Be sure to gather all supplies, such as alcohol gel and water cups. (CMA courtesy)
- Pre-pouring and pre-pulling the medication in advance **is NOT an acceptable practice** unless you are doing it just prior to your pass and keeping medications in the original pharmacy packaging before assisting or administering

Six Rights of Medication Administration

A **method used during medication administration to safeguard the residents**, before administering the medication, the caregiver must ask six questions.

Remembering the 6 rights of medications:

1) **Right resident:** Even though residents may not change that often, always make sure you have the right resident by **asking their name and identifying them with a picture on the MAR.**

   A. You must have at least **2 identifiers**. You can also use the date of birth, address, social security number, or medical number.
   B. Remember, asking another employee to verify the identity of a resident is not an acceptable identifier.
   C. Remember to respect their privacy by knocking on their door, never exposing them to assist in applying a patch or cream, and always allow for privacy for vaginal or rectal meds, even insulin injection

2) **Right medication**: remember to read the MAR 3 times, **observe the name, dose, color, markings, and shape of the medication, and labels** to make sure it matches what you should have
3) **Right dose**: Same as 2 (Remember, the pharmacy can send the same medication by a different manufacturer, and it may look totally different)
4) **Right time:** medications should be given on time.
   A. There is **a 2-hour rule**: meds can be administered an hour before and up to an hour after the scheduled dose time. You may not arbitrarily give medication at a different time than when it's ordered, unless there is a valid reason**. If so, you must document completely what time the medication was given and why it was given outside the ordered time.** Medications before meals should generally be given about **30 minutes** before eating.

5) **Right route**: check the MAR to make sure the correct route is being used
   - ***Other than with oral meds, gloves should be used to assist and administer medications***
   - With oral meds, water should be used, and enough fluids to swallow medications.
   - Remember some meds, beverages, and foods do not mix
   - **Syrups are given last in the medication pass**; pills are given first.
6) **Right Documentation**: Make sure to initial the MAR **after administering** (whether the medication was given to a patient or not).
   - **Have MAR with you on the medication cart** when assisting or administering medications.
   - If dose is **refused or not taken, not available, sent out with family, or given outside of the time frame, document a note under the medication in the MAR** with date, time, and reason not taken or not taken timely in the computer
   - Note who was notified if medication was not available as well. (Ex: MD, pharmacy)

Medication Errors

This is when a medication is administered in any way other than how it was prescribed.

Common examples:

- Omission, not following the order correctly, not giving medication for what it is prescribed for, failure to listen to residents or families' concern
- Administration of a medication not prescribed by the prescribing practitioner
- Wrong dosage, wrong time, or wrong route (6 patients' rights)
- Crushing a medication that shouldn't be crushed (extended release or no MD order)
- Not following facility policies and procedures.
- Documentation errors (No 2-hour follow-up with PRN or no reason given for why the medication was not given listed in MAR)

CMA's role:

- Understand the facility's medication error policy and procedure
- Recognizes when a medication error is made
- Understand the importance of acting quickly to report and correct medication errors to help prevent more serious problems. Please note:
- The quicker the error is noted and reported, the better for the resident
- Reporting all the details around the error can help the facility identify issues that may have contributed to the error
- The facility may be able to make changes based on the information provided that can help decrease medication errors in the future

Medication Administration Record Management (MAR)

- The MAR is a **legal document**
- The pharmacy will change the electronic MAR
- A paper MAR is placed on standby in case of technical issues
- For paper MARs: the old order should be discontinued by writing "D/C" or discontinued and your initials, and either drawing a line or highlighting the order
- Electronic MARs (Emar) are usually **adjusted by the pharmacy**
- Anytime a resident goes to the doctor, or gets a new prescription, make sure if there are new orders that they get **faxed to the pharmacy or sent electronically,** remember, depending on the facility, the MD/unit manager, may have software to automatically send prescriptions to pharmacy, for paper MAR or prescriptions, they will have to be manually faxed to the pharmacy.
- This includes discontinued medications, changes, or non-drug orders as well

Dosage Forms of Medications

Solid forms are more stable. They allow more accurate dosing, are easier to store, and cost less. Solid medications are often not recommended for children due to choking hazards. Elderly people may also have difficulty swallowing solids. Solid medications come in several shapes and sizes. They vary in how the drug is contained and in how they are given to patients:

Tablets are formed by pressing powdered ingredients tightly together (compression) to make a hard pill. They may be scored or marked with a groove. This allows the pill to be broken to adjust the dosage or the amount of medication to be taken at one time.

Enteric-coated tablets are covered in a thin film that protects them from stomach acids so they will not dissolve in the stomach. They are meant to pass through the stomach before becoming active. Because of this, they should **never** be crushed or broken. These tablets may be called extended or time-released tablets. Film-coated tablets are coated with a thin film to mask an undesirable taste for easier swallowing.

- *Caplets* are oblong or oval (similar in shape to capsules) and have a smoother finish, making them easy to swallow. ·
- *Chewable tablets* are designed to be chewed and dissolved with saliva.
- *Oral disintegrating tablets* - are dissolved in the mouth and do not need to be chewed or taken with water.

- *Sublingual (SL) tablets* are placed under the tongue to dissolve and absorb through the lining of the mouth for rapid drug release. They are not swallowed.
- *Buccal tablets* are also designed to bypass the digestive system (like sublingual tablets). They dissolve slowly when placed between the cheek and gums/ molars.
- *Effervescent tablets* - release bubbles of carbon dioxide gas when dropped in a liquid to dissolve quickly. These medications should be allowed to dissolve fully before they are taken.
- *Powder* - A medication in powder form may be used externally (applied to the skin) or may be mixed into a liquid or into a food like applesauce for internal use.
- *Capsules* are made of a hard or soft gelatin that breaks apart or dissolves in the stomach. Hard caps contain powder or granules of medication. Soft capsules contain a liquid form of medication.
- *Lozenges* are similar in texture to hard candy. They release medication when dissolved in the mouth.
- *Troches* are related to lozenges. They may have a hard candy or gummy consistency.

Controlled-release products are designed for continuous release of a drug over time. This allows for a longer effect and avoids the need to take many separate doses. These drugs may also be called by other names, such as sustained release, extended release, or long-acting.

- Capsules designed to release medication in this way may be called *spansules*.
- *Controlled-release medications* cannot be split, crushed, or chewed. This can result in the resident receiving too much of the drug at once (an overdose) and can harm the resident.

Medications that are controlled-release may have the following upper-case initials after the name of the medication.

- XL extra lasting
- ER extended release
- SR sustained or slow release
- CR controlled release
- CD-controlled delivery
- LA long-acting
- IE: Morphine XL or Cardizem CR

Liquid Medications

There are several types of liquid medication. Liquid medications are more easily swallowed, absorbed, and digested than pills, but they may be more difficult to store, measure, and administer properly. Different forms of liquid medicines include the following:

- *Aerosol* - a fine spray or mist containing particles suspended in a gas.

- *Drops*(gtts) - are a very small amount of liquid given by a dropper.
- *Elixir* - is a clear, thin-flavored liquid, often containing alcohol.
- *Spray* - is a liquid pushed through the air in tiny drops. It may be sprayed into the nose or onto another part of the body.
- *Solution* - is a solid, liquid, or gas dissolved in a liquid.
- *Suspension/Emulsion* - is a liquid mixture containing drug particles that are not completely dissolved. It must be shaken or stirred to prevent drug particles from settling at the bottom of the container.
- *Syrup* is a medication in a solution of sugar (or other sweetener) and water, with or without flavor.
- *Tincture* - is an extract, usually of plant material, dissolved in alcohol.
- Suppository: A Small, solid medicated substance, usually barrel or cone-shaped. Melts at body temperature. May be administered via rectum or vagina. Refrigerate as directed by the manufacturer
- *Fluid extract* - an unconcentrated liquid form of medication

Transdermal/Topical:

Semi-solid medications - may be soft and squishy or may have a consistency between solid and Liquid. Most topical drugs, or drugs that are applied to the body surface, are in semisolid or liquid form.

Semi-solid medications include the following:

- *Ointments* are fairly thick and greasy. They often provide protective and lubricating effects.
- *Creams* are thinner. They often contain soothing or moisturizing ingredients in addition to any medication.

- *Lotions* are thinner creams.
- *Pastes* are thick and stiff. The medicine is mixed with a non-greasy base.
- *Suppositories* - a drug is mixed with a waxy substance, then pressed into a small round or cone shape. They are inserted into the rectum or vagina, where they dissolve or melt. Vagina suppositories are given at bedtime.
- *Liniments* - may be semi-solid or liquid. They are typically prepared with oil and contain pain-relieving medications that are rubbed on the skin.
- *Medicated patches* - stick to a patient's skin. They contain a semi-solid or liquid form of medication that is absorbed through the skin and then enters the bloodstream. **Remember to alternate sites. Before applying a new patch, make sure the previous patch is removed.**
- **Shampoo**: a liquid containing medication that is applied to the scalp and hair

Medication Administration Techniques

<u>Sublingual</u>: placed **under** the resident's tongue (**oral/po meds are placed on the center of the tongue)**. Should be instructed not to chew or swallow the medication. Do not follow with liquid, which might cause the tablet to be swallowed

<u>Oral inhalers</u> (e.g., Xopenex, Solumedrol, Albuterol, Ipratropium)

1. Remove the cap and hold the inhaler upright
2. **Shake the inhaler**
3. Ask the resident to tilt their head back slightly and breathe out
4. Position the inhaler in the mouth, close lips around the inhaler
5. If using a **spacer, place the spacer in the mouth**. Spacers are particularly beneficial for older adults and young children
6. Press down on the inhaler to release medication as the resident starts to breathe in slowly
7. Encourage the resident to breathe in slowly for over 3-5 seconds
8. Ask the resident to **hold breath for 10 seconds** to allow medication to reach deeply into the lungs
9. Repeat puffs as directed
10. Wait one minute between puffs

<u>Eye drops and Ointments</u>

- **Please note:** Wait **3-5 minutes** between drops of different kinds
- **Do not touch** the dropper to the residents' eyes
- Use drops before ointments

Eye drops:

1) Wash your hands and wear gloves
2) Tilt head back and then, with index finger, pull the lower eyelid away from the eye to form a pouch
3) Drop medicine into the pouch and gently close eyes
4) Tell the resident to avoid blinking. Have the resident focus on an object to prevent blinking.
5) Keep eyes closed for one to two minutes
6) Wash your hands immediately after handling medication
7) The bottle may not be full; there must be an air space when you have a new prescription
8) Do not allow the tip to touch any surface, including the eye. Keep the container tightly closed

Ophthalmic ointments:

1) Wash your hands

2) Tilt head back and then, with index finger, pull the lower eyelid away from the eye to form a pouch
3) Squeeze a thin strip of ointment in the pouch about 1/3 inch
4) Gently close eyes and keep them closed for 1-2 mins. 5) Wash hands immediately after handling ointment
5) **Do not allow the tip to touch any surface, including the eye**
6) Wipe the tube clean with a tissue and keep it tightly closed

Ear drops:(Removes **Cerumen** or earwax)

1. Wash your hands
2. Lie down or tilt your head so the ear that is receiving the medication is facing up
3. For adults- gently pull the earlobe up and back to straighten the ear canal
4. For children, gently pull the earlobe down and back to straighten the ear canal
5. Drop medicine in the ear canal
6. Hold the position for several minutes for the medicine to run to the bottom of the ear canal
7. **Insert a sterile cotton ball** into the outer ear opening to prevent medicine from running out

Please note:

- The bottle may not be full to provide proper drop control
- Do not touch the applicator to any surface, including the ear, to prevent contamination
- do not rinse the dropper after use
- wipe the tip of the dropper with a clean tissue and replace the cap tightly

Nasal drops (Flonase, Saline, Afrin, Nasacort)

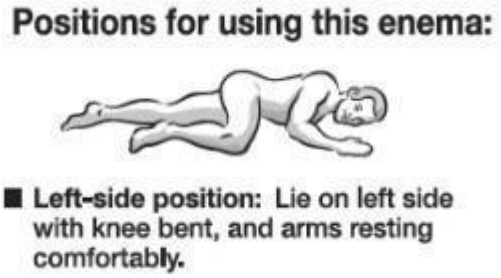
1) Wash your hands
2) **blow your nose gently**
3) Check the dropper for cracks
4) tilt head back while standing or sitting up, or lie down and hang head over the side of the bed
5) Place drops in each nostril
6) Keep your head tilted back for two minutes to allow the medicine to work
7) Rinse the dropper in hot water and dry with a tissue
8) recap right after use

Nasal spray

1. Wash your hands
2. **blow your nose gently**
3. keep head upright
4. **sniff briskly (breathe in**) while squeezing the bottle quickly and firmly

5. Spray once or twice in the nostril
6. wait 3-5 mins to allow the medicine to work
7. Blow your nose gently and repeat as indicated
8. Rinse the tip in hot water and dry with a tissue
9. Recap tightly after use
10. Do not use a container for more than one person

Suppository or Enema: (E.g.: Fleets, Glycerol, Dulcolax, Bisacodyl)



1) Wash your hands
2) Use gloves
3) Place the resident on their left side as pictured
4) Shake bottle well (enema only)
5) Make sure to remove plastic wrapping on the suppository/ Take off the top of the enema
6) Insert medication **1-1 1/2 inches** into rectum (both)
7) With steady pressure, gently insert the enema/suppository tip in the rectum, with the tip pointing toward the navel.
8) Squeeze bottle until nearly all liquid is expelled (enema)
9) Remove tip from rectum (enema)
10) A small amount of liquid will remain in the bottle after squeezing (enema)
11) Maintain position for 5-10 minutes if possible (both)

Diabetes Management

What is Diabetes?

This is when the body makes little or no insulin, which causes high blood sugar (hyperglycemia). If left untreated or poorly managed, diabetes can lead to complications. It is the 7th leading cause of death in the USA.

There are two types of Diabetes:

- Type 1: affects children and means they are insulin dependent
- Type 2: affects adults, usually overweight (with other comorbidities); oral medications may control the condition along with other lifestyle changes
- Other Types: Gestational and drug-induced Diabetes complications:
  High blood glucose levels over time can lead to serious health problems, including heart disease, blindness, kidney failure, lower limb amputations, stroke, and nerve problems

Diabetes complications include:

- Stroke, clogged arteries, and poor circulation to extremities can lead to amputation and peripheral artery disease
- Kidney failure(nephropathy), pins and needles feeling in legs and hands (neuropathy), unable to control bowel habits, eye problems that lead to blindness (retinopathy)

Low blood sugar

- Symptoms: dizziness, sweating, clammy, shaking, confusion, nausea
- Treat with glucose tablets or gel

High blood sugar

- Symptoms: excessive thirst, hunger, frequent urination, fatigue, blurred vision.
- Treat with exercise, drink water, and an insulin sliding scale.

Insulin storage:

- Insulin should be stored in the refrigerator before opening. After opening, it may be stored at room temperature (consult your ALC policies)
- Most insulin vials and pens are stable for **28 days** at room temperature after opening
- You **must discard** after the expiration date due to a lack of preservatives
- **Always put the date and initial on the vial when it is open or the pen when it is first used**

Remember!!!

- **If the patient's blood sugar is high, they need insulin**
- **If the patient's blood sugar is low, they need a food source (Coke, candy, juice, etc.)**
- **Confusion of the two can be fatal**

Insulin Therapy:

- **Rapid (Short) acting** (Novolog, Humalog, Apidra) used for sliding scale, **given 15 minutes before eating**
- Onset 15-30 mins, peak 30-45 mins, duration 3-6 hours, acting or regular

Intermediate acting or NPH (Humulin N or Novolin N)

- Given 30 mins before eating

- Onset 1-2 hours, peak 6-12 hours, duration up to 24 hours
- Maybe given once or multiple times per day

Long-acting or basal (Lantus or Levemir)

- Onset 1 hour, no peak, duration 10-24hrs
- Given once daily, usually given at bedtime, must be the same time every day
- Can be given in 2 doses, and they should be 12 hours apart
- **Given a snack at night**

Fasting: 8 hours since last meal

- Normal BS: between 90-130 mg/dl on glucometer
- High BS: greater than > 130 mg/dl
- Low BS; lower than <70 mg/dl

A1C (Hgb A1C)

- < 7% American diabetes association goal
- 6.5% association of the endocrinologist's goal
- <= 8.0% American Geriatrics Society goal

How to treat?

- **Low blood sugar:** glucose tablets, glucose gel, or orange juice or Coke
- **High blood sugar:** Exercise, drink water, insulin sliding scale

Subcutaneous Injection Administration

The two goals of diabetes treatment are to make sure you feel well day to day and to prevent or delay long-term health problems. The best way to reach those goals is by:

- Taking medications prescribed by your doctor
- Planning your meals, choosing what, how much, and when to eat
- Being physically active

How do I choose the best place for a subcutaneous injection?

- **Change sites for the injections**; it is important to use a different site each time you give an injection. This prevents scars and skin changes. The sites where injections are given should be at least one inch away from each other. Sites where you can give the injection:

- **Abdomen**: You may give an injection within the following area: below the waist to just above the hip bone and from side to about two inches from the belly button. Be sure to avoid the belly button
- **Upper arm**: Have the patient stand with their arm on their hip. Stand next to and a little behind them. Find the area halfway between the elbow and shoulder. Gently grasp the skin at the back of the arm between your thumb and first two fingers. You should grasp about 1-2 inches of skin

Injections with an insulin pen

1) Prepping your Novolog flex pen
2) Doing the air shot before each injection
3) Selecting your dose
4) Taking the injection
5) After the injection

What do I need to give a subcutaneous injection?

1) An alcohol wipe
2) One sterile 2x2 gauze pad
3) A new needle and syringe that are the correct size
4) Disposable gloves

How do I give a subcutaneous injection?

Please note:

- Can be given straight in at a 90-degree angle or a 45-degree angle
- Give the injection at a 90-degree angle if **you can't grasp two inches of skin between your thumb and first fingers**
- If you can grasp only one inch of skin, give the injection at a 45-degree angle

Steps:

- Open the alcohol wipe and wipe the area where you plan to give the injection
- Prepare the needle: hold the syringe with your writing hand and pull the cover off with your other hand. Place the syringe between your thumb and first finger
- Let the barrel of the syringe rest on your second finger and grasp the skin with your other hand

  Insert the needle into the skin: Hold the syringe barrel tightly and use your wrist to inject the needle into the skin. Once the needle is all the way in, push the plunger down to inject the medicine, and pull out the needle. Remove the needle at the same angle you put it in. 6) Gently wipe the area with a gauze pad

Barriers and Effective Communication

Language and cultural differences, i.e.: cognitive(dementia), physical (hard of hearing),

- ***Face grimacing*** may be an expression of dissatisfaction with something, or a reflection of pain in nonverbal patients. Determine if pain medicine is needed for non-verbal patients. Ask open-ended questions for verbal patients.
- ***Hospice/Dying patients***, speak with patient and allow time to talk or respond feelings

Ethics Terms you should know:

- **Battery**: Another name for physical abuse
- **Malpractice**: If a CMA purposely does not complete the medication pass
- **Fraud**: Giving a patient medication unknown to them
- **Euthanasia,** the painless killing of a patient suffering from an incurable and painful disease, is illegal in most countries.

Final Review and Key Exam Concepts

- **Troche/Lozenge/Cough Drop**: a small, circular (flat disc), medicated medication designed to dissolve in the mouth to soothe the irritated tissues of the throat (usually due to a sore throat), possibly from the common cold or flu
- CMA is unable to take a **verbal medication** order; the nurse must take the order
- CMA can call the MD office and pharmacy if needed
- A medication is **therapeutic (starts to work)** once it reaches a certain level in the bloodstream
- Daily dose is given as ordered, usually in AM (once a day)
- CMAs **observe**, not assess. Nurses will assess the patient
- Pharmacology is the study of medications and their effects
- Cover wounds with dry gauze and tape. Nurses will do wound care
- **Lateral** mean lying on your side, like when giving an enema or suppository
- **Fowler** (sitting in chair)
- **Semi Fowler** is head of bed up at 45 degrees, like when giving comatose patient mouth care
- If I **scolded** (yell at them) a patient, it's **verbal abuse**
- If blood sugar is high, the patient needs insulin; if blood sugar is low, the patient needs a food energy source
- Be aware of the **facility parameters** when checking blood sugars and/or holding insulin injections for low readings