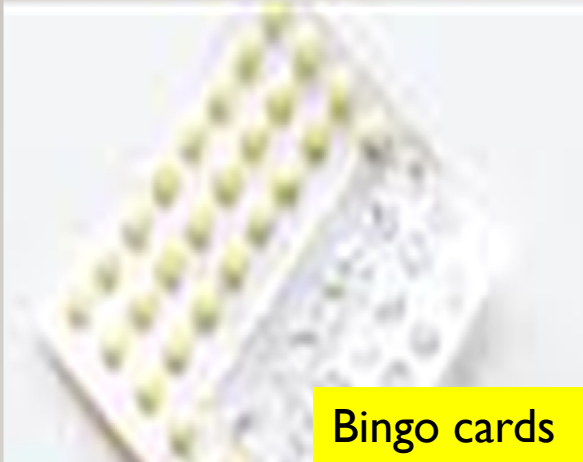




Bingo cards

MEDICATION ASSISTANCE

[HTTPS://WWW.YOUTUBE.COM/WATCH?V=UR](https://www.youtube.com/watch?v=UR)



Single



Medication Bootle



For the HCA skills test the client is sitting a table while this care is provided.

SUPPLIES

- Water
- Cup
- Straw
- Napkins
- Medications
- Medication cup
- Gloves



THE FIVER RIGHTS

- **The Right client**: who is the client
- **The right Medication**: what kind of medication are you going to give
- **The right Dosage**: how much
- **The right Time**: what time are you suppose to give
- **The right Route**: how they have it, by mouth, by rectal, on the eye, in ear, topical with apple sauce,

THE THREE CHECKS

- 1. when you get the medication from the storage check it against the prescription
- 2. before you pour medication. The second check is done before preparing or dispensing the medication
- 3. after you gave the medication at the bedside. (e.g., checking the patient's armband or asking the patient to confirm their identity), and that it is administered at the prescribed time.

Check client's medication schedule

Date 10/24/1954

Tylenol 650mg po two times a day	8AM	
	8PM	
Reed, Smith	DOB 1/1/1901	Allergy: None

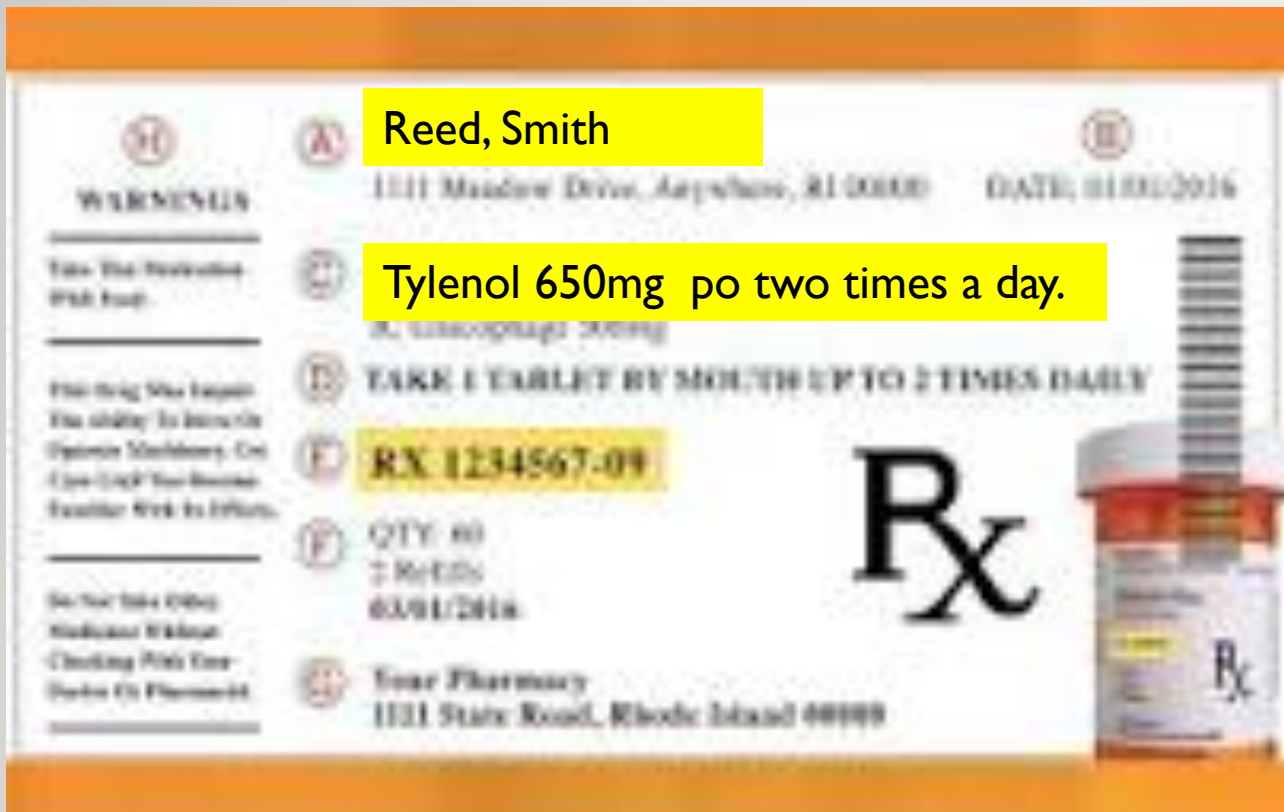
TO SUCCESSFULLY DEMONSTRATE THIS SKILL YOU NEED

- Use S.W.I.P.E.S. Communications / Client Rights and Common Care Practice Skills
 - Assemble appropriate equipment
 - Wash hands
 - Identify yourself
 - Provide privacy
 - Explain the procedure to the patient
 - Plan your actions well

It does not have the step on the skill but you need to verify the correct client first. Check the client name, or ask client name from someone who knows the clients name

Remind the client it is the scheduled time to take their prescribed medication

Mr smith it is 8pm right now. It is time to take your medication.



Select the correct medication bottle, labeled with client's name

Pick up the card or bottle that has the medication on it. Make sure it is Mr. Smith name and the right medication name which is Tylenol .

During the first check, they verify the medication's label against the medication order, prescription, or electronic record.

1

Reed, Smith

Tylenol 650mg po two times a day.

TAKE 1 TABLET BY MOUTH UP TO 2 TIMES DAILY

RX 1234567-09

QTY: 60
2 Refills
03/01/2016

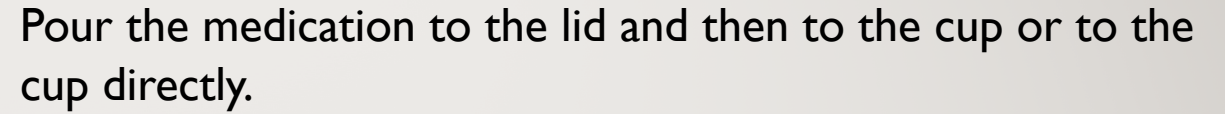
Your Pharmacy
1121 State Road, Rhode Island 00009

Rx



TAKE THE MEDICATION
CONTAINER FROM WHERE IT
IS STORED, LOOK AT THE
LABEL, AND VERIFY THE 5
RIGHTS -
MEDICATION, CLIENT,
AMOUNT, ROUTE, AND TIME

2



Open the container, look at the label and verify the 5 Rights again.

Pour the medication from the bottle to the lid cap without touching medication



WARNINGS

Take Your Medication With Food.

Do Not Take With Alcohol or Other Medications Without Checking With Your Doctor or Pharmacist.



Reed, Smith



DATE: 01/01/2016



Tylenol 650mg po two times a day.



TAKE 1 TABLET BY MOUTH UP TO 2 TIMES DAILY



RX 1234567-09



QTY: 60
2 Refills
03/01/2016



Your Pharmacy
1121 State Road, Rhode Island 00009






Give client the correct number of pills by pouring them from the lid cap to their hand without touching the medication



Give the medication in the cup to the client.

Let the client use their hand to put the medication to their mouth. Do not put client medication to the mouth without delegation.



Cue client to take medication

Assist the client to take medication without having your hand over the client's hand or tipping the client's hand to place pill(s) into the client's mouth, or placing the pill directly into the client's mouth.

Offer the client a full glass of fluid (for oral medications)

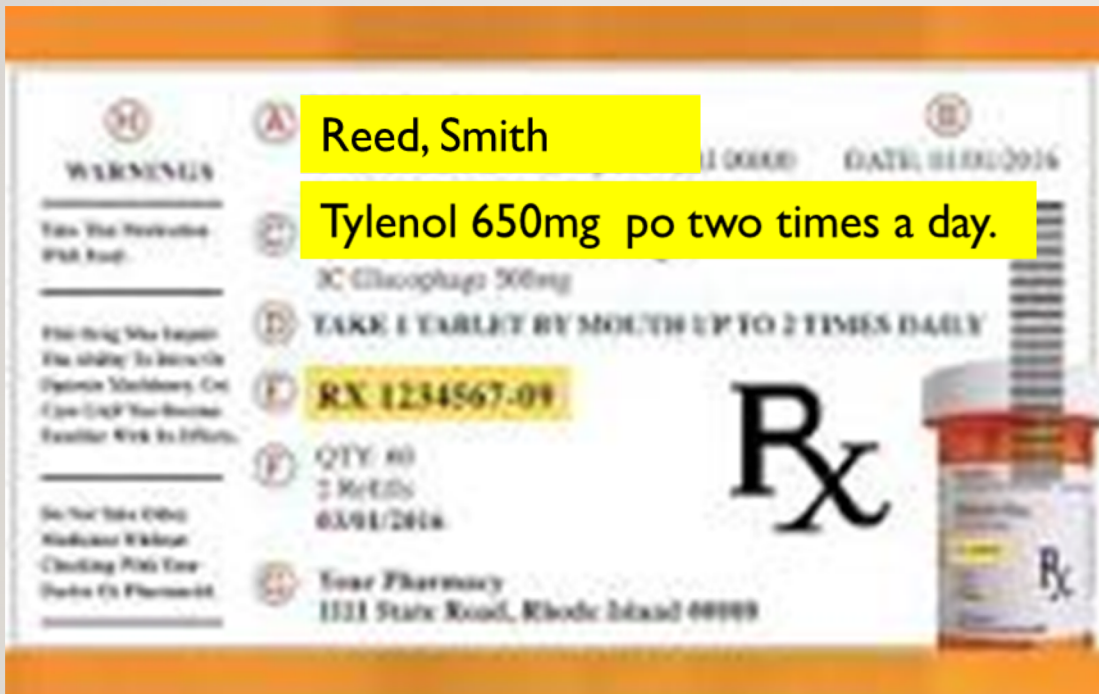
Make sure the client took the medication.



Observe and make sure the medication is taken. Ask client or check if medication is swallowed

Check the ,Medication label for name of client Mr smith, medication Tylenol, dosage 650mg, route po, time 8pm for the third time.

medication, client,
amount, route, and time



Date 10/24/1954

Document that the client has taken the medication. If they have not, document that too

Tylenol 650mg po two times a day	8AM	Initial here and sign at the bottom
	8PM	
Reed, Smith	DOB 1/1/1901	Allergy: None



Wash hands

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