

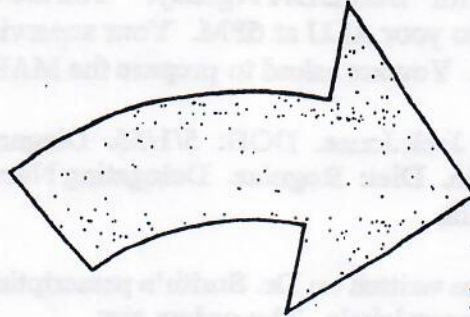




# Medication Administration Process/Cycle:

7. Ensure meds are taken

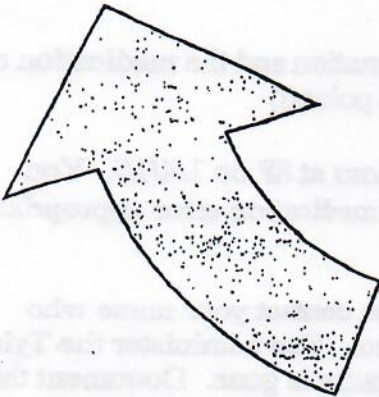
8. Document correctly



1. Observe for physical/behavioral changes

2. Report Observations

3. Assist in HCP visits



4. Obtain meds from pharmacy

5. Store meds safely

6. Administer meds correctly

**PREPARE  
MAR !!!**



# Exam #1

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Scenario: (60 points)

You are a CMT working for "Best DDA Agency." You are on duty on 1/4/15 when a new individual moves into your ALU at 6PM. Your supervisor and nurse are both there to greet the new resident. You are asked to prepare the MAR.

The individual's name is Jack Jones. DOB: 5/1/55. Diagnosis: Seizure Disorder, Mild MR. Allergies: Penicillin. Diet: Regular. Delegating Nurse: Nancy Nurse, RN. Physician: Dr. John Smith.

The medication orders are written on Dr. Smith's prescription forms and match the information on the pharmacy labels. The orders are:

- Tegretol 200mg/tab. Take one (1) tab by mouth four times a day (8A, 12N, 4P, 8P) – for seizures. Start Date of order: 1/2/15
- Tylenol (acetaminophen) 325mg/tab. Take 2 tabs (650mg) by mouth every 6 hours as needed for pain or fever of 100 or higher. Start Date of order: 1/2/15

Using a blank MAR, document the following:

1. Prepare the MAR by posting the required information and the medication orders. (MAR setup (10 points) and Posting orders (10 points))
2. You are responsible for administering medications at 8P on 1/4/15. You administer 400mg of Tegretol. Document this medication error appropriately. (10 points)
3. At 9P, Mr. Jones complains of a headache. You contact your nurse who authorizes you to administer one dose of Tylenol. You administer the Tylenol at 9:15P. At 10P, Mr. Jones reports that the headache is gone. Document this PRN medication appropriately. (10 points)
4. You are on duty on the morning of 1/5/15 and are responsible for administering the 8A medications. Your agency nurse has directed you to hold (not give) the 8A dose of Tegretol. Document this omission appropriately. (10 points)
5. On 1/5/15 at 10A, you receive a call from Dr. Smith who informs you that Mr. Jones' Tegretol level was too high and that the Tegretol order is to be discontinued. He schedules an appointment for Mr. Jones on 1/6/15 when he will determine the appropriate medication and dose. He immediately faxes you the discontinuance order. Document the discontinued medication appropriately. (10 points)



# ROUTINE MEDICATIONS

See Reverse Side For  
Verifying Signatures

Key for Omission Recording:  
S - Self Medication L - LOK N - NPQ  
R - Refused O - Other H - Hold  
(Rule to Facility Policy)  
PRN EFFECTIVENESS  
E - Efficacy N - Nurse Notes

INJECTION SITE:  
1. Thigh Left (Quadriceps)  
2. Thigh Right (Quadriceps)  
3. Arm Left (Deltoid)  
4. Arm Right (Deltoid)  
5. Abdomen RUQ

PATCH SITE:  
6. Abdomen RUQ  
7. Abdomen LUQ  
8. Abdomen LLQ  
9. Buttocks (Gluteus) Left  
10. Buttocks (Gluteus) Right

PATCH SITE:  
11. Abdomen RUQ  
12. Abdomen LUQ  
13. Abdomen LLQ  
14. Buttocks (Gluteus) Left  
15. Buttocks (Gluteus) Right  
16. Arm Left  
17. Ear behind Left  
18. Ear behind Right

Order Date																															
D/C Date																															
HOUR	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

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CH111-ROUTINE

Doctor:

Diagnosis:

Allergies:

Sex:

DOB:

Diet:

Patient:

MR:

Room/Bed:

Month/Year:



ORIGINAL COPY

Telephone Orders

Pharmacy  Courier  Faxed (Fax Original)  Phone   
 On Physician's Order Sheet  Med Sheet  TX Sheet  Nurses' Notes  Patient Care Plan  ADL/Flow  Signed

Physician/Prescriber Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Ordered Date	Ordered Time	DC's	Medication/Order	Dose & Form	Route	Schedule	INDICATION - DX

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Admission Number \_\_\_\_\_ Room Number \_\_\_\_\_ Attending Physician \_\_\_\_\_  
 Facility Name \_\_\_\_\_ Address \_\_\_\_\_ Signature of Nurse Receiving Order \_\_\_\_\_ Date/Time \_\_\_\_\_

**PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN**

Send NO MEDS  Send \* MEDS ONLY  Doses taken from Emergency/Backup Stock  
 When available/next routine delivery  Stat

ORIGINAL COPY

Telephone Orders

Pharmacy  Courier  Faxed (Fax Original)  Phone   
 On Physician's Order Sheet  Med Sheet  TX Sheet  Nurses' Notes  Patient Care Plan  ADL/Flow  Signed

Physician/Prescriber Signature \_\_\_\_\_  
 Title \_\_\_\_\_  
 Date \_\_\_\_\_

Ordered Date	Ordered Time	DC's	Medication/Order	Dose & Form	Route	Schedule	INDICATION - DX

Family Name \_\_\_\_\_ First Name \_\_\_\_\_ DOB \_\_\_\_\_ Admission Number \_\_\_\_\_ Room Number \_\_\_\_\_ Attending Physician \_\_\_\_\_  
 Facility Name \_\_\_\_\_ Address \_\_\_\_\_ Signature of Nurse Receiving Order \_\_\_\_\_ Date/Time \_\_\_\_\_

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 Facility Name \_\_\_\_\_ Address \_\_\_\_\_ Signature of Nurse Receiving Order \_\_\_\_\_ Date/Time \_\_\_\_\_

**PHYSICIAN/PRESCRIBER PLEASE SIGN AND RETURN**

Send NO MEDS  Send \* MEDS ONLY  Doses taken from Emergency/Backup Stock  
 When available/next routine delivery  Stat

Patient/Client Name: \_\_\_\_\_

Date	Time	Progress Notes





# DEANWOOD REHABILITATION AND WELLNESS CENTER CONTROLLED DRUGS-SHIFT TO SHIFT COUNT RECORD

Unit: \_\_\_\_\_

Month/Year: \_\_\_\_\_

Signing below acknowledges that you have counted the controlled drugs on hand and have found that the quantity of each medication counted is in agreement with the quantity stated on the

## Controlled Drug Administration Record

DATE	3-30 SHIFT		4-30 SHIFT				Nurse On (11-7:30)
	Nurse Off (11-7:30)	Nurse On (7-3:30)	Nurse Off (7-3:30)	Nurse On (3-11:30)	Nurse Off (3-11:30)	Nurse On (11-7:30)	
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CONTROLLED DRUGS-SHIFT TO SHIFT COUNT RECORD