CRMA 24-hour course study guide
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This course reviews the Maine CRMA curriculum: Introduction, Unit 1, and Unit 2

Successfully complete the course in a 3-step process:

1. 3-day class on Tu/Wed/Th, 9am-3:30pm
2. "Med Pass" at the program using the CRMA skills checklist, completed and emailed to us in PDF format
3. **Verify** your new CRMA certificate is active on the "CRMA search" after submitting your skills checklist

CRMA/Certified Residential Medication Aide 24 hour certificate- an <u>unlicensed </u>support staff role to give <u>non-injectable</u> medications to clients in a Level 3 (5 or fewer residents per program) group home setting.

Non-injectable medications include: pills/tablets/capsules, liquids, inhalers (through nose or mouth), nasal spray, eye drops, ear drops, topical creams/ointments/lotions, vaginal/ rectal creams or suppositories.

☐ All CRMA certificates expire every 2 years- renew with the 8-hour Recertification course
☐ Insulin or epi pen injections require additional RN training
☐ A CRMA can only accept written/faxed orders, no telephone/verbal orders
☐ Your certificate belongs to you, not the employer at the time of this course
☐ Report concerns of resident/client abuse or neglect to your supervisor/DHHS
☐ Always wash your hands before handling meds/working with clients

<u>vital signs (V/S)</u>- clinical measurements of core body functions of heart and lungs, plus body temperature.
Below are normal vital signs for an adult at rest; heart and lung function will increase with physical/emotional activity:

pulse/heart rate: 60-100 BPM (beats per minute): the average number of times the adult heart beats per minute to circulate blood throughout the vessels.
You can feel the pulse (**rate and rhythm**) in the vessels close to the skin surface:
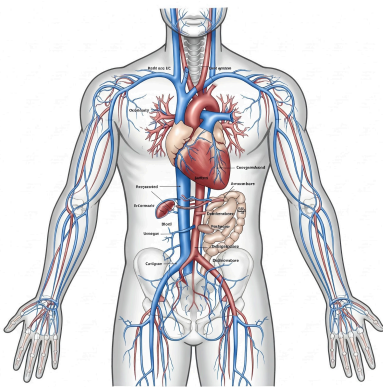
Carotid/ neck   <u>Apical/heart</u>   radial/wrist

blood pressure (B/P):120/80- the ratio of pressure created in the arm vessel when B/P cuff is inflated/deflated and using a **stethoscope** to listen to the beats. The B/P measures how hard the heart is working to push blood through your circulation.

At rest=lower B/P, activity= higher B/P

120- systolic; B/P cuff inflated/ 80-diastolic: B/P cuff deflated

120 cuff resistance/ 80 cuff relaxed

Respirations/breaths: 14-20 breaths per minute (observe to count)

temperature (oral): 98.6 F/ 37*C remains stable unless fever
can be measured at various locations: forehead, by mouth/orally, ear/otic, armpit/axillary, rectally

<u>**Unit 2**</u>-medication administration: Medications contain active ingredients to cause a desired therapeutic effect, for the purpose of relieving symptoms or curing disease. Meds are categorized and organized in a variety of interconnected ways, according to their purpose and legal regulations.

Outcomes to observe, document and report:
Good effect- the med, dose amount and timing is working to reduce symptoms or cure disease
Bad effect- negative response such as nausea, vomiting, diarrhea, headache, dizziness
no effect- possibly inadequate dose/not enough time yet for an adequate response

Variables that impact med effects - age, body weight, gender, metabolism, physical/mental health, **timing**

<u>Controlled or non-controlled meds</u>

Controlled (C2)- controlled meds are narcotics that are controlled closely due to their powerful active ingredients with a high potential for abuse/addiction. Methods of control include: short-term med orders that legally expire in only 1 month and close monitoring of inventory- these meds must be double locked/double counted/double doc

Non-controlled- all other non-narcotic meds and over the counter (OTC) meds available without prescription

<u>**Classification**</u>- meds are also organized by their purpose for use- they contain active ingredients to cause a desired therapeutic effect, for the purpose of relieving symptoms or curing disease. Remember, some meds are part of multiple classifications. We must <u>verify each med</u> so that we know why it is ordered and what effects to expect, then observe/document and report the reaction (See the following classification list)

<u>**Schedule 1-5**</u>- Orders legally expire depending on their classification and DEA drug "schedule" based on **potential danger of abuse/addiction**: low schedule # = high danger, high schedule # = low danger.

Highest danger   1- illicit street drugs, illegal possession, not used in healthcare
High danger   2- controlled narcotics (C2): double locked/counted/documented
Moderate danger   3- example: tylenol with codeine for moderate pain
Moderate lower danger   4-example: Xanax for moderate anxiety
 Lowest danger   5- general care/comfort meds, **OTC**, standing orders (list of basic care meds)

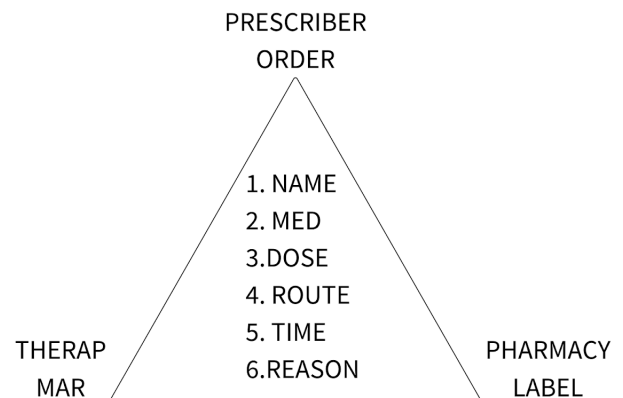<u>Orders legally expire based on schedule 1-5, be sure there will be enough med inventory</u>
- 1 month- highest danger meds: controlled narcotics (C2)
- 3 months- moderate danger meds: psychotropics for mind/mood/behavior
- 12 months- lowest danger meds: everything else

The "8 rights" of accurate med administration

1. NAME- resident
2. MEDICATION- generic and brand name
3. DOSE- total amount of med to give (strength=single unit)
4. ROUTE- where the med enters the body
5. TIME- when to give the med
6. REASON- why the med is ordered- diagnosis

remember:
7. REFUSE/KNOW- legal priveledge
8. DOCUMENTATION- complete all on MAR, notes, reports

PRESCRIBER
ORDER

1. NAME
2. MED
3.DOSE
4. ROUTE
5. TIME
6.REASON

THERAP
MAR

PHARMACY
LABEL

ALWAYS TRIPLE CHECK MAR TO LABEL

Strength vs. dose-example: Tylenol 325mg tablet, give 2 tablets: Strength= 325mg tab, Dose= 650mg (2 tabs)

classification	purpose/ reason/use	Med example
Amphetamine (C2)	Cerebral stimulant	concerta/methylphenidate
Analgesic	Relieves pain	acetaminophen/**Tylenol**, oxycodone
Antianxiety (PSY)	Prevents or relieves anxiety	lorazepam/Ativan
♥ Antiarrhythmic	Regulate irregular heart rhythm	Diltiazem/Cardizem, Verapamil
antibiotic	Cure bacterial infection with scheduled dosing	ciprofloxacin/Cipro, Penicillin
Anticonvulsant (Antiepileptics)	Prevents or controls seizures	Divalproex sodium/depakote
Antidepressant (PSY)	relieves depression	Aripiprazole/abilify, escitalopram/lexapro
antidiabetic	Controls diabetes, lowers blood sugar	Metformin, insulin
♥ antihypertensive	Reduces HTN/high blood pressure	metoprolol/Lopressor- beta-blocker
anti-inflammatory	Steroid or NSAID, decreases inflammation	aspirin, ibuprofen
anti ovulate	Prevents ovulation and pregnancy	contraceptives/birth control medication
antipyretic	Reduces fever	acetaminophen/Tylenol, Asprin
Antitussive expectorant	Suppresses a dry cough Helps clear mucus from the airways	**Robitussin** Mucinex
Psychotropic (PSY)	For mind, mood, behavior	Antipsychotics, antidepressants, sedatives
Sedative (PSY)	Induces sleep	zolpidem/Ambien
TIME	**ROUTES** (NON-INJECTABLE)	**MEASUREMENTS MG/ML= 1/1000 G/L**
Q- EVERY	PO- ORAL/ BY MOUTH	**SOLID WEIGHTS**
QD- 1X EVERY DAY	SL- SUBLINGUAL/ UNDER THE TONGUE	mcg/MCG- MICROGRAM
BID- 2X A DAY	INH- INHALED	mg/MG- MILLIGRAM
TID- 3X A DAY	OPTHALMIC- **EYE** "O" FOR EYES	gm/GM- GRAM
QID- 4X A DAY	OTIC= **EAR** "A" FOR AUDIO	**LIQUID VOLUMES ml/ML=CC**
HS- BEDTIME	**D**=RIGHT/DOMINANT **S**= LEFT/SECONDARY, U=BOTH	ml/ML= MILLILITER gtt/GTT= DROP
PRN- AS NEEDED	**OD**= R EYE **OS**= L EYE **OU**= BOTH	TSP= TEASPOON (5ML)
STAT- NOW	**AD**=R EAR, **AS**= L EAR, **AU**=BOTH	TBSP= TABLESPOON (15ML)
AC- BEFORE MEAL	TOPICAL- SKIN, **EXTERNAL**	OZ=OUNCE, **1 OZ = 30ML**, 2TBSP, 6 TSP
D/C- DISCONTINUE	VAG- VAGINAL PR- PER RECTAL (SUPP- SUPPOSITORY)	L= LITER 1 LITER = 1000ml

the 3-step med pass cycle

The order, MAR and label should all match and include the 1-6 "rights"

1. name
2. med
3. dose
4. route
5. time
6. reason
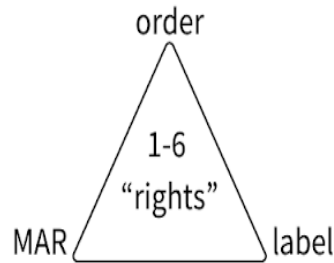
```
        order
         /\
        /  \
       / 1-6 \
      /"rights"\
  MAR /_____\ label
```

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1 — follow the order

- know generic and brand name
- why is the med ordered?
- verify the 1-6 "rights"
- LOOK IT UP!! if you don't know
- what classification is the med?
- what is the usual dose?
- know the potential side effects
- is the order signed/dated?
- when will the order expire?
-
- is there med stock available?
- advocate best timing for med changes
- pharmacy uses the same order

2 — document on the MAR

- be sure client is ready/able
- to take the meds
- what med sequence routine works best?
- wash your hands
- ensure confidentiality
- minimize distractions to avoid errors
- keep work-area clean/clear/clutter- free
- **triple check the MAR/label**
- keep med stock locked
- ask staff to help monitor med response
- document/report all missed meds
- all wasted meds require a witness

3 — report the reaction

- *"you are the harmonizing instrument!!"*
- observe, document and report the reaction within 45 minutes
- observe more closely with
- heart or seizure meds
- desired effect?- is the med working to reduce symptoms/cure disease?
- adverse effect?- such as nausea/vomiting/diarrhea
- no apparent effect?- possibly dose is too low or not enough time to take effect?
- is there a trend with refusing meds?
- can med timing be adjusted to support the clients?

Transcribe/copy the example of Prescriber orders below onto the following paper MAR page (extra copies can be printed from the website) and bring the completed MAR to class. For each med, you should know the strength and dose, the classification, when the order will expire and the meaning of each abbreviation.

Dr. John Donuts
Maine Health 22 Bramhall Street Portland, Me 04101
(207) 662 - 0111

Patient name: Ryan Lambert DOB: 2/14/80
Diagnosis: depression, hypertension
allergies: penicillin

1. Methylphenidate/ Concerta 20mg take 1 tab PO QD for Attention Deficit Disorder

2. Aripiprazole/ Abilify 5 mg 1 tab PO QD for Depression

3. Metoprolol/ Lopressor 50 mg 1 tab PO daily, hold if apical pulse below 60 BPM for Hypertension

4. Ciprofloxacin/ Cipro 250 mg 1 tab PO BID X 3 days for Urinary tract infection

5.Acetaminophen /Tylenol 325mg tab 2 tabs for total dose of 650 mg PO PRN
Q 6 hours as needed, not to exceed 4 doses in 24 hours, for fever/ pain

Prescriber signature: *Dr. John Donuts*

Date: / /2025

1st noted _____date _____

2nd noted _____date _____

Medication Administration Record

Program: _____

RESIDENT _____

ALLERGIES: _____

Phone: _____

D.O.B. _____

Month/Year: _____

Page _____ **OF** _____

Psychiatrist _____ **Phone** _____ **Fax** _____

Psych Nurse _____ **Phone** _____ **Fax** _____

PCP _____ **Phone** _____ **Fax** _____

Time	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

INITIALS	SIGNATURE / CREDENTIALS	INITIALS	SIGNATURE / CREDENTIALS

CIRCLED INITIALS =
Refer to other side for explanation

POISON CONTROL:
1-800-222-1222

First Check: _____

Second Check: _____

All staff who document on the MAR must be identified by listing their initials, printed name and signature in the boxes below

Initials	Print Name	Signature	Initials	Print Name	Signature

For any missed routine med and every PRN med, a note of explanation must be entered below and reported to the supervisor and shared in shift report

NOTES

Date	time	Initials	medication	Reason and Results