



## CRMA 40-hour course study guide

Instructor: Heather Anne Fraser MBA, RN-BSN, SAS

Contact: 207-317-1649 [info@prohealthtrain.com](mailto:info@prohealthtrain.com)

webpage: <https://prohealthtrain.com/crma-40-hour-course>



CRMA/Certified Residential Medication Aide 40 hour certificate- an unlicensed support staff role to give non-injectable medications to clients in a Level 4 (6 or more residents per residential care or outpatient 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

vital signs (V/S)- 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    Apical/heart    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

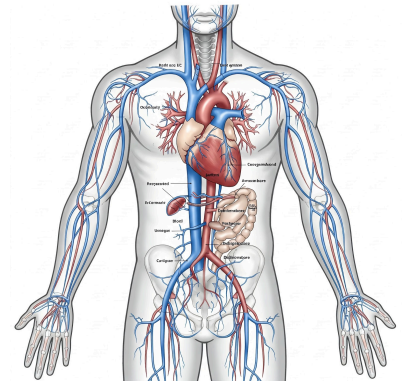
120- systolic; B/P cuff inflated/ 80-diastolic: B/P cuff deflated

120 cuff resistance/ 80 cuff relaxed

**Respirations/breaths:** 12-20 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



**Unit 2-medication administration-** review the Maine CRMA curriculum Unit 2. 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**

### **Controlled or non-controlled meds**

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

**Classification-** 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 verify each med 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)

**Schedule 1-5-** 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, <b>OTC</b> , standing orders (list of basic care meds)

Orders legally expire based on schedule 1-5, be sure there will be enough med inventory

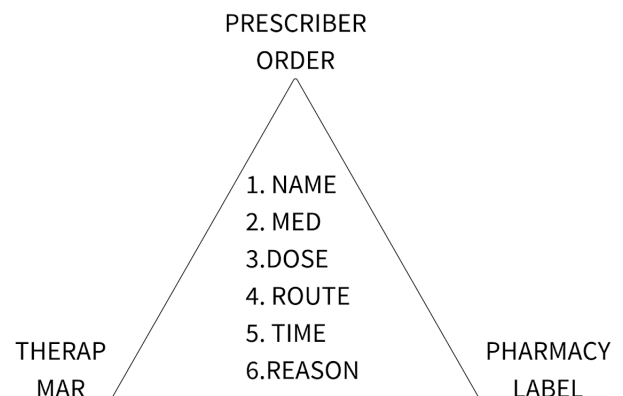
- 1 month- highest danger meds: controlled narcotics (C2)
- 3 months- moderate danger meds: psychotropics for mind/mood/behavior
- 12 months- lowest danger meds: everything else

### **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 privilege
8. DOCUMENTATION- complete all on MAR, notes, reports



**ALWAYS TRIPLE CHECK MAR TO LABEL**

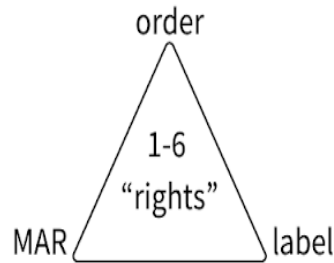
**Strength vs. dose-example:** Tylenol 325mg tablet, give 2 tablets: Strength= 325mg tab, Dose= 650mg (2 tabs)

<b>classification</b>	<b>purpose/ reason/use</b>	<b>Med example</b>
Amphetamine (C2)	Cerebral stimulant	concerta/methylphenidate
Analgesic	Relieves pain	acetaminophen/ <b>Tylenol</b> , oxycodone
Antianxiety (PSY)	Prevents or relieves anxiety	lorazepam/Ativan
antibiotic	Cure infection	ciprofloxacin/Cipro
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
anti-inflammatory	Steroid or NSAID, decreases inflammation	aspirin, ibuprofen
anti ovulate	Prevents ovulation and pregnancy	contraceptives/birth control medication
antipyretic	Reduces fever	acetaminophen/Tylenol
Antitussive expectorant	Suppresses a dry cough Helps clear mucus from the airways	<b>Robitussin</b> Mucinex
Psychotropic (PSY)	For mind, mood, behavior	Antipsychotics, antidepressants, sedatives
Sedative (PSY)	Induces sleep	zolpidem/Ambien
Stool softener	Relieves constipation	Docusate sodium/ Colace
<b>TIME</b>	<b>ROUTES (NON-INJECTABLE)</b>	<b>MEASUREMENTS MG/ML= 1/1000 G/L</b>
Q- EVERY	PO- BY MOUTH	<b>SOLID WEIGHTS</b>
QD- 1X DAY	SL- UNDER TONGUE	mcg/MCG- MICROGRAM
BID- 2X DAY	INH- INHALED	mg/mg- MILIGRAM
TID- 3X DAY	OPHTHALMIC- <b>EYE</b> "O" FOR EYES	g/G- GRAM
QID- 4X DAY	OTIC= <b>EAR</b> "A" FOR AUDIO	<b>LIQUID VOLUMES ml/ML=CC</b>
HS- BEDTIME	D=RIGHT/DOMINANT S= LEFT/SECONDARY, U=BOTH	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, <b>EXTERNAL</b>	OZ = OUNCE (30ML), 2 TBSP, 6 TSP
D/C- DISCONTINUE	VAG- VAGINAL PR- PER RECTAL	1 LITER (L) = 1000 ml

# 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



## triple check the MAR and label:

1. MAR to the label
  2. label to the MAR
  3. MAR to the label
- every med, every time!



## 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



## 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



## 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 and bring the completed MAR to our in-person meeting. For each med, you should know the strength and dose, the classification, when the order will expire and the meaning of each Fill in the date below and your signature as the first person to “note the orders” that you transcribe onto the MAR. New orders should always be double checked for accuracy.

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

*Dr. John Donuts*

Date:    /    /2025

1st noted \_\_\_\_\_ date \_\_\_\_\_

2nd noted \_\_\_\_\_ date \_\_\_\_\_

Resident	Room	D.O.B.	Sex	Date	month/year	page #
					Admit Date	
allergies:						
diagnosis:						

[illegible]

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## Unit 3- Body systems, review the Maine CRMA curriculum Unit 3-

(use this study sheet to help you study for Unit 3 quiz, focus on cardio and respiratory)

BODY SYSTEM	PARTS	PURPOSE	DISEASE/ WHY THEY NEED MEDS
skeletal	bones	structure/organ protection	Fractures
muscular	Skeletal-movement Smooth- lines hollow organs Cardiac- heart pumping	Activity, motion Skeletal-muscle to bone Smooth- walls of hollow organs Cardiac- pumps blood	Sprain- soft tissue/ skeletal muscle injury
<b>Cardiovascular</b>  <b>Average rate- 60-100 bpm 120/80 120= systolic 80= diastolic</b>	<b>Heart</b> - blood pumping muscle <b>blood</b> - transport fluid <b>Vessels</b> - collective term for: <b>arteries</b> - bring blood away from the heart, <b>veins</b> - bring blood back to the heart, <b>capillaries</b> - tiny vessels that exchange materials between cells	Circulation, delivering oxygen, fluids and nutrients	<b>CHF</b> - congestive heart failure- poor circulation, leading to swelling (edema)  <b>HTN</b> - hypertension, high blood pressure <b>CAD</b> - coronary artery disease <b>CVA</b> - cerebrovascular accident/ stroke
nervous	Brain, spinal cord, nerves, neurons	sensation, communication, coordination	Seizure- abnormal brain cell activity affecting muscle tone
Endocrine Avg. blood sugar 70-100 mg/dL	control body processes control blood sugar	Release hormones, regulate glands produce insulin to control blood sugar/ diabetes	Diabetes/ glycemia Hypoglycemia- low blood sugar Hyperglycemia- high blood sugar
lymphatic	Lymph nodes and vessels	immunity	lymphoma
Respiratory Avg. 12-20 breaths per minute	lungs	Breathing, oxygen exchange	COPD, Asthma, pneumonia URI- upper respiratory infection, common cold
digestive	Mouth, esophagus, stomach, intestines	Nutrition- digests food, transports food and removes waste	Nausea, vomiting, diarrhea- most common med side effects Dysphagia- difficulty swallowing
urinary	Kidneys, bladder, ureter	Waste fluid regulation	Urinary incontinence
reproductive	Female ovaries, male testes	Life creation	contraception
Integumentary (skin)	Epidermis- outer layer of skin Dermis- middle layer of skin Subcutaneous- inner layer	Protects the body from germs, insulates from , maintains hydration	Epidermis- Sunburn Dermis- minor cut Subcutaneous- deep wound, insulin injection