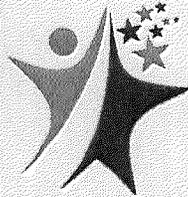


UNIVERSITY OF CALIFORNIA
LIBRARY
DIVERSITY



NorthStar

Community Services

Certificate of Completion

Medication Training following 245 D Medication Administration guidelines.

Presented by: Breanna Diedrich RN, BSN

Objectives:

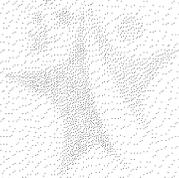
Following this activity, the participant will be able to:

1. Identify different routes and forms of medication
2. Recall the parts of a medication label
3. Name the '5 Rights' of medication administration
4. List the different types of medication errors
5. Identify the process of notifying appropriate parties in the case of a medication error
6. Explain how to give PRN medications
7. List different medication abbreviations

Participant Name: Barb Larson

Participant Signature: Barb Larson

Date Completed: 12-7-23



NorthStar Community Services

Division of Education

Medication Training following 340 D Medication Administration Guidelines

Approved by: [Signature]

1. The purpose of this training is to ensure that all staff who are responsible for administering medication to students are properly trained and certified.

2. This training is required for all staff who will be administering medication to students.

3. The training will cover the following topics:

- The importance of medication administration
- The correct use of medication
- The correct use of the 340 D Medication Administration Guidelines
- The correct use of the medication administration record (MAR)
- The correct use of the medication administration log
- The correct use of the medication administration checklist
- The correct use of the medication administration form

4. The training will be provided to all staff who are responsible for administering medication to students.

5. The training will be provided to all staff who are responsible for administering medication to students.

6. The training will be provided to all staff who are responsible for administering medication to students.

7. The training will be provided to all staff who are responsible for administering medication to students.

Approved by: [Signature]

Date: [Date]

Medication Administration Quiz

Name: _____

Derek Larson

Date: _____

12-7-23

1. ✓ You may give a PRN medication to a client anytime they ask for one?
 - a) True
 - b) False
2. Do you need to document the effects of a PRN medication after it is given?
 - a) True
 - b) False
3. If you give the client a medication and notice that the client has been affected with a side effect or adverse effect to the medication:
 - a) Wait until the client returns to their baseline and then report the side effect
 - b) Report the side effect immediately to the Lead/Program Director and Nurse
 - c) Do nothing, you're not worried about the side effect
 - d) Report the side effect to the next person when they come on to their shift
4. The '5 Rights' of medication administration include:
 - a) Right client
 - b) Right drug
 - c) Right PRN
 - d) Right dose
 - e) Right doctor
 - f) Right route
 - g) Right time
5. Do **not** crush (choose all that apply):
 - a) Time release capsules
 - b) Enteric coated tablets
 - c) Effervescent tablets
 - d) Vitamins
 - e) Sublingual medications
6. If a medication is ordered as: Omeprazole 20 mg PO ac qam, when will you administer this medication?
 - a) Before every meal
 - b) After every meal
 - c) In the morning with breakfast
 - d) In the morning before breakfast
7. Controlled medication must be counted at least daily, even if not given, and documented on the controlled medication log.
 - a) True
 - b) False

8. If a medication is given topically, it should be:

- a) applied directly to the skin as an ointment, cream, lotion, solution, powder, or gel.
- b) placed between the gums and cheek, where it also dissolves and is absorbed into your blood.
- c) swallowed by mouth as a tablet, capsule, lozenge, or liquid.
- d) applied to the eye.

9. A medication label should always include (select all that apply):

- a) the patients date of birth
- b) the expiration date
- c) the number of remaining refills
- d) directions for use

10. Medication errors include all the following **except**:

- a) Wrong time
- b) Wrong patient
- c) Patient refusal
- d) Incorrect medication

5

Medication Administration

Turn in this sheet to the Program Director when complete

Name: Barb Larson

	Date	Trainee Initials	Lead Initials
Trainee observes House Lead administer medications	12.19.23	Bal	AM
Trainee administers medications with House Lead observing	12.20.23	Bal	tw
Trainee administers medications with House Lead observing	12-26-23	Bal	sm
Trainee administers medications with House Lead observing	12.27.23	Bal	sm
Trainee administers a PRN medication with House Lead observing	12.20.23	Bal	tw

Trainee Signature: Barb Larson

Lead Signature: [Signature]

Lead Signature: Tracey Williams

②

Education Administration

Form for the Department of Education

Initial	Final	Date	Description
10/1	10/15	10/15/19	Initial assessment
10/1	10/15	10/15/19	Initial assessment
10/1	10/15	10/15/19	Initial assessment
10/1	10/15	10/15/19	Initial assessment
10/1	10/15	10/15/19	Initial assessment
10/1	10/15	10/15/19	Initial assessment

