

# Certificate of Completion For Medication Administration

*This certificate of Completion verifies that*

Maurita Sweeney

Test: 93%

*has successfully completed an eight (8) hour  
Medication Administration course on: 6/28/2018  
Given by:*

**Phoenix Service Corporation**  
Mengda Deng, RN  
Instructor Title

## Certificate of Skill Completion For: Observed Skill Assessment.

This medication passer has successfully demonstrated competency  
in the routes of medication administration for:

Medication ✓ off's	Date	Signature/Title	Treatment ✓ off's	Date	Signature/Title
oral	7/31/18	Mengda Deng, RN	VNS	6/8/18	
topical	7/31/18	Mengda Deng, RN	Vest (ACS)		
ear			Epipen	6/8/18	
eye			Oral Suctioning		
Inhaler			Trach suct. w/sims		
Nebulizer			G-tube gravity		
Rectal			G-Tube Pump	7/31/18	Mengda Deng, RN
Sublingual	7/31/18	Mengda Deng, RN	G-Tube Bolus	7/31/18	Mengda Deng, RN
Gastrostomy Tube	7/31/18	Mengda Deng, RN	Oxygen	6/18/18	
Seizure 1st Aid	6/18/18		In-dwell cath bag chg		
Suction w/ Yanker	6/18/18		In-dwell cath empty		
Oxygen	6/18/18		Rubber bulb suctioning		
Pulse Oximeter	6/18/18				

SCORE (# correct): \_\_\_\_\_

NAME: Maurita Sweeney

DATE: \_\_\_\_\_

SITE: Oakdale

### MEDICATION ADMINISTRATION TEST

-2 total

Name the SEVEN RIGHTS of medication administration: 1. Route  
2. time / date 3. person 4. Medication  
5. dose 6. Form of med 7. storage

8. When passing medication, how many times do you check the medication label to the medication administration sheet?  
*Right of refusal*

- a. once    b. twice    **c. three times**    d. four times

9. If someone has the diagnosis of cerebral palsy, a seizure disorder, a penicillin allergy and constipation, could they take Ampicillin?

- a. YES – if the doctor ordered it, it should not be questioned

**b. NO** – due to the allergy, the nurse should be called

10. Joe receives Timoptic and Liquid Tears ophthalmic drops, how long do you need to wait between the administrations of each of the different drops?

- a. 30 seconds    **b. 5 minutes**    c. one hour    d. never give two types

11. Which medication must be given with food due to the side effect of gastric irritation?

- a. Vitamin E    b. Colace    **c. Aspirin/Motrin**    d. Valium

Match the medications to their intended purpose.

12. C Valium, Dantrium, Baclofen

~~a~~ antibiotics

13. B Colace, Dulcolax, Lactulose

~~b~~ constipation meds

14. e Estrogen, Synthroid, Steroids

~~c~~ muscle relaxants

15. A Penicillin, Tetracycline, Septra

~~d~~ anticonvulsant meds

16. D Depakote, Tegretol, Dilantin

~~e~~ hormonal supplements

17. Greg's orders say he is to get Depakote 750mg, it comes in 250mg capsules. How many capsules would you give him to equal 750mg?

- a. one    b. two    **c. three**    d. four

18. If a label reads: Acetaminophen Liquid 325mg/5cc's, the doctor's order says to give 650mg, how many cc's would you give?

- a. 5cc    **b. 10cc**    c. 15cc    d. 320cc

19. Amy complains of a headache, what would you do to help her?
- a. give her two Tylenol from your purse
  - b. call her doctor for directions
  - c. check the med sheet, standing orders and allergies, call the nurse if a prn is not on the med sheet.
  - d. give the pain medication from her knee surgery, since it is on the MAR.
20. If you make a medication error you should:
- a. put the completed medication error report in the nurses' mailbox
  - b. inform the nurse the next time you see her
  - c. monitor the person, notify a nurse, do an error report, alert co-workers
  - d. you only need to tell your supervisor.
21. You notice a rash on a person two hours after administering a new antibiotic. Next you should:
- a. check the area every day
  - b. do not give any more doses, call the nurse
  - c. apply some cortisone cream
  - d. put a note in the nurses' mailbox
- and-
22. You suspect this rash is due to:
- a. it is stress causing this
  - b. an allergic reaction
  - c. this is an expected side effect of antibiotics
23. What must you know before administering medications to a person? Circle all that apply.
- a. the indication for use
  - b. common side effects
  - c. the person's allergies
  - d. success rates of the medication
  - e. nothing as long as you wash your hands properly
  - f. expiration date of the medication
  - g. common dosage ranges

Decipher the following *ITALICIZED* abbreviation in the following orders:

24. HypoTears *gtts ii OU BID PRN* dry eyes drops 2 both eyes twice daily as needed
25. Ampicillin 250 mg (O) *q6h x 10d* milligrams orally every 6 hours for 10 days
- 26. Reglan 10mg *po QID 1/2h ac* milligrams by mouth four times daily 1/2 hr after meals
27. Colace 100mg *i cap O qod* milligrams 1 capsule orally every other day

Read the medication label and indicate the number of capsules you would administer per dose

28. 3 capsules

56421	Dr.M Daly
Public, John Q.	1-29-2018
Take 300mg (O) once daily	
Docustate Sod. (DDS) 100mg	
Gen. for Colace 100mg	Exp. 4-21-2018

29. 4 tablets

56421	Dr.M Daly
Public, John Q.	1-29-2018
Take 800mg po q 6-8h prn pain	
Ibuprofen 200mg	
Gen for Motrin 200mg	

30. Whose license do you pass medications under?

- a. The facility you work for
- b. Your supervisor's
- c. The health department
- d. The RN's license

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There are 30 possible points you must pass with 85% accuracy.

- 1 or 29 points = 97%
- 2 or 28 points = 93%
- 3 or 27 points = 90%
- 4 or 26 points = 87%
- 
- 5 or 25 points = 84%

# Medication Information Worksheet

Mauritq Sweeney  
web md  
mays

Medication: Brand & Generic Name	Normal Dosage	Purpose	Side Effect	Adverse Reactions	Contraindications
Tylenol (Acetaminophen)	325-500mg Q4-6 hrs max 300 mg	Temporary reduction of fever, relief of minor pain	Over dose could lead to possible bile support Rash/breathing difficulty	Hepatic failure Nephrotoxicity damage. Serious skin reaction	Not recommended for longer than 10 days, Active liver disease. Interactions with other drugs.
Motrin (Ibuprofen)	400 mg q 4-6 hrs max 3200 day	Treat mild to moderate pain fever, migraine Primary dysmenorrhea	INSOMNIA, rash dizziness, headache GI bleeding	GI bleeding - monitor Agranulocytosis Anaphylactic reactions bronchospasms	Renal/hepatic impairment GI Bleeding
Ativan (Lorazepam)	2-6 mg day Range 1-10mg/day divided up	Treat mild anxiety insomnia due to transient stress sedation	Apathetic confusion, depression, disorientation hostility, light headedness nose, restlessness	CV collapse	Alcohol, CNS depressants have, probenecid theophyllines
Valium (Diazepam)	2-10mg BID or QID	Antiepileptic Treat anxiety + muscle spasms <del>seizures</del>	Apathy, bradycardia confusion, fatigue constipation depression	CV collapse	Elderly or debilitating disease may adjust dose Alcohol, not for use pregnant
Diphenhydramine	25-50mg	Relief of allergic reactions and motion sickness	Blurred vision DM constipation DM nose/eye/throat muscle aches, urine retention	HF - heart failure Anaphylactic shock anemia, pancreatitis	Avoid alcohol/safety precautions with CNS effects
Nutrisource Fiber (Tbsp 1/4)	See package instructions. Take with 8oz H <sub>2</sub> O	Treat constipation	Stomach cramps side effects are rare	Rash, itching swelling tongue or throat, dizziness, trouble swallowing	Accept
Depakote Sprinkles (Divalproex sodium 150mg day)	Based on weight/condition and other treatments you might be taking	Treat seizures, mood conditions, migraines, bipolar	Diarrhea, dizziness shaking, hair loss weight change, vision changes	Chest pain unexplained bleeding vomiting, suicidal thoughts	Avoid in pregnancy Do not use during pregnancy. Do not drive machinery.
Hydrocodone/Acetaminophen	10mg Q2 hrs	Management of pain requires continuous analgesic.	Abdominal, confusion constipation, dizziness dry mouth, fatigue, headache, hypotension	Respiratory depression	CNS issues Alcohol/Respiratory issues pregnant/breastfeeding
Gabapentin	300mg TID	Treatment of seizures	Ataxia, dizziness, tremor, weight gain	Neuropsychiatric reactions in children seizures suicidal ideation	Not for use of those pregnant, monitor/usage caution in breast feeding caution CNS effects
Baclofen	50m 3x1ml start up to gradual at 2003mg/day	Alleviation of spasticity from MS or spinal cord injuries.	Confusion, dizziness, fatigue, headache, insomnia, weakness urinary frequency	Use caution if spasticity needed to stay upright.	Not for use in pregnancy
EpiPen	0.5-1mg	Treatment of allergic disorders	Headache, anxiety, nervousness, shakiness	Fast pumping heart sweating, nausea, vomiting, breathlessness, chest pain fainting, seizures hemorrhage	Monitor CNS status Avoid prolonged use Take safety precautions with CNS effects

Entered  
6/11/18

# SEIZURE FIRST AID

## STAFF TRAINING CHECKLIST

X = Successfully completed step (Demonstrated skill/Verbalized correct information)	O = Unsuccessfully completed step (Did not demonstrate skill/Verbalized incorrect information)
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PAI Nurse will provide the staff member with handout (Seizure – General Information and Response Steps) and PAI staff will review the PAI First Aid for Seizure Policy prior to meeting.

PAI Nurse will assess the staff's understanding of the steps included in the PAI First Aid for Seizure Policy:

- When a seizure occurs, staff will stay with the person at all times and monitor their status;
- If the seizure is deemed to be mild in severity and duration and there is no respiratory compromise, staff will continue to monitor and document the seizure and provide assistance and support as needed.
- The attending staff or PAI nurse (if in attendance) will determine if 911 needs to be called for emergency medical care.
  - If the seizure is severe to the extent that it causes the person's Airway-Breathing-Circulation (A-B-C's) to be compromised, 911 will be called.
  - Staff need no prior authorization and are responsible for calling 911 if they have any concern for the person's well-being before, during or after the seizure.
- If a seizure occurs when a person has no history of seizures, 911 will be called.
- PAI Nurse will be called for any abnormal seizure, when a PRN medication is given or when 911 is called for a seizure.
- The person's residential provider, guardian and case manager will be notified of the 911 call as soon as possible.
- After the seizure activity ends, if the person is extremely lethargic, unable to swallow or maintain their normal level of eye contact:
  - The residential nurse (if available) will be contacted for further instructions.
  - If a residential nurse is unavailable, PAI's nurse will be called for further instructions.
- When a person has a seizure and recovers, they may return to their activities as tolerated. If the person needs additional rest/recovery time:
  - The person will be made comfortable and allowed to rest.
  - Staff will monitor the person for additional seizure activity or symptoms of distress, and provide assistance as necessary
- Staff will complete the PAI seizure report form and route it as designated on the form.

Passed: OP

Needs Re-Training: \_\_\_\_\_

Date for Re-Training: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Staff Name (Print) Maurita Sweeney

Staff Signature Maurita Sweeney

Nurse Signature [Signature]

Date: 6/8/18

Date: 6/8/18

Date: 6/8/18

Entered  
6/18/18

# VNS OBSERVATION CHECKLIST

## SITE ORIENTATION

X = successfully completed  
demonstrated or verbalized

O = unsuccessfully completed  
not observed or verbalized

When a treatment is prescribed by a physician the following will be covered:

- Review location and content of Physician Orders and Standing Order lists.
- Explanation of treatment needed
- Location of facility drug reference
- Treatment storage issues
- Medications administration records used in the facility
- Documentation including prescribed and PRN
- Medication error forms and procedure

The following steps have been evaluated:

- 1. Knowledgeable of Seizure protocol, use VNS.
- 2. Locates implanted VNS & magnet
- 3. Swipes VNS with magnet to count of three
- 4. Repeat per protocol
- 5. Documents on MAR, including results.

COMMENTS:

Med trainee-print Maurita Sweeney Date 6/8/18

Med trainee-sign Maurita Sweeney Date: 6/8/18

PASS:  Needs retraining:  Nurses Signature/Date: [Signature] 6/8/18

Antonee  
6/17/18

# SUCTIONING WITH SUCTION MACHINE AND YONKER

## STAFF TRAINING CHECKLIST

X = Successfully completed step  
(Demonstrated skill/Verbalized correct information)

O = Unsuccessfully completed step  
(Did not demonstrate skill/Verbalized incorrect information)

PAI Nurse will provide staff with an overview of the signs and symptoms of an individual's need for the removal of phlegm from their mouth. PAI staff will review the Suctioning with Suction Machine and Yonker Procedure. To demonstrate competency, the staff will complete all steps or verbally indicate what they would do.

- 1. Gather supplies and then wash hands.
- 2. Correctly identify the individual in need of the removal of phlegm via the suction machine and yonker.
- 3. Put on gloves.
- 4. Attach the yonker to the suction machine.
- 5. Turn on the suction machine.
- 6. Rinse the yonker with water.
- 7. Gently touch the tip of the yonker to the phlegm in the individual's mouth, making sure not to touch the tongue or the inside of the mouth. DO NOT PUT THE YONKER IN THE INDIVIDUAL'S THROAT.
- 8. Pull the yonker out of the mouth once the phlegm is suctioned.
- 9. Rinse the tube with water.
- 10. Repeat suctioning if needed. SUCTION ONLY WHAT YOU CAN SEE. Rinse the tube with water after each suctioning.
- 11. Once suctioning is completed, unscrew the collection container and empty the contents down a toilet.
- 12. Store the yonker in the second, empty container.
- 13. Sanitize the equipment with vinegar and water solution, suctioning it into the collection container.
- 14. Empty the container contents down a sink and allow to dry.
- 15. Discard gloves and wash hands.
- 16. Document on MARs and tracking sheet if used.

Passed: \_\_\_\_\_

Needs Re-Training: \_\_\_\_\_

Date for Re-Training: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Staff Name (Print) Maurita Sweeney

Date: 6/8/18

Staff Signature Maurita Sweeney

Date: \_\_\_\_\_

Nurse Signature Margda [Signature]

Date: 6/8/18

Entered  
6/18/18



<b>Standard of Operation: Oxygen Therapy Administration</b>	Effective Date	12/30/90
	Revision Date	2/21/18
	Area	Program
	Approval	CP
	Topic	Health

**I. Purpose**

To establish procedures for providing supplemental oxygen.

**II. Revision History**

Date	Revision No.	Change	Reference Section(s)
2/14/18	3	Format change	Entire document
8/18/09	2	Reorder procedure and wording	VI, Procedure 1, 2, 6, 9, 11
7/25/05	1	Format change	Entire document

**III. Persons Responsible**

PAI Nurse and assigned staff trained in medication administration.

**IV. Definitions:**

Fingertip pulse oximeter – A device used to measure how much oxygen the blood is carrying and pulse.

High concentration oxygen therapy (up to 60% oxygen) – Used to reduce the risk of hypoventilation and retention of carbon dioxide, but the use of high concentrations of oxygen can have detrimental effects if done long term.

Hypoxemia – An abnormally low concentration of oxygen in the blood (oxygen saturation or SpO2 levels usually less than 90% for persons with a mild respiratory disease).

Long-term oxygen therapy (LTOT) – Used to improve symptoms and prevent harm from chronic hypoxemia.

Low concentration oxygen therapy (controlled oxygen therapy) – Used to correct hypoxemia by administering a specific measured amount of oxygen, thereby maintaining acceptable levels of carbon dioxide and respiratory acidosis.

Nasal Cannula - A tube for insertion into the nose through which oxygen flows.

Oxygen tank - An oxygen storage vessel, in which oxygen is held under pressure in gas cylinders for the administration of oxygen therapy.

Tracheostomy – A surgical opening in a person’s trachea (windpipe) made to bypass and obstructed airway through which a tracheostomy tube is placed.

Tracheostomy collar – A small mask that fits over a person's tracheostomy site should oxygen therapy become necessary.

made

Maurice Sweeney 6/18/18  
Maurice Sweeney

Meyda N. 6/8/18

entire

# PULSE OXIMETER USAGE

## STAFF TRAINING CHECKLIST

X = Successfully completed step (Demonstrated skill/Verbalized correct information)	O = Unsuccessfully completed step (Did not demonstrate skill/Verbalized incorrect information)
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PAI Nurse will provide staff with an overview of the individual's oximeter device and the specific information about the signs and symptoms of their need to do so. To demonstrate competency, the staff will complete all steps or verbally indicate what they would do.

- Turn on the oximeter.
- Place the sensor clip on any finger or toe.
- If you do not get a reading, warm the finger or toe by rubbing it as the oximeter will not produce a reading if the finger or toe is cold.
- The oximeter will indicate the individual's oxygen level in their blood (displayed as a percentage of oxygen saturation) and their pulse rate. The normal range for oxygen saturation is 95% - 100%.

Passed: CP Needs Re-Training: \_\_\_\_\_ Date for Re-Training: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Staff Name (Print) Maurita Sweeney

Staff Signature Maurita Sweeney

Nurse Signature Clara P. [unclear]

Date: 6/8/18

Date: 6/8/18

Date: 6/8/18

continued  
6/18/18

# EPIPEN ADMINISTRATION OBSERVATION CHECKLIST

STAFF: Maurita Sweeney

PAI NURSING STAFF: \_\_\_\_\_

X = Correctly completed step (Demonstrated or completely described required actions)  
O = Incorrectly completed (Committed errors in the demonstration or incorrectly described required actions)

When any treatment is prescribed by a physician, the following general protocol will be reviewed with the staff as a part of the administration training:

- Review the location of physician's orders and/or standing orders list.
- Provide an explanation of why the treatment being trained on would be needed.
- Give information about the location of the PAI site's drug reference book and/or web-based resources.
- Provide a review of the storage of the medication, supplies, etc. needed for the treatment being trained.
- Review the location of the Medications Administration Record (MAR) forms.
- Review the documentation practices for both routinely administered and PRN medications.
- Review the steps to take to identify and report a medication error.

The following training steps have been demonstrated and/or reviewed and competency achieved:

\* CALL 911 – THE USE OF AN EPIPEN WILL REQUIRE EMERGENCY MEDICAL SERVICES (EMS) EVALUATION.

- 1. Assess the individual for signs and symptoms of a severe allergic reaction.
- 2. If the cause of the allergic reaction is an insect bite, remove the stinger if possible.
- 3. Remove the blue protective cap on the EpiPen.
- 4. Firmly hold the individual's thigh.
- 5. Place the orange tip of the EpiPen on the lateral thigh.
- 6. Press the EpiPen into the thigh until auto-injector discharges (you will feel the click as the needle ejects).
- 7. Hold the EpiPen in place for 10-15 seconds.
- 8. Remove the injector and give to the EMS for disposal.
- 9. Massage the injection site for 10 seconds with gloved hands.
- 10. Stay with the individual, assessing respiration rates and pulse. Initiate CPR if needed.

PASSED:

FAILED: \_\_\_\_\_

RETRAINING DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature Maurita Sweeney

Date: 6/8/18

PAI Nursing Staff Signature: Margie King

Date: 6/8/18

EMPTY & MEASURE CATHETER BAG, CHANGE IF NEEDED  
OBSERVATION CHECKLIST

Entered  
6/18/18 ms

SITE ORIENTATION

X = successfully completed  
demonstrated or verbalized

O = unsuccessfully completed  
not observed or verbalized

At a minimum, the following was covered:

- Review location and content of Physician Orders and Standing Order lists
- Explanation of treatment
- Location of facility drug reference
- Treatment storage issues
- Medications administration records used in the facility
- Documentation including prescribed and PRN
- Medication error forms and procedure

The following steps have been evaluated for 1) Emptying indwelling catheter bag or 2) Changing the bag:

- 1. Read & follow Indwelling catheter care Protocol
- 2. When bag is more than 1/2 full; it needs to be emptied by staff trained by PAI nurse or Consultant nurse.
- 3. Wash hands and put gloves on
- 4. Gather your supplies, alcohol wipe & approved measuring device. If changing catheter bag, gather the new catheter bag as well
- 5. Wipe around drain spout with an alcohol wipe as best as you can before disconnecting to drain urine into an approved measuring device. Caution, not to contaminate by touching spout on anything. Replace spout after it has been wipe again with alcohol, Note changes in color or odor.
- 6. Empty urine in toilet after it has been measured, carefully so not to splash on you or floor
- 7. Rinse measuring container with water, then spray with disinfecting spray
- 8. Remove gloves & wash hands
- 9. Document urine output in MARs and report to residence

If Catheter bag leaks or needs to be changed, follow 1 thru 9 and,

- 10. Wipe with alcohol all around where catheter bag & foley connect
- 11. Disconnect catheter bag from foley, being careful not to pull on foley or contaminate it
- 12. Remove cap from new bag being careful not to contaminate it by touching anything, and connect the two together.
- 13. Wipe around the connection area again with alcohol and make sure catheter bag is not pulling. Also remember to keep catheter bag hanging below bladder

COMMENTS: \_\_\_\_\_

Med trainee-print: Maurita Sweeney Date: 6/18/18

Med trainee-sign: Maurita Sweeney Date: 6/18/18

PASS: MD Needs re-training: \_\_\_\_\_ Nurses signature/Date Margda P. RN