

# South Carolina Department of Health and Human Services

[www.dhhs.state.sc.us](http://www.dhhs.state.sc.us)

Office of Waiver and Facility Services

PO Box 8206

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## South Carolina Medication Assistant Training Curriculum

**Module: Medication Fundamentals- Recommended twenty (20) Hours of Didactic (Including four (4) hours of skills lab)**

### **Objectives:**

- *Describe the different documents on which medications can be ordered and recorded.*
- *Detail the elements of a complete medication order for safe administration.*
- *Discuss the various tasks to be performed for medications to be safely stored.*
- *Identify conditions necessitating disposal of medication or questioning an incomplete medication order.*

### **Medication Orders, Documentation, Storage and Disposal**

- A. Medication prescription/ order
  1. Recorded on patient record
  2. Complete order
  3. 3. MA-C should not take verbal or telephone orders
  4. Questioning an incomplete medication order
- B. Medication documentation system
  1. Documentation of orders onto agency's medication document
  2. Medication administration record (MAR)
  3. Controlled substance medication log
- C. Medication Storage
  1. Storage area
  2. Medication room
  3. Medication cart
  4. Medication tray

### **Objective:**

- *State the ways to measure medications.*

### **Mathematics, Weights, and Measures**

- A. MA-C does not convert medications dosages.
- B. Systems of measurement
  1. Apothecaries' system
  2. Metric system
  3. Common household measures

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4. Roman numerals – drams or grains
5. Weight is grain
6. Volume is minim

### **Objective:**

- ***State the different forms in which medication can be manufactured.***

### **Forms of Medication**

#### **A. Liquid**

1. Aerosol
2. Inhalant
3. Drops
4. Elixir
5. Spray
6. Solution
7. Suspension (needs mixing/shaking)
8. Syrup
9. Tincture

#### **B. Solid and semi-solids**

1. Capsules
2. Tablet (dissolve)
3. Scored versus unscored
4. Caplets
5. Time-released
6. Covered with a special coating (not to be crushed)
7. Lozenges (dissolve)
8. Ointment
9. Paste
10. Powder
11. Cream
12. Lotion
13. Linament

### **Objectives:**

- ***Recognize that the same medication may have different names.***
- ***Identify accepted abbreviations.***
- ***Recognize the abbreviations that should not be used.***

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- *List the different effects medications can cause, locally and systemically.*
- *State the types of information that should be known about a specific medication prior to giving that medication.*

### Medication Basics

- A. Terminology
  - 1. Medication names
    - Generic
    - Brand or trade name
- B. Abbreviations
  - 1. Use standardized abbreviations, acronyms, and symbols
  - 2. Do not use abbreviations that should no longer be in use
- C. Dosage range
- D. Actions (how drug causes chemical changes in body)
- E. Implications for administration (what medical conditions are treated by the drug)
- F. Therapeutic effects (desired effect)
- G. Side effects (reaction not part of main effect desired)
- H. Precautions (anticipate or prepare for conditions that may change effect of drug)
- I. Contraindications (condition making drug dangerous to use)
- J. Allergic reactions (life threatening – anaphylaxis)
- K. Adverse reactions (unpleasant or serious side effects, other than desired)
- L. Tolerance (body adapts to drug and may be resistant/less effective)
- M. Interactions
  - 1. Specific administration information (e.g., do not take with grapefruit juice)
  - 2. Certain classes of medications that should not be prescribed at the same time
- N. Additive (synergistic) or antagonist effect
- O. Idiosyncratic effect (drug has unusual effect)
- P. Paradoxical effect (drug works in opposite way)

### Objective:

- *List the three safety checks of medication administration. Identify the six rights of medication administration.*

### Safety and Rights of Medication Administration

- A. Three safety checks
  - 1. When removing the medication package from storage (drawer/shelf)

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2. When removing the medication from the package/ container it is kept in
3. When returning the package to where it is stored
- B. Six rights of medication administration
  1. Right client
  2. Right drug
  3. Right dose
  4. Right route
  5. Right time
  6. Right documentation

### **Objective:**

- ***Describe basic steps of medication preparation prior to administration.***

### **Preparation and Actual Medication Administration**

- A. Wash hands
- B. Review medications that require checking of pulse or blood pressure before administering
- C. Identify the client
- D. Introduce yourself
- E. Explain what you are going to do
- F. Glove if necessary
- G. Position the client
- H. Do what you explained
- I. Wash your hands
- J. Special considerations
- K. Document

### **Module: Safety-Recommended Seven (7) Hours of Didactic (including one (1) hour of skills lab)**

### **Objective:**

- ***Identify information needed about the patient and the medication prior to medication administration.***

### **Prevention of Medication Errors**

- A. Know the following before administering medications:
  1. Name (generic and trade)
  2. Purpose
  3. Effect
  4. Length of time to take effect

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5. Side effect
6. Adverse effects
7. Interactions
8. Special instructions
9. Where to get help

### **Objectives:**

- ***Identify common causes of medication errors.***
- ***State what steps should be taken when a medication error occurs.***

### **Causes and Reporting of Medication Errors**

- A. Failure to follow manufacturer's specifications/ directions for use.
- B. Failure to follow accepted standards for medication administration.
- C. Failure to listen to a client's or family's concerns.
- D. Notify the agency's nurse/supervisor/ pharmacist/physician or other prescriber, according to the agency policy.
- E. Complete a medication error or incident report.

## **Module: Communication and Documentation – Recommended Eight (8) Hours of Didactic (including Two (2) hours of skills lab)**

### **Objectives:**

- ***Discuss building relationships (review from CNA training).***

### **Building Relationships**

- A. Review the communication process.
- B. Review barriers to effective listening and communication.
- C. Setting boundaries
- D. Review team building.

### **Objectives:**

- ***State when the nurse must be notified of a change in the client's normal condition.***

### **Reporting of Symptoms or Side Effects**

- A. Observe, monitor, and report any change that is different from the client's normal condition.
- B. Notify the nurse as soon as possible with as much information as available.
- C. Record change

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### **Objectives:**

- *Discuss when the nurse should be notified about vital sign changes.*
- *State when the nurse should be notified of a client's pain.*
- *Identify other alterations of conditions that should be reported to the nurse.*

### **Report Any Change from the Client's Normal Condition**

- A. Temperature
- B. Pulse
- C. Respirations
- A. Blood Pressure
- B. Observe and report complaints of pain
- C. Other changes in condition (e.g., urinary output, mental status, activity, etc.).

### **Objective:**

- *State documentation requirements for medication administration.*

### **Documentation of Medication Administration**

- A. Identifying initials and time on MAR.
- B. Circle and document the reasons that a client may not take a medication.
- C. PRN medication, delegated by the licensed nurse, per facility/ agency policy.

### **Objective:**

- *Explain the responsibilities of the delegating/ supervising nurse when delegating medication administration to the MA-C.*

### **Role of the Delegating/Supervising Nurse**

- A. The nurse must determine the level of supervision, monitoring and accessibility she or he must provide for nursing assistive personnel.
- B. The nurse continues to have responsibility for the overall nursing care.
- C. To delegate effectively, nurses need to be able to rely on nursing assistive personnel's credentials and job descriptions, especially for a first-time assignment.
- D. Nursing administration (typically through human resources/ personnel) has the responsibility for validating credentials and qualifications of employees.

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- E. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues.
- F. Trust is central to the working relationships between nurses and assistive personnel.
- G. Good relationships have two-way communication, initiative, appreciation, and willingness to help each other.

**Module: Module: Medication Administration – Recommended Twenty (20) Hours of Didactic (including Two (2) hours of skills lab)**

### **Objective:**

- ***Identify common methods of medication administration.***

#### **Routes of Administration**

- A. Oral
- B. Buccal
- C. Sublingual
- D. Inhaler (metered dose)
- E. Nebulizer
- F. Nasal
- G. Eye (ophthalmic)
- H. Ear (otic)
- I. Topical
- J. Dressings
- K. Soaks
- L. Transdermal (e.g., patch)
- M. Suppositories (rectal and vaginal)

### **Objective:**

- ***Identify factors that may affect how the body uses medication.***

#### **Factors Affecting How the Body Uses Medication**

- A. Age
- B. Size
- C. Family traits
- D. Diet
- E. Disease
- F. Psychological issues

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G. Gender and basic metabolic rate

H. Dosage

### ***Objectives:***

***Identify the classifications of medications, state common effects of medication on the body.***

### **Classes of Medications Related to Body Systems and Common Actions**

A. Antimicrobial

- Controls or prevents growth of bacteria, fungus, virus, or other microorganisms.

B. Cardiovascular

- Corrects an irregular, fast or slow heart rate
- Prevents blood from clotting
- Lowers blood pressure

C. Dermatological

- Anti-infective
- Anti-inflammatory

D. Endocrine

- Antidiabetic
- Reduces inflammation
- Hormones

E. Gastrointestinal

- Promotes bowel movements
- Antacids
- Antidiarrheal
- Reduces gastric acid

F. Musculoskeletal

- Relaxes muscles

G. Neurological

- Prevents seizures
- Relieves pain
- Lowers body temperature
- Anti-Parkinsonian
- Antidepressants
- Promotes sleep
- Relieves anxiety

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- Antipsychotics
- Mood stabilizer
- H. Nutrients/Vitamins/ Minerals
  - Replaces chemicals missing or low in the body
- I. Respiratory
  - Decreases Mucus
  - Bronchodilation
  - Cough depressant/ expectorant
  - Decongestant
- J. Sensory
  - Antiglaucoma
  - Artificial tears
  - Earwax emulsifiers
- K. Urinary
  - Increase water loss through kidneys

### **Objective:**

- *Identify resource materials and professionals to contact for clarification of medication questions.*

### **Location of Resources and References**

- A. Nurse
- B. Pharmacist
- C. Physician
- D. Package/drug insert (brochure)
- E. Drug reference manuals

**Module: Module: Ethical and Legal – Recommended Five (5) Hours (including one (1) hour of skills lab)**

### **Objectives:**

- *Identify when a delegated task should or should not be performed by the MA-C.*
- *Recognize when and how to report errors.*
- *Recognize what should be reported to the licensed nurse.*

### **Role of the MA-C**

- A. MA-C may perform a task involving administration of medications if:

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1. MA-C's assignment is to administer medications under the supervision of a licensed nurse in accordance with provisions of this act and rules; and
  2. The delegation is not prohibited by any provision of this act and rules.
- B. Role of the MA-C includes medication administration as a delegated nursing function under nursing supervision. The following acts shall not be delegated to MA-C:
1. Conversion or calculation of medication dosage;
  2. Assessment of client need for or response to medication; 3.
  3. Nursing judgment regarding the administration of PRN medications; or 4.
  4. Medications to be given via parenteral routes and through nasogastric, gastrostomy or jejunostomy routes.
- C. MA-C shall not perform a task involving the administration of medication if:
1. The medication administration requires an assessment of the client's need for medication, a calculation of the dosage of the medication or the conversion of the dosage;
  2. The supervising nurse is unavailable to monitor the progress of the client and the effect on the client of the medication; or
  3. The client is not stable or has changing needs.
- D. Any MA-C who has any reason to believe that he/she has made an error in the administration of medication shall follow facility policy and procedure to report the possible or known error to the appropriate superior and shall assist in completing any required documentation of the medication error
- E. Medication Administration Policies
1. MA-C shall report to the supervising nurse:
    - a. Signs or symptoms that appear life-threatening;
    - b. Events that appear health-threatening; and
    - c. Medications that produce no results or undesirable effects as reported by the client
  2. A licensed nurse shall supervise MA-C
  3. A licensed nurse shall review periodically the following:
    - a. Authorized provider orders; and
    - b. Client medication records

### **Objectives:**

- ***Distinguish between the tasks a MA-C can and cannot accept.***
- ***Define redelegation.***
- ***Identify skills that enhance the delegation process.***

The responsibility of MA-C when accepting delegation tasks

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- A. The MA-C has the responsibility not to accept a delegation that she/he knows is beyond her/his knowledge and skills.
- B. Delegation is client specific. Having done a task for one client does not automatically mean assistive personnel can do the task for all clients. In addition, delegation is also situation specific; doing a task for one client in one situation does not mean the nursing assistive personnel may perform that task for this client in all situations
- C. A task delegated to assistive personnel cannot be redelegated by the nursing assistive personnel.
- D. The MA-C is expected to speak up and ask for training and assistance in performing the delegation, or request not to be delegated a particular task/ function/activity.
- E. Both nurse and MA-C need the appropriate interpersonal and communication skills and organizational support to successfully resolve delegation issues.

### **Objective:**

- *Describe the rights of the client.*

### **Rights of Individuals**

- A. Maintaining confidentiality
- B. Respecting client's rights
- C. Respecting client's privacy
- D. Respecting client's individuality and autonomy
- E. Communicating respectfully
- F. Respecting client's wishes whenever possible
- G. Right to refuse medication
- H. Right to be informed

### **Objective:**

- *Discuss the types of abuse that must be reported.*
- *Describe examples of the types of legal problems that can occur.*

### **Specific Legal and Ethical Issues**

- A. Abuse and/or neglect
  - 1. Identify types of abuse
    - a. Physical
    - b. Verbal

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- c. Psychological
- d. Sexual
- e. Financial
- 2. Preventive measures
- 3. Duty to report
- B. Exposure to medical malpractice/ negligence claims/ lawsuits
- C. Fraud
- D. Theft
- E. Diversion

### ***Objectives:***

- *List the three steps to take before medication is safe to give.*
- *Recognize the numerous rights that must be followed before and after medication is administered.*

### **Safety and Rights of Medication Administration**

- A. Review the three safety checks
- B. Review the six rights of medication administration

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### Module: Practicum

#### *Objective:*

- *Demonstrate safe administration of medications to clients in a clinical setting.*

#### *Content Outline:*

- *40 hours of supervised clinical practicum, which should be progressive, where the instructor observes medication administration; gradually, the instructor increases the number of clients to whom the student administers medications.*

#### *Evaluation Criteria:*

- *Successfully complete all assigned skills per a checklist, which incorporates the didactic modules of:*
  1. Medication fundamentals
  2. Safety
  3. Communication and documentation
  4. Medication administration
  5. Ethical and legal issues