



**Learning Exercise:**  
*Understanding Your Community Specific Responsibilities*

Sit down with your supervisor. List your essential duties, and any specific areas you need to clarify.

My essential duties as a Med Aide include:

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Who is my immediate supervisor? \_\_\_\_\_

In the event of an emergency, how do I reach my supervisor when my supervisor is not in the building?

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Who do I contact if I am unable to reach my supervisor?

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## Learning Exercise: *Allowable Med Aide Duties*

Discuss the following common medication-related duties and procedures with your trainer. Clarify who may perform each duty, and place a check mark in the appropriate column next to each. Ensure your answers conform to both your community policy and your state regulations.



LMP = Licensed Medical Professional

Duty/Procedure		Who May Perform?
Oral medications		<input type="checkbox"/> Med Aide may ASSIST <input type="checkbox"/> Med Aide may ADMINISTER <input type="checkbox"/> Only a LMP may perform <input type="checkbox"/> Other: _____
Inhalers		<input type="checkbox"/> Med Aide may ASSIST <input type="checkbox"/> Med Aide may ADMINISTER <input type="checkbox"/> Only a LMP may perform <input type="checkbox"/> Other: _____
Transdermal patches		<input type="checkbox"/> Med Aide may ASSIST <input type="checkbox"/> Med Aide may ADMINISTER <input type="checkbox"/> Only a LMP may perform <input type="checkbox"/> Other: _____



<p>Topical medications (e.g., ointments, creams, etc.)</p>		<p><input type="checkbox"/> Med Aide may ASSIST  <input type="checkbox"/> Med Aide may ADMINISTER  <input type="checkbox"/> Only a LMP may perform  <input type="checkbox"/> Other: _____</p>
<p>Eye drops</p>		<p><input type="checkbox"/> Med Aide may ASSIST  <input type="checkbox"/> Med Aide may ADMINISTER  <input type="checkbox"/> Only a LMP may perform  <input type="checkbox"/> Other: _____</p>
<p>Ear drops</p>		<p><input type="checkbox"/> Med Aide may ASSIST  <input type="checkbox"/> Med Aide may ADMINISTER  <input type="checkbox"/> Only a LMP may perform  <input type="checkbox"/> Other: _____</p>
<p>Nose drops</p>		<p><input type="checkbox"/> Med Aide may ASSIST  <input type="checkbox"/> Med Aide may ADMINISTER  <input type="checkbox"/> Only a LMP may perform  <input type="checkbox"/> Other: _____</p>
<p>Injections</p>		<p><input type="checkbox"/> Med Aide may ASSIST  <input type="checkbox"/> Med Aide may ADMINISTER  <input type="checkbox"/> Only a LMP may perform  <input type="checkbox"/> Other: _____</p>
<p>Suppositories</p>		<p><input type="checkbox"/> Med Aide may ASSIST  <input type="checkbox"/> Med Aide may ADMINISTER  <input type="checkbox"/> Only a LMP may perform</p>



		<input type="checkbox"/> Other: _____
<p>Enemas</p>		<input type="checkbox"/> Med Aide may ASSIST <input type="checkbox"/> Med Aide may ADMINISTER <input type="checkbox"/> Only a LMP may perform <input type="checkbox"/> Other: _____
<p>Titrate (decide how much of a medication to give) based on vital signs</p>		<input type="checkbox"/> Med Aide may ASSIST <input type="checkbox"/> Med Aide may ADMINISTER <input type="checkbox"/> Only a LMP may perform <input type="checkbox"/> Other: _____





## Learning Exercise:

### *Terminology and Abbreviations*

Write the correct complete word(s) for each abbreviation:

AC	
BM	
$\bar{c}$	
BID	
gtt	
DC	
DNR	
PO	
QD	
QH	
QHS	
QID	
QOD	
NKDA	
NSAID	
OD	
OS	
OTC	
Rx	
URI	
UTI	
<	
TID	





## Learning Exercise:

### *Drug Names*

The drugs listed below are the generic or trade names for several common drugs. Draw a line to match the correct generic name with the trade name.

#### Trade Names

Meticorten

Lasix

Paxil

Ativan

Risperdal

Tylenol

#### Generic Names

furosemide

lorazepam

paroxetine

prednisone

acetaminophen

risperidone



# Medication Assistance Record

Month:

Year:

Start Date	Stop Date	Medication	Assist Times	Days of the Month																																	
				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			

Resident	Room #	Allergies	Signature/Title	Initials

# PRN Medication Record

Date Started	Medication & Instructions	Date Started	Medication & Instructions	Date Started	Medication & Instructions

Date Given	Time	Medication	Dose	Route	Reason Given	Initials	Results	Time	Initials

Resident	Room #	Allergies	Signature/Title	Initials



# Centrally Stored Medication Record

RESIDENT				ADMISSION DATE		ATTENDING PHYSICIAN			
MEDICATION NAME	STRENGTH/ QUANTITY	INSTRUCTIONS CONTROL/CUSTODY	EXPIRATION DATE	DATE FILLED	DATE STARTED	PRESCRIBING PHYSICIAN	PRESCRIPTION NUMBER	NO. OF REFILLS	NAME OF PHARMACY

# Medication Destruction Record

RESIDENT	ADMISSION DATE	ATTENDING PHYSICIAN
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**INSTRUCTIONS:** Prescription drugs not taken with the client/resident upon termination of services or otherwise disposed of shall be destroyed in the facility by the Administrator or Designated Representative and witnessed by one other adult who is not a client/resident.

MEDICATION NAME	STRENGTH/ QUANTITY	DATE FILLED	PRESCRIPTION NUMBER	DISPOSAL DATE	NAME OF PHARMACY	SIGNATURE OF ADMINISTRATOR OR DESIGNATED REP.	SIGNATURE OF ADULT WITNESS



## Learning Exercise:

### *Know Your Community Documentation*

Work with your supervisor and practice the following:

1. Enter this order on the MAR used in your community.

*Vitamin C, 75mg, Take one by mouth every day*

2. A resident tells you she has a headache and wants a Tylenol. Describe how you would handle this request, including the documentation that must be completed.
3. Locate all documents used for refilling and ordering new medications from the pharmacies commonly used in your community.
4. A medication has expired and must be destroyed. Describe how you would handle this, including the documentation that must be completed.



5. Fill in the following information:

a. Name of your primary pharmacy: \_\_\_\_\_

b. Where is your pharmacy contact information located? (fax number, telephone number, etc.)?  
\_\_\_\_\_

c. What day(s) are your cycle medications delivered?  
\_\_\_\_\_

