

# Final Exam

## Assisted Living Medication Training

Name: \_\_\_\_\_

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

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Choose the answer that **best** answers the question.

1. A resident may store and consume his own medications if:
  - a. The resident does not have a diagnosis of dementia.
  - b. The family signs a statement which is maintained in the resident's chart
  - c. Never.
  - d. There is written physician approval.
  
2. Which statement is not true about allergies?
  - a. An allergic reaction should be reported immediately to your supervisor and the resident's physician.
  - b. A resident may develop an allergic type reaction to a medication, even though he took it successfully in the past.
  - c. Allergic reactions would never be life threatening.
  - d. None of the above.
  
3. All of the following are considered reasons for medication errors, except:
  - a. Transcribing information incorrectly onto the MAR.
  - b. Checking the medication label with the MAR.
  - c. Relying on your expertise and experience in remembering the medications your resident takes.
  - d. All of the above.
  
4. Orthostatic hypotension, confusion, drowsiness, and nausea are all examples of:
  - a. Adverse drug reactions
  - b. Medication synergistic effects
  - c. Medication use
  - d. Medication underuse



5. Which statement best describes your responsibility as a Med Aide?
  - a. Med Aides are only responsible for giving meds.
  - b. Med Aides are responsible for ensuring meds are not left unattended.
  - c. Med Aides are responsible for ensuring medications and supplies are available, assisting with medications in a safe manner and monitoring the resident for a change in status.
  - d. Med Aides are responsible for prescribing the correct dose of medication.
  
6. If there is a physician order and the physician has indicated on the PRN authorization form that the resident may not determine his need for a PRN medication, but the resident may communicate symptoms that would warrant the use of a PRN medication:
  - a. The Med Aide may give a prescription medication, according to the physician orders.
  - b. The Med Aide may not give a prescription or an OTC medication without first calling the physician before each dose.
  - c. The Med Aide may give an OTC medication, according to physician orders and upon the resident communicating the symptoms which would warrant the use of the medication, without calling the physician before each dose.
  - d. The Med Aide must first call her supervisor before giving a PRN medication.
  
7. A routine medication is given:
  - a. As requested by the resident.
  - b. On a regularly scheduled basis.
  - c. Whenever the resident wants it.
  - d. Only by a registered nurse.



8. If a resident requires his medication be crushed, what does Community Care Licensing require you to have on file?
- Signed consent to crush medications signed by the resident or his conservator, if conserved, an order to crush signed by a physician or registered nurse, verification the medication can be mixed in applesauce.
  - A physician order, proof of training on med crushing by an RN or LVN and documentation of a telephone call with a pharmacist indicating what the medication may be mixed in safely.
  - A physician order and proof of training on crushing meds.
  - A signed consent to crush the medication, signed by the resident or his conservator if conserved, a physician order to crush the medication, documentation of a conversation with a physician or pharmacist to determine what foods the medication may be mixed in.
9. A Med Aide may:
- Never draw up an injection.
  - Insert a non-medicated suppository, such as a glycerin suppository.
  - Insert a suppository with proof of training by an RN or LVN, and only when the resident is on hospice.
  - Perform any medication administration procedure without supervision or training.
10. According to Community Care Licensing, a licensed vocational nurse may:
- Give insulin to a resident
  - Not give insulin to a resident
11. A resident may refuse medication:
- Unless she has dementia and does not know what medications do for her.
  - Only with permission of the family.
  - Anytime.
  - Only when the medication is a PRN medication.



12. After initial training upon hire, a med aide is required to complete:
- 12 hours of continuing education a year.
  - 4 hours of continuing education related to medications each year.
  - No further training as long as he remains employed at the same community.
  - None of the above
13. Your resident, Mrs. Jones is taking hydrochlorothiazide 25mg. This is an important medication for the treatment of her blood pressure. You ran out of this medication because the family did not drop off the prescription yesterday. You do not have any to give this morning. What should you do?
- Call the son and tell him he is not taking proper care of his mom's refills.
  - Notify the resident's physician.
  - Give her extra of her atenolol to make up for this missing hydrocholorthizide.
  - All of the above.
14. You received a STAT order at 2:00 pm for Avelox, an antibiotic. You should:
- Do nothing.
  - Let the med aide on the next shift arrange for delivery.
  - Ask the resident when they want to take the medication.
  - Contact the pharmacy to ensure immediate delivery of the medication.
15. DOXYCYCLINE is the generic name for VIBRA TAB. How would you expect these drugs to be written on a medication label?
- Doxycycline generic for vibra tab
  - Doxycycline generic for Vibra Tab
  - doxycycline generic for Vibra Tab
  - doxycycline generic for vibra tab



16. Mr. Fritz's new order reads Atenolol 25mg by mouth every morning. You have on hand his original Atenolol which is 12.5 mg. How many tablets will you give to match his new order?

- a. 2 tablets.
- b. One half tablet.
- c. 3 tablets.
- d. None of the above

17. The physician has ordered:

"ibuprofen 200 mg. Give 2050 mg every night at bed time."

The tablets you have on hand are coated. What is your best action with this order?

- a. Carefully cut one tablet in half and in half again using a pill cutter. Then give the quarter tablet along with 10 tablets to equal the correct dose.
- b. Ask your supervisor to cut the tablet in half and in half again, as she has more experience and then give with 10 tablets to equal the dose.
- c. Refuse to give the medication, since you cannot cut coated unscored tablets.
- d. Call the doctor to verify the dose. This is an unusual dose.

18. When preparing a resident's medication, how many times should you check the label?

- a. 1 time
- b. 3 times
- c. 2 times
- d. None of the above

19. If a resident refuses his medication, it is best to:

- a. Gently force the resident's mouth open using a gloved hand.
- b. Don't bother to give the medication, as it will only upset him more.
- c. Try to find out why the resident does not want to take the medication.
- d. Immediately call 9-1-1.



20. If you make a medication error:
- Do not panic.
  - Immediately report the error to your supervisor.
  - Make sure the physician is contacted and orders are followed.
  - All of the above.
21. You have two residents who both take Coumadin 2 mg. One resident runs out of the medication. Is it permissible to borrow a Coumadin from the other resident, if you return it once the refill comes in?
- Yes
  - No
22. An expired medication may be given:
- If it is expired less than 7 days.
  - If it is an over-the-counter medication.
  - Both a and b are correct.
  - Never.
23. When assisting with a sublingual medication it is important to:
- Crush it in applesauce before giving.
  - Ask the resident to place it in his cheek.
  - Ask the resident to place it under his tongue.
  - Make sure the resident swallows it with plenty of water.
24. When assisting with eye drops:
- Hold the medication dropper 8-10 inches above the eye.
  - Hold the dropper above the conjunctival sac.
  - Gently rest the dropper on the eye, so no medication is missed.
  - None of the above



25. A PRN medication is given to the resident:

- a. As needed, according to physician orders.
- b. Every morning and evening.
- c. Every other day.
- d. Whenever the resident wants it.

26. The six rights are:

- a. The right: resident, drug, response, time dose, and documentation.
- b. The right: medication, drug, dose, time, documentation, and resident.
- c. The right: drug, dose, route, time, and documentation.
- d. The right: resident, drug, dose, time, route, and documentation.

27. The sequence for assisting with inhalers is as follows. The resident:

- a. Breathes in, presses inhaler, holds, and breathes out.
- b. Breathes out, presses inhaler as he is breathing in, holds, and breathes out.
- c. Presses inhaler, breathes in, and breathes out.
- d. Breathes out, holds, presses inhaler, holds, and breathes in.

28. It is permissible to leave a medication cup with a resident:

- a. If he has a private room.
- b. If he agrees to take the medication within a half an hour.
- c. If his family is present.
- d. Never.

29. When pouring medication:

- a. Only pour one resident's medication at a time.
- b. Check the six rights three times.
- c. Make sure you have the correct dose.
- d. All of the above.



30. BID is a common abbreviation for

- a. Once a day
- b. Twice a day
- c. Three times a day
- d. None of the above

31. Before giving a medication to a resident you must:

- a. Have a physician order.
- b. Conduct a service planning meeting.
- c. Perform a head to toe assessment.
- d. All of the above.

32. It is important to wear gloves when assisting with topical medications:

- a. Because it looks more professional.
- b. Because you could absorb the medication you are assisting the resident to apply.
- c. Because gloves are worn at all times when we approach the med cart.
- d. All of the above.

33. Discontinued is often abbreviated:

- a. Disc.
- b. D/C
- c. Discon.
- d. None of the above





34. When a medication is discontinued it must be destroyed or returned to the pharmacy, depending upon your facility protocol. What statement best describes the correct procedure for destroying a medication?
- One staff member may complete the destruction, as long as he or she is a trained medication aide.
  - Two staff members must witness the destruction.
  - Medications are expensive and if the family wants to take the medication, it is permissible, as long as you document the amount of discontinued medication the family is picking up.
  - None of the above.
35. When assisting with medications, the main reason you do not leave a medication unattended is because:
- It could cause the resident to become agitated.
  - The meds could get dirty.
  - The resident may not take the medication or someone else may.
  - Medications are very expensive.
36. Which of the following may be an example of an adverse drug reaction?
- Fatigue
  - Confusion
  - Dizziness
  - All of the above
37. OTC is an abbreviation for:
- An urgent drug order.
  - On the Coumadin.
  - Over-the-counter.
  - Out of treatment category.



38. The abbreviation for teaspoon is:
- a. TBS
  - b. gm
  - c. tsp
  - d. None of the above
39. An order is written for metoclopramide 10 mg three times a day. The solution of metoclopramide on hand is 5mg/5ml. How many milliliters per dose should the resident receive?
- a. 5 ml
  - b. 10 ml
  - c. 15 ml
  - d. None of above
40. You have received an order for a liquid medication. You are not sure how much to give to equal the number of mg ordered. Your supervisor is not in the building. What should you do?
- a. Do your very best to calculate and err on the side of giving too little rather than too much.
  - b. Hold the order until tomorrow and there is appropriate supervision.
  - c. Call the pharmacy and ask for assistance from a pharmacist.
  - d. Go to online and search for the answer.
41. The physician has ordered a liquid oral medication for your resident. It is best to use:
- a. A plastic med cup with measurements.
  - b. A tablespoon, since the resident is most familiar with this.
  - c. An eye dropper.
  - d. None of the above.



42. When assisting a resident to apply a transdermal patch, you should:
- Use duct tape to hold it in place.
  - Remove the old patch as ordered.
  - Pierce the underside of the patch to be sure the medication is delivered to the skin.
  - Cleanse the area where the patch will be applied with betadine first, to avoid an infection.
43. "Ambien 5mg po as needed for sleep" would be considered...
- a complete order.
  - an incomplete order.
44. When working as a Med Aide you must:
- Follow Title 22 regulations from Community Care Licensing.
  - Follow your facility systems for documentation.
  - Follow instructions from your supervisor.
  - All of the above.
45. Unless otherwise indicated by the physician, medications may be given:
- One hour before or one hour after the scheduled time.
  - Only at the time scheduled.
  - Within two hours after the scheduled time.
  - All of the above.
46. Having more than one resident's medications out at a time for pouring:
- Must never be done.
  - May be done as long as you are following a neat orderly system.
  - Helps ensure efficiency and that all meds are given on time.
  - Both b and c are correct.



47. It is best to use a \_\_\_\_\_ when writing on the MAR.
- pencil
  - red pen
  - black pen
  - marker
48. The medication label and the MAR are compared:
- When removing the medication from the storage area.
  - When pouring the medication.
  - When returning the medication to the storage area.
  - All of the above.
49. When a resident is going to be gone all week with their family, it is best to:
- Give all of the prescribed medications in the original container from the pharmacy to the family along with any special instructions.
  - Place the pills for the day carefully in envelopes and label each envelope.
  - Give the meds when the resident returns at the end of the day.
  - Do whatever the family asks.
50. If you have an uneasy feeling about the medications you are about to give a resident, it is best to:
- Give it anyway; you are experiencing something called "new med aide jitters."
  - Consult with your supervisor.
  - Ask the resident if the medications seem correct.
  - Call the resident's family.

