

ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS

POST-TEST 1. True/False

Mark your answers “T” (True) or “F” (False).

1.	“Health care provider” (HCP) means a physician or physician’s assistant licensed under Chapter 458 or 459, F.S., or advanced registered nurse practitioner (ARNP) licensed under Chapter 464, F.S.
2.	A nurse, pharmacist, family member, or friend can assist a resident with a pill organizer in an ALF in Florida, but an unlicensed person cannot.
3.	The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of drugs by a resident poses a safety hazard to other residents; therefore, the facility may centrally store the medication.
4.	When an OTC product is prescribed by a physician, the medication becomes a prescription and must be properly labeled by a pharmacist or physician.
5.	Medication administration includes the conducting of any examination or testing such as blood glucose testing or other procedure necessary for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff.
6.	A “pill organizer” means a container which is designed to hold solid doses of medication for one week only and is divided according to day and time increments.
7.	A resident who self-administers medications may use a pill organizer managed by a nurse.
8.	An unlicensed person trained in accordance with Section 429.256, F.S., and Rule 58A-5.0185 may measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions.
9.	An unlicensed person trained in accordance with Section 429.256, F.S., and Rule 58A-5.0185 should recognize the need to obtain clarification of a PRN “as needed” prescription order.
10.	An unlicensed person trained under Section 429.256, F.S., and Rule 58A-5.0185 should recognize a medication order which requires judgment or discretion, and advise the resident, HCP, and/or facility employer of inability to assist in the administration of such orders.
11.	The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident or the resident’s legal representative, designee, surrogate, guardian, or attorney-in-fact contracts with a licensed third party to provide this service to the resident.
12.	Unlicensed persons who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(5), F.S., prior to assuming this responsibility.
13.	A nurse, pharmacist, family member, friend, or unlicensed person can assist a resident with a pill organizer in an ALF in Florida.
14.	Unlicensed persons can NOT assist with medications ordered by the physician or health care professional to be given “as needed,” unless the order is written with specific parameters that do not require independent judgment on the part of the unlicensed person.
15.	Unlicensed persons can NOT assist with medications if the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.
16.	Unlicensed staff may take vital signs – temperature, blood pressure, heart rate/pulse, and respiration, if medication orders require it.

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17.	Reassess resident's ability to safely store and self-administer medications at least every six months to a year.
18.	Discontinued medications must be stored separately from medications in current use and marked "discontinued medications."
19.	To save time, unlicensed staff may use a pill organizer for any resident when assisting with self-administration of medication in an ALF.
20.	Unlicensed staff must have initial four (4) hour training in assisting with self-administration of medication before providing assistance to any resident.
21.	If a doctor prescribes a nebulizer for a resident, unlicensed staff may assist with this as long as there is a doctor's order and the unlicensed staff assisting has been trained to use a nebulizer.
22.	A nurse could jeopardize his/her license by delegating responsibility to an unlicensed person to assist with self-administration of medication that requires the judgment of a licensed person.
23.	All health care providers should be aware of the laws that assisted living facilities must follow with regard to medication orders.
24.	A doctor must review and sign a new order for the continuing need for a chemical restraint annually for each resident using a chemical restraint in an assisted living facility.
25.	An order written on the MOR must always exactly match the prescription label.
26.	You should always document all medications on the MOR at the end of your shift for consistency and to make sure you correctly initialed all medications you assisted with that day.
27.	If the doctor changes a prescription order for a resident's medication, you should correct the original entry on the MOR.
28.	If you make a mistake on the MOR, always use whiteout so that the entry looks neat.
29.	If you are unsure of a medication that you are assisting with, it is better to have the resident take the medication until you have time to contact the administrator.
30.	It is not necessary to keep the box from a tube of medication, as long as you understand how to assist the resident with this medication.
31.	If you have an over-the-counter medication, like Tylenol, it is fine to use this for any of the residents who have a headache.
32.	A resident's medication was temporarily discontinued, but it is not expired. You should store this with his current medications for the resident's future use.
33.	An as-needed prescription must always have clear specific directions for use and the condition for which the medication should be given.
34.	Medication which has been abandoned or expired must be disposed of within 30 days.
35.	If a resident's ankles are swollen, and the resident has an as needed medication for fluid retention, an unlicensed person may NOT assist.
36.	An alert label on a medication container will help let the staff know there are revised directions on the MOR.
37.	Prescription labels sometimes have abbreviations.
38.	If you assist with medications, will there be times when you won't understand a doctor's order or a prescription label?
39.	A nurse or CNA can also change a prescription label.

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40.	You just received a refill of a resident's medication and you have two tablets left in the bottle currently being used. Best practice is to place the two tablets in the refill bottle that you just received.
41.	If a doctor gives a resident medication samples from his office, the facility does not need a signed, written prescription order or fax copy of the same because the medication came directly from the doctor's office.
42.	Unlicensed trained staff may assess resident's pain levels in order to determine how much medication to be provided that day.
43.	A competent resident would be a resident that understands in general their medications and what they are used for medically.
44.	A unlicensed trained staff may take a telephone order from a physician and change the order on the MOR.
45.	MORs can be initialed or completed for up to 24 hours after the medication observation has been used for that resident that shift.
46.	Unlicensed trained staff may assist residents with their insulin injections if a nurse has pre-filled the syringe with specific instructions.
47.	Prescription medications may be given without a doctor's order.
48.	The medication observation record (MOR) is completed at the end of each shift to assure accuracy.
49.	An unlicensed staff person who receives the four (4) hour training may crush medications if the prescription label directs you to do so.
50.	Assistance with medication by an unlicensed person requires the written informed consent of the resident.
51.	The resident does not have to be present when you take the medication from the bottle.
52.	Unlicensed staff may assist with "as needed" or "as directed" medication only at the request of a competent resident.
53.	The facility may maintain a stock supply of over-the-counter medications for multiple resident use.
54.	Trained unlicensed staff may transfer medications from one storage container to another.
55.	Assistance with medications includes application of creams or ointments that require a dressing.
56.	Centrally stored medications shall be kept in a locked/secured cabinet or locked storage area at all times.

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1. List the nine (9) rights of medication assistance the employee in an ALF must follow each time a _____ medication _____ is _____ given: _____.
2. Name the three (3) methods of medication management allowed in an ALF. _____.
3. Define Side Effect: _____.
4. How many days do you have to dispose of abandoned or expired medications? # _____ days.
5. Who is ultimately responsible for determining which type of medication management a resident requires? _____.
6. Under what method of medication management can a resident use a weekly pill organizer while in an ALF? _____.
7. The _____ is the record keeping system for a resident's medication management.
8. A medication label can only be changed by a _____.
9. Only a _____ tablet can be broken in half.
10. _____ is the single most effective method of controlling the spread of germs.
11. _____ must be used when assisting with ointments.

MULTIPLE CHOICE (Circle correct answer)

1. A resident is experiencing diarrhea of unknown source; you should:

- a. Put him/her on a liquid diet
- b. Call the doctor
- c. Stop all medication
- d. All of the above

2. Assistance with medications does NOT include:

- a. Mixing, compounding, converting, or calculating dosages
- b. Preparing or giving injections or suppositories
- c. Medications which require judgment
- d. All of the above

3. Before assisting a resident with self-administered medications, the caregiver should first:

- a. Obtain the medication from the storage area
- b. Sign off the medication in the Medication Observation Record
- c. Wash hands properly
- d. All of the above

4. Who may teach the four-hour assistance with self-administered medications course?

- a. Administrator
- b. RNs / LPNs

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- c. RNs / Pharmacists
- d. RNs / LPNs / Pharmacists

5. Medication orders may be taken over the phone by:

- a. Administrator
- b. Trained unlicensed staff
- c. Nurses
- d. None of the above

6. Use of the medication observation record (MOR) is not required for which of the following:

- a. Medication administration
- b. Assistance with self-administration of medication
- c. Self-administration of medication
- d. None of the above