



## WORKBOOK 2

# MEDICATION ADMINISTRATION

Good morning Student,

It is currently 8:00 am on the 10<sup>th</sup> of the month and you are assigned medication administration. Please review the MEDICATION/TREATMENT CHART and determine what you will do:

- Do you see what medications you will be passing?
- What is the time frame to pass these medications?
- What are the effects of these medications and where do you find that information?
- What are the 5 rights of medication administration?
- How many times do you check the 5 rights of medication administration before administration?
- How do you document the administration of a medication?
- Should you monitor for all the effects of medication (therapeutic effects, side effects, adverse reactions)?
- Please follow the steps provided on pages 3 and 4 to practice medication administration of the medications you see on the MEDICATION/TREATMENT CHART.

Pages 5 and 6 have images of potential medication storage areas for Jane’s medication.



MEDICATION/TREATMENT CHART

LAST NAME	Doe	FIRST NAME	Jane
CASE #	54321	HOME	Lafayette
B.D.	October 28, 1961		
ALLERGIES	NKDA		
MONTH/YEAR	CURRENT MONTH AND YEAR		

MEDICATION	HR	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	
COLACE 50mg/15mL, GIVE ONE TABLESPOON, TWO TIMES A DAY, BY MOUTH	8A	→																															
	8P	→																															
TEGRETOL 200 mg TABLETS, GIVE ONE TABLET, THREE TIMES A DAY, BY MOUTH	8A	→																															
	4P	→																															
	8P	→																															
CORTISPORIN EAR DROPS, GIVE TWO DROPS, IN LEFT EAR, THREE TIMES A DAY FOR TEN DAYS	8A	→																															
	4P	→																															
	8P	→																															
NASAL NOSE SPRAY, SPRAY TWICE, IN EACH NOSTRIL, EVERY 12 HOURS FOR SEVEN DAYS	8A	→																															
	8P	→																															
ARTIFICIAL TEARS, APPLY TWO DROPS, IN BOTH EYES, FOUR TIMES A DAY FOR SEVEN DAYS	8A	→																															
	12P	→																															
	4P	→																															
	8P	→																															
TRIPLE ANTIBIOTIC OINTMENT APPLY SPARINGLY, ONCE A DAY, TO BURN ON THE RIGHT FOREARM	8A	→																															

DISCONTINUE ON MM/19/YR  
AFTER 8 PM DOSE PH

DISCONTINUE ON MM/16/YEAR  
AFTER 8PM DOSE PH

DISCONTINUE ON MM/16/YEAR  
AFTER 8 PM DOSE PH

Initial Medication and Identify Initials Below with Signature

Initials	Signature	Initials	Signature	Initials	Signature
		sh	R. H. M.		

# BEHAVIOR OBJECTIVES FOR MEDICATION ADMINISTRATION INTERNAL/ORAL MEDICATIONS

SKILLS	
1. IDENTIFY EFFECTS: DESIRED, SIDE, AND ADVERSE See Medication/Treatment Chart for medications to be administered	
2. CLEANED WORK AREA	
3. WASHED HANDS	
4. CHECKED THAT MEDICATION LABEL CORRESPONDED WITH MEDICATION RECORD, <u>ALL FIVE RIGHTS</u>	<b>THE RIGHT MEDICATION FOR THE RIGHT PERSON IN THE RIGHT DOSAGE AT THE RIGHT TIME BY THE RIGHT ROUTE</b>
A. (1 <sup>ST</sup> CHECK) BEFORE THE MEDICATION CONTAINER WAS REMOVED FROM STORAGE AREA	
B. (2 <sup>ND</sup> CHECK) BEFORE MEDICATION WAS REMOVED FROM THE MEDICATION CONTAINER	
	LIQUID: POUR AT EYE LEVEL
	LIQUID: LABEL TOWARDS PALM
	PILLS: INTO CAP FIRST
C. (3 <sup>RD</sup> Check) BEFORE THE MEDICATION CONTAINER WAS RETURNED TO THE STORAGE AREA	
	*LOCKED MEDICATION BOX
6. PREPARED ONE PERSON'S MEDICATION AT A TIME	
7. POSITIVELY IDENTIFIED THE PERSON	
8. PROVIDE PRIVACY	
9. EXPLAINED TO THE PERSON WHY THE MEDICATION WAS ORDERED & THE ADMINISTRATION PROCEDURE	
10. ADMINISTERED ONLY THE MEDS HE / SHE PREPARED	
11. TRAINEE ADMINISTERED	
A. THE RIGHT MEDICATION	
B. FOR THE RIGHT PERSON	ASSISTED PERSON PRN
C. IN THE RIGHT DOSAGE	CHECKED SWALLOWING
D. AT THE RIGHT TIME	
E. BY THE RIGHT ROUTE	
12. WASHED HANDS	
13. DOCUMENTED ADMINISTRATION IMMEDIATELY	
14. DOCUMENTED ACCURATELY	
15. OBSERVED, DESCRIBED, RECORDED. REPORTED AREA TREATED & THE PERSON'S RESPONSE	

# BEHAVIOR OBJECTIVES FOR MEDICATION ADMINISTRATION

## EXTERNAL MEDICATIONS

SKILLS	
5. IDENTIFY EFFECTS: DESIRED, SIDE, AND ADVERSE See Medication/Treatment Chart for medications to be administered	
6. CLEANED WORK AREA	
7. WASHED HANDS	
8. CHECKED THAT MEDICATION LABEL CORRESPONDED WITH MEDICATION RECORD, <u>ALL FIVE RIGHTS</u>	THE RIGHT MEDICATION FOR THE RIGHT PERSON IN THE RIGHT DOSAGE AT THE RIGHT TIME BY THE RIGHT ROUTE
D. (1 <sup>ST</sup> CHECK) BEFORE THE MEDICATION CONTAINER WAS REMOVED FROM STORAGE AREA	
E. (2 <sup>ND</sup> CHECK) BEFORE MEDICATION WAS REMOVED FROM THE MEDICATION CONTAINER	
F. (3 <sup>RD</sup> CHECK) AGAIN, BEFORE MEDICATION WAS REMOVED FROM THE MEDICATION CONTAINER	
	*LOCKED MEDICATION BOX
12. PREPARED ONE PERSON'S MEDICATION AT A TIME	
13. POSITIVELY IDENTIFIED THE PERSON	
14. PROVIDE PRIVACY	
15. EXPLAINED TO THE PERSON WHY THE MEDICATION WAS ORDERED AND THE ADMINISTRATION PROCEDURE	
16. ADMINISTERED ONLY THE MEDS HE / SHE PREPARED	
17. TRAINEE ADMINISTERED	
F. THE RIGHT MEDICATION	ASSISTED PERSON PRN
G. FOR THE RIGHT PERSON	CHECKED TIP
H. IN THE RIGHT DOSAGE	GLOVES AND BARRIER USED
I. AT THE RIGHT TIME	USED PROPER POSITION/TECHNIQUE
J. BY THE RIGHT ROUTE	CLEANED TIP OF NASAL SPRAY
16. REMOVED GLOVES AND WASHED HANDS	
13. 4D. (4 <sup>TH</sup> CHECK) BEFORE THE MEDICATION CONTAINER WAS RETURNED TO THE STORAGE AREA CHECKED <u>ALL FIVE RIGHTS</u>	MEDICATION RETURNED TO STORAGE
17. WASHED HANDS	
18. DOCUMENTED ADMINISTRATION IMMEDIATELY	
19. DOCUMENTED ACCURATELY	
20. OBSERVED, DESCRIBED, RECORDED. REPORTED AREA TREATED & THE PERSON'S RESPONSE	

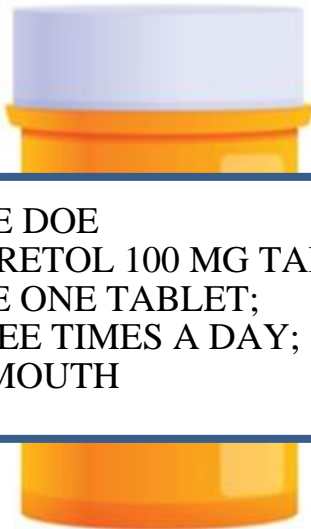
**JANE DOE  
INTERNAL MEDICATION STORAGE**



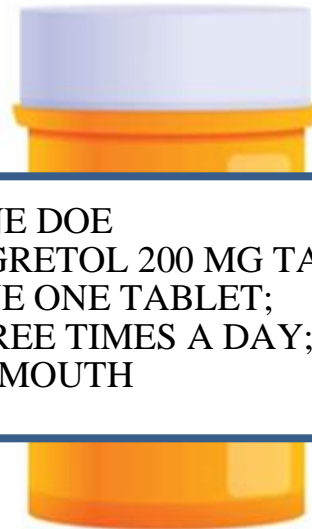
JANE DOE  
COLACE 150 mg/15mL;  
GIVE ONE TABLESPOON;  
AT BEDTIME;  
BY MOUTH



JANE DOE  
COLACE 50mg/15 mL;  
GIVE ONE TABLESPOON;  
TWO TIMES A DAY;  
BY MOUTH



JANE DOE  
TEGRETOL 100 MG TABLETS;  
GIVE ONE TABLET;  
THREE TIMES A DAY;  
BY MOUTH

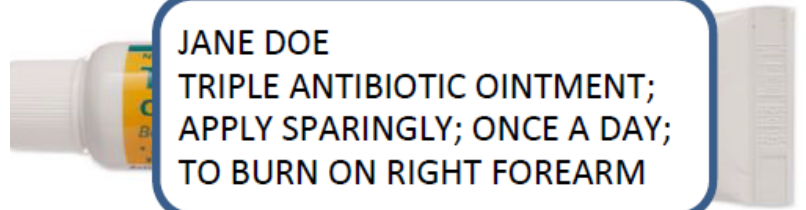


JANE DOE  
TEGRETOL 200 MG TABLETS;  
GIVE ONE TABLET;  
THREE TIMES A DAY;  
BY MOUTH

## JANE DOE EXTERNAL MEDICATION STORAGE



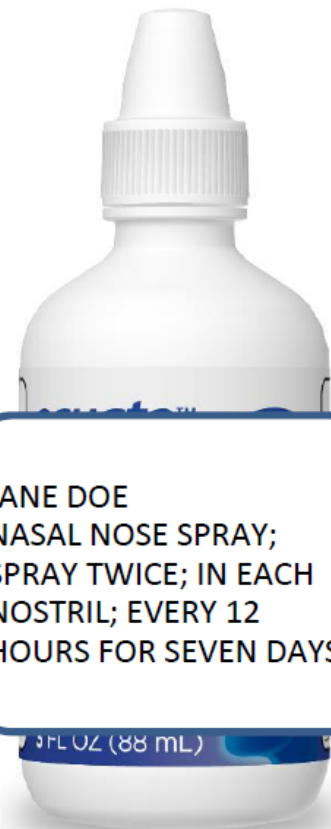
JANE DOE  
ARTIFICIAL TEARS;  
APPLY TWO DROPS;  
IN BOTH EYES;  
FOUR TIMES A DAY FOR SEVEN DAYS



JANE DOE  
TRIPLE ANTIBIOTIC OINTMENT;  
APPLY SPARINGLY; ONCE A DAY;  
TO BURN ON RIGHT FOREARM



JANE DOE  
CORTISPORIN EAR DROPS;  
APPLY TWO DROPS; IN LEFT EAR;  
THREE TIMES A DAY FOR TEN DAYS



JANE DOE  
NASAL NOSE SPRAY;  
SPRAY TWICE; IN EACH  
NOSTRIL; EVERY 12  
HOURS FOR SEVEN DAYS

## Answers for page 2

- Do you see what medications you will be passing?  
Ans: All medications on the chart:  
Colace 50mg/15mL  
Tegretol 200 mg tablets  
Cortisporin Ear Drops  
Nasal Nose Spray  
Artificial Tears  
Triple Antibiotic Ointment
- What is the time frame to pass these medications?  
Ans: 30 minutes before to 30 minutes after
- What are the effects of these medications and where do you find that information?  
Ans: You can find the effects: therapeutic effects, side effects, adverse reactions and contraindication in a pill book, online with a reputable source or the pharmacy pamphlet.
- What are the 5 rights of medication administration?  
Ans: Right Person/Individual  
Right Medication  
Right Time  
Right Dose  
Right Route
- How many times do you check the 5 rights of medication administration before administration?  
Ans: Always at least 3 times before you administer, external get an additional check before returning to the storage area for a total of 4 checks.
- How do you document the administration of a medication?  
Ans: Initial in the box where the date and time meet. If the medication is not given, circle the initials and explain on the back of the medication sheet.
- Should you monitor for the effects of medication: therapeutic effects, side effects, adverse reaction?  
Ans: Yes. Observe, monitor, and document in your progress notes all the effects of medications.