

Curriculum Content for Medication Aide Training Programs

Policy summary, Statement of Purpose and Intent

It shall be the policy of the Oregon State Board of Nursing that all approved medication aide training programs shall consist of the following curriculum content and competency evaluation.

I. Classroom instruction prior to students' care of clients that includes:

- (A) Concepts in administration of medications:
 - (1) Terminology and commonly used abbreviations;
 - (2) Classification of medications related to body systems and common actions:
 - (a) Antimicrobial:
 - (i) Controls or prevents growth of bacteria, fungus, virus or other microorganisms;
 - (b) Cardiovascular:
 - (i) Corrects an irregular, fast or slow heart rate;
 - (ii) Prevents blood from clotting;
 - (iii) Lowers blood pressure;
 - (c) Dermatological:
 - (i) Anti-infective;
 - (ii) Anti-inflammatory;
 - (d) Endocrine:
 - (i) Anti-diabetic;
 - (ii) Reduces inflammation;
 - (iii) Hormones;
 - (e) Gastrointestinal:
 - (i) Promotes bowel movements;
 - (ii) Antacids;
 - (iii) Anti-diarrheal;
 - (iv) Reduces gastric acid;
 - (f) Musculoskeletal:
 - (i) Relaxes muscles;
 - (g) Neurological:
 - (i) Prevents seizures;
 - (ii) Relieves pain;
 - (iii) Lowers body temperature;
 - (iv) Anti-Parkinsonian;
 - (v) Antidepressants;
 - (vi) Promotes sleep;
 - (vii) Relieves anxiety;
 - (viii) Antipsychotics;
 - (ix) Mood stabilizer;
 - (h) Nutrient/Vitamin/Mineral(s):
 - (i) Replaces chemicals missing or low in the body;
 - (i) Respiratory:
 - (i) Decreases mucus production;
 - (ii) Bronchodilation;
 - (iii) Cough depressant/expectorant;
 - (iv) Decongestant;
 - (j) Sensory:

- (i) Anti-glaucoma;
 - (ii) Artificial tears;
 - (iii) Ear wax emulsifiers;
 - (k) Urinary:
 - (i) Increases water loss through kidneys;
 - (3) Generic and trade names;
 - (4) Dosage range and action;
 - (5) Effect of medications on body systems:
 - (l) Tolerance;
 - (m) Interactions with food and other medications;
 - (n) Synergistic or antagonist;
 - (o) Idiosyncratic; and
 - (p) Paradoxical.
 - (6) Side effects;
 - (7) Allergic reactions (anaphylaxis);
 - (8) Medication routes;
 - (9) References, sources of information;
 - (10) Infection control procedures including standard precautions; and
 - (11) Client safety and error prevention including how to handle an incomplete medication order.
- (B) Roles, responsibilities, legal aspects and limitations of a CMA:
 - (1) Authorized duties for a CMA include:
 - (a) Permitted and prohibited routes of medication administration;
 - (b) Permitted and prohibited types of medications;
 - (c) Permitted procedures including performing capillary blood glucose (CBGs), adding fluid to established jejunostomy or gastrostomy tube feedings, and changing established tube feeding bags; and
 - (d) Acceptance of verbal or telephone orders for medication(s) from a licensed health care professional who is authorized to independently diagnose and treat. Such acceptance can occur only when the CMA is working in the following community based care settings under the specified administrative rule:
 - (i) Adult Foster Homes, as permitted under OAR Chapter 411, Division 050;
 - (ii) Residential Care Facilities, as permitted under OAR Chapter 411, Division 054; and
 - (iii) Assisted Living Facilities, as permitted under OAR Chapter 411, Division 054.
 - (2) CMA's responsibility for reporting to a nurse;
 - (3) CMA's responsibility when working in a community based care setting where a registered nurse is not regularly scheduled and not available to provide direct supervision;
 - (4) How to address conflict with role and authorized duty issues;
 - (5) Client medication rights, including the right to confidentiality and the right to know and refuse medication;
 - (6) CMA role under federal and state regulatory agencies; and
 - (7) Delegation.
- (C) Dosage calculation including metric and common household measures.
- (D) Administering and charting medications:
 - (1) Forms of medications:
 - (a) Liquid:
 - (i) Aerosol;
 - (ii) Drops;

- (iii) Elixir;
 - (iv) Inhalant;
 - (v) Solution;
 - (vi) Spray;
 - (vii) Suspension;
 - (viii) Syrup; and
 - (ix) Tincture.
- (b) Solid and semi-solids:
 - (i) Caplets;
 - (ii) Capsules;
 - (iii) Covered with coating (not to be crushed);
 - (iv) Cream;
 - (v) Dissolvable tablets;
 - (vi) Liniment;
 - (vii) Lotion;
 - (viii) Lozenges;
 - (ix) Ointment;
 - (x) Paste;
 - (xi) Powder;
 - (xii) Scored versus unscored tablets; and
 - (xiii) Time released.
- (2) Medication packaging;
- (3) Storage of medications;
- (4) Preparation and administration of medications by approved routes;
- (5) Correct medication administration procedure:
 - (a) Wash or sanitize your hands;
 - (b) Review for 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) Observe special considerations;
 - (h) Position the client;
 - (i) Do what you explained;
 - (j) Wash or sanitize your hands; and
 - (k) Document.
- (6) Six rights:
 - (a) Right client;
 - (b) Right drug;
 - (c) Right dose;
 - (d) Right route;
 - (e) Right time; and
 - (f) Right documentation.
- (7) Three safety checks:
 - (a) When removing the medication package from storage;
 - (b) When removing the medication from the package/container; and
 - (c) When returning the package to where it is stored.
- (8) Individual age specific (cultural, familial, physiological, and psychological) considerations in administering medications;
- (9) Use of Medication Administration Record (MAR) to:
 - (a) Administer medications; and
 - (b) Document medication administration;

- (10) Medication errors and reporting techniques; and
- (11) Auditing and inventory systems:
 - (a) Narcotic counts; and
 - (b) Disposition of outdated or unused medications.

II. During the course of training, the student must successfully demonstrate at least the following skill competencies as evidenced by satisfactory completion of the lab and clinical skills checklist:

- (A) Follows standard precautions including hand hygiene according to the Centers for Disease Control and Prevention guidelines;
- (B) Prepares for medication administration;
- (C) Completes three safety checks;
- (D) Correctly interprets abbreviations;
- (E) Calculates dosages correctly;
- (F) Consistently identifies specific drug properties of drug being given:
 - (1) Classification;
 - (2) Dose; and
 - (3) Side effects;
- (G) Checks for known medication allergies before administering medication;
- (H) Checks the expiration date of the medication before administering;
- (I) Uses organized system for passing medications;
- (J) Protects confidentiality;
- (K) Follows correct medication administration procedures (Six rights):
 - (1) Right client;
 - (2) Right drug;
 - (3) Right dose;
 - (4) Right route;
 - (5) Right time; and
 - (6) Right documentation.
- (L) Measures liquid medications accurately;
- (M) Properly administers medications by at least the following routes:
 - (1) Oral;
 - (2) Sublingual;
 - (3) Buccal;
 - (4) Eye;
 - (5) Ear;
 - (6) Nasal;
 - (7) Rectal;
 - (8) Vaginal;
 - (9) Skin ointments, topical including patches and transdermal;
 - (10) Gastrostomy or jejunostomy tubes;
 - (11) Premeasured medication delivered by Aerosol/Nebulizer; and
 - (12) Medications delivered by metered hand-held inhalers.
- (N) Observes client swallowing medication;
- (O) Consults resources (drug reference books, charge nurse, etc.) as needed;
- (P) Maintains security of medication room and cart;
- (Q) Accurately documents medication following administration; and
- (R) Demonstrates appropriate reporting to nurse.

III. At the discretion of the Program Director and Primary Instructor, the skills lab demonstration may be included in either the classroom or the clinical hours.