

Curriculum Content for Medication Aide Training Programs

Document Summary, Statement of Purpose and Intent

All Oregon State Board of Nursing approved medication aide training programs shall consist of the following curriculum content and competency evaluation.

Curriculum

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) Cardiovascular:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Corrects an irregular, fast or slow heart rate;
 - b. Prevents blood from clotting;
 - c. Lowers blood pressure;
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Anemia;
 - b. Angina;
 - c. Arteriosclerosis;
 - d. Coronary Artery Disease/Acute Coronary Syndrome;
 - e. Deep Vein Thrombosis;
 - f. Dysrhythmias;
 - g. Heart Failure;
 - h. Hypercholesterolemia;
 - i. Hypertension;
 - j. Hypotension;
 - k. Myocardial Infarction;
 - l. Shock; and
 - m. Thrombophlebitis.
 - b) Central Nervous System:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Prevents seizures;
 - b. Relieves pain;
 - c. Lowers body temperature;
 - d. Anti-Parkinsonian;
 - e. Antidepressants;
 - f. Promotes sleep;
 - g. Relieves anxiety;
 - h. Antipsychotics;
 - i. Mood stabilizer;
 - (iii) Contraindications;

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- (iv) Side effects;
- (v) Drugs used for:
 - a. Alzheimer's Disease;
 - b. Anxiety;
 - c. Cerebrovascular accident;
 - d. Chronic Fatigue Syndrome;
 - e. Chronic Pain;
 - f. Depression;
 - g. Epilepsy;
 - h. Mental Health Disorders;
 - i. Multiple Sclerosis;
 - j. Myasthenia Gravis; and
 - k. Parkinson's Disease.
- c) Dermatological:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Anti-infective; and
 - b. Anti-inflammatory;
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Cellulitis;
 - b. Dermatitis;
 - c. Fungal infections;
 - d. Pediculosis;
 - e. Petechia/Purpura;
 - f. Psoriasis;
 - g. Scabies; and
 - h. Sunburn.
- d) Endocrine:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Anti-diabetic;
 - b. Reduces inflammation;
 - c. Hormones;
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Diabetes Mellitus: type 1, type 2, Gestational;
 - b. Diabetes Ketoacidosis;
 - c. Hypoglycemia; and
 - d. Hypo/Hyperthyroidism.
- e) Gastrointestinal:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Promotes bowel movements;
 - b. Antacids;
 - c. Anti-diarrheal;

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- d. Reduces gastric acid;
- (iii) Contraindications;
- (iv) Side effects;
- (v) Drugs used for:
 - a. Bowel Obstruction;
 - b. Cholelithiasis;
 - c. Colitis;
 - d. Cirrhosis;
 - e. Constipation;
 - f. Diarrhea;
 - g. Diverticulosis;
 - h. Gastritis/Gastroenteritis;
 - i. Gastroesophageal Reflux Disease;
 - j. Hepatitis;
 - k. Hemorrhoids;
 - l. Irritable Bowel Disease;
 - m. Nausea;
 - n. Pancreatitis;
 - o. Stomatitis;
 - p. Ulcerative Gingivitis;
 - q. Ulcers; and
 - r. Vomiting.
- f) Immune System:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions: Controls or prevents growth of bacteria, fungus, virus or other microorganisms.
 - (iii) Contraindications; and
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Acquired Immunodeficiency Syndrome;
 - b. Cancer;
 - c. Fibromyalgia;
 - d. Hepatitis;
 - e. Herpes;
 - f. Hodgkin's Disease;
 - g. Leukemia;
 - h. Lupus;
 - i. Non-Hodgkin's Lymphoma;
 - j. Rheumatoid Arthritis; and
 - k. Shingles.
- g) Musculoskeletal:
 - (i) Structure and function related to medication efficacy;
 - (ii) Common actions: Relaxes muscles;
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Arthritis;
 - b. Back Pain;
 - c. Fractures;

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- d. Gout;
 - e. Joint pain;
 - f. Osteoarthritis/Degenerative Joint Disease;
 - g. Osteomyelitis;
 - h. Osteoporosis; and
 - i. Sprains and Strains.
- h) Nutrient/Vitamin/Mineral(s):
- (i) Structure and function related to medication efficacy;
 - (ii) Common actions: Replaces chemicals missing or low in the body;
 - (iii) Contraindications;
 - (iv) Side effects.
- i) Respiratory:
- (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Decreases mucus production;
 - b. Bronchodilation;
 - c. Cough depressant/expectorant;
 - d. Decongestant;
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Atelectasis;
 - b. Asthma;
 - c. Bronchitis;
 - d. Chronic Obstructive Pulmonary Disease;
 - e. Emphysema;
 - f. Influenza;
 - g. Pleurisy;
 - h. Pneumonia;
 - i. Pulmonary embolism; and
 - j. Tuberculosis.
- j) Sensory:
- (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Anti-glaucoma;
 - b. Artificial tears;
 - c. Ear wax emulsifiers;
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Cataracts;
 - b. Ear infections;
 - c. Eye infections; and
 - d. Glaucoma.
- k) Urinary:
- (i) Structure and function related to medication efficacy;
 - (ii) Common actions:
 - a. Increases water loss through kidneys; and

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- b. Prevents or treats urinary tract infections.
 - (iii) Contraindications;
 - (iv) Side effects;
 - (v) Drugs used for:
 - a. Infections;
 - b. Inflammation;
 - c. Retention; and
 - d. Renal failure.
 - 3) Generic and trade names;
 - 4) Dosage range and action;
 - 5) Effect of medications on body systems:
 - a) Tolerance;
 - b) Interactions with food and other medications;
 - c) Synergistic or antagonist;
 - d) Idiosyncratic; and
 - e) Paradoxical.
 - 6) Allergic reactions (anaphylaxis);
 - 7) Medication routes;
 - 8) References, sources of information;
 - 9) Infection control procedures including standard precautions; and
 - 10) 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 and unauthorized 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) Professional boundaries.
- C) Knowledge of:
 - 1) Common household measures as it relates to medications;
 - 2) Metric system as it relates to medications;
 - 3) Basic mathematics functions:
 - a) Add;
 - b) Subtract;
 - c) Multiply; and
 - d) Divide.

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- 4) Reading decimals and fractions. For example:
 - a) $\frac{1}{4} + \frac{1}{4} = \frac{1}{2}$;
 - b) $0.5 \times 2 = 1.0$;
 - c) Microgram is a smaller unit of measure than a milligram;
 - d) Milligram is a smaller unit of measure than a gram; and
 - e) An ounce is larger than a gram.
 - 5) Basic Roman numerals as it relates to medications.
- D) Administering and charting medications:
- 1) Forms of medications:
 - a) Liquid:
 - (i) Aerosol;
 - (ii) Drops (gtts);
 - (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) (4) Medication crushing:
 - a) Which medications can be crushed; and
 - b) Mixing crushed medications correctly.
 - 5) Preparation and administration of medications by approved routes:
 - a) Utilize well lit medication preparation area;
 - b) Maintain area free from distractions and interruptions; and
 - c) Keep area neat, clean, orderly and secure.
 - 6) 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;

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- 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.
- 7) Six rights:
- a) Right client;
 - b) Right drug;
 - c) Right dose;
 - d) Right route;
 - e) Right time; and
 - f) Right documentation.
- 8) 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.
- 9) Positioning techniques to prevent aspiration with swallowing issues;
- 10) Individual specific considerations in administering medications (age, cultural, familial, physiological, and psychological);
- 11) Use of Medication Administration Record (MAR) to:
- a) Administer medications; and
 - b) Document medication administration;
- 12) Medication errors and reporting techniques; and
- 13) Auditing and inventory systems:
- a) Narcotic counts; and
 - b) Disposition of outdated or unused medications.

In addition, prior to being permitted to administer medications directly to clients, the medication aide student must successfully complete a skills checklist. Each student must practice each skill on the skills checklist prior to any clinical experience/client contact.

Competency Evaluation

- A) Lab: During the course of training, the student must successfully demonstrate at least the following skill competencies in the lab setting as evidenced by satisfactory completion of the skills checklist:
- 1) Follows standard precautions including hand hygiene according to the Centers for Disease Control and Prevention guidelines;
 - 2) Prepares for medication administration;
 - 3) Completes three safety checks;
 - 4) Correctly interprets abbreviations;
 - 5) Interprets dosages correctly;
 - 6) Consistently identifies specific drug properties of drug being given:
 - a) Classification;
 - b) Dose;
 - c) Common actions;
 - d) Contraindications; and
 - e) Side effects;
 - 7) Checks for known medication allergies before administering medication;

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- 8) Checks the expiration date of the medication before administering;
 - 9) Uses organized system for passing medications;
 - 10) Protects confidentiality;
 - 11) Follows correct medication administration procedures (Six rights):
 - a) Right client;
 - b) Right drug;
 - c) Right dose;
 - d) Right route;
 - e) Right time; and
 - f) Right documentation.
 - 12) Measures liquid medications accurately;
 - 13) Properly administers medications by at least the following routes:
 - a) Oral;
 - b) Sublingual;
 - c) Buccal;
 - d) Eye;
 - e) Ear;
 - f) Nasal;
 - g) Rectal;
 - h) Vaginal;
 - i) Skin ointments, topical including patches and transdermal;
 - j) Gastrostomy or jejunostomy tubes;
 - k) Premeasured medication delivered by Aerosol/Nebulizer; and
 - l) Medications delivered by metered hand-held inhalers.
 - 14) Observes client swallowing medication;
 - 15) Consults current, relevant resources (drug references, charge nurse, etc.) as needed;
 - 16) Maintains security of medication room and cart;
 - 17) Accurately documents medication following administration; and
 - 18) Demonstrates appropriate reporting to nurse.
- B) Clinical: During the course of training, the student must successfully demonstrate at least the following skill competencies in the clinical setting as evidenced by satisfactory completion of the skills checklist:
- 1) Follows standard precautions including hand hygiene according to the Centers for Disease Control and Prevention guidelines;
 - 2) Prepares for medication administration;
 - 3) Completes three safety checks;
 - 4) Correctly interprets abbreviations;
 - 5) Interprets dosages correctly;
 - 6) Consistently identifies specific drug properties of drug being given:
 - a) Classification;
 - b) Dose;
 - c) Common actions;
 - d) Contraindications; and
 - e) Side effects;
 - 7) Checks for known medication allergies before administering medication;
 - 8) Checks the expiration date of the medication before administering;
 - 9) Uses organized system for passing medications;
 - 10) Protects confidentiality;

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- 11) Follows correct medication administration procedures (Six rights):
 - a) Right client;
 - b) Right drug;
 - c) Right dose;
 - d) Right route;
 - e) Right time; and
 - f) Right documentation.
- 12) Measures liquid medications accurately;
- 13) Properly administers medications by at least the following routes:
 - a) Oral;
 - b) Eye;
 - c) Skin ointments, topical including patches and transdermal; and
 - d) Premeasured medication delivered by Aerosol/Nebulizer;
- 14) Observes client swallowing medication;
- 15) Consults current, relevant resources (drug references, charge nurse, etc.) as needed;
- 16) Maintains security of medication room and cart;
- 17) Accurately documents medication following administration; and
- 18) Demonstrates appropriate reporting to nurse.