



# Washtenaw County CMH Medication Training Study Tool

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1. True of False: There must be a valid prescription copy for all medication on site before staff can pass medications.
2. Do not use \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ on the MAR.
3. You will not give any type of injection except for \_\_\_\_\_, which requires further training outside of med class.
4. List the 6 Rights to medication administration: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.
5. Severe psychotropic medication side effects: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
6. Symptoms of \_\_\_\_\_ blood sugar include: Faintness or pale, shaking, Headache Increased heart rate, chills, sweating, Confusion and/or change in behavior or mental status, Double vision, even coma.
7. A tablet that has a line down the middle is called: \_\_\_\_\_ and means that it can be cut in half.
8. Directly applying ointment to a bee sting an example of what type of action? \_\_\_\_\_.
9. A \_\_\_\_\_ action is when the medication is in the bloodstream & could potentially affect the whole body.
10. A desired effect of a medication for which it was prescribed is called a/an \_\_\_\_\_ effect.
11. A response to a medication other than why it was prescribed is a/an \_\_\_\_\_ effect.
12. \_\_\_\_\_ is a side effect that may be harmful.
13. When a medication is inadvisable, it is called \_\_\_\_\_.
14. True of False: All medications should be stored in the original container.
15. Medications requiring refrigeration should be stored in a \_\_\_\_\_ container.
16. True of False: Ointments, creams, lotions, medicated shampoos, eye, ear & nose drops must be stored in a locked container together with all oral medication.
17. If a client refuses medication, you should offer it up to \_\_\_\_\_ time before you document as refused.
18. Who is responsible for making sure the client has enough medication available? \_\_\_\_\_
19. True or False: You are able to take a *new* medication order from a physician/dentist.
20. True or False: You can give medication prescribed for one client to another client if they are exactly the same.
21. If someone missed their 8am medication & it is now 4pm, you would leave the MAR blank and give it tomorrow.
22. Always pour liquid medication at \_\_\_\_\_ \_\_\_\_\_ for correct measuring.
23. True or False: If medication is discontinued, you can save the medication for someone else that needs it.
24. Medication should be given no sooner than \_\_\_\_\_ before and no later than \_\_\_\_\_ after the designated time.
25. You must identify your client \_\_\_\_\_ ways prior to giving medication when you are new.

26. Compare the medication container label with the MAR \_\_\_ times to ensure accuracy prior to passing meds.
27. Pour liquid medication from the \_\_\_\_\_ side of the bottle at \_\_\_\_\_ level then \_\_\_\_\_ off excess.
28. Only administer medications that you \_\_\_\_\_. Only sign the MAR on meds you \_\_\_\_\_
29. A concern for taking Clozaril is \_\_\_\_\_, staff should know when their last bowel movement was.
30. Any **controlled medication** that is discontinued, needs to have a signed count sheet with \_\_\_\_\_ signatures
31. Document on the MAR \_\_\_\_\_ after administering the medications.
32. If the medication expired or smells or looks \_\_\_\_\_, you should not \_\_\_\_\_ the medication.
33. There are some serious side effects or adverse effects with long-term use of \_\_\_\_\_ medications.
34. \_\_\_\_\_ is a movement disorder that results in unusual and uncontrollable movements, usually of the tongue and face, sometimes jerking and twisting movements of other parts of the body.
35. \_\_\_\_\_ is a potentially fatal disorder.
36. Symptoms of NMS include, muscle \_\_\_\_\_, fever, sweating, high blood pressure, delirium and sometimes a \_\_\_\_\_. Call 9-1-1 if you suspect NMS.
37. \_\_\_\_\_ means decreased white blood cells and has been linked to the medication \_\_\_\_\_.
38. Clozaril clients must have regular \_\_\_\_\_ tests. Staff are responsible for making sure they get done.
39. \_\_\_\_\_ is an over the counter pain medication that can cause liver failure if taken in too high of doses.
40. Hypoglycemia can be a medical emergency when what gets too low? \_\_\_\_\_.
41. Always check \_\_\_\_\_ prior to giving beta blockers or other medications for high blood pressure.
42. If a client takes medications at school or work, staff should punch out the medication and put it in a baggie in the client's lunch for them to take. **True or False**
43. List four places or ways to look up medication and become familiar with them: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_
44. You must have a doctor's order to discontinue medication on file. **True or False**
45. Describe how to properly dispose of medication that is no longer needed:  
\_\_\_\_\_
46. Controlled substances need to be in a \_\_\_\_\_ locking system.
47. How do you go about disposing of a controlled substance? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Answers**

1. True
2. Pencil, white out, abbreviations
3. subcutaneous "sub Q"
4. Right medication, dose, route, time, person, documentation
5. agranulocytosis, NMS, Tardive Dyskinesia
6. Low
7. Scored
8. Local action
9. Systemic action
10. Therapeutic
11. Side effect
12. Adverse effect
13. Contraindicated
14. True
15. Separate
16. False (oral meds to be stored separately from those type of medications as the label can be compromised)
17. Three
18. All staff/everyone
19. False (only an RN can take new medication orders)
20. False (never share medication supplies with other clients, each client has their own supply)
21. False (circle the MAR and write on the back what happened, write an incident report, and contact supervisor)
22. Eye level
23. False (discontinued medication should be disposed of properly according to your work site policy)
24. one hour, one hour
25. Two ways
26. three times
27. Unlabeled, eye level, wipe
28. Set up, administered or passed
29. constipation
30. Two
31. Immediately
32. abnormal/unusual, pass/administer
33. Anti-psychotic
34. Tardive dyskinesia
35. Neuroleptic malignant syndrome
36. Rigidity, coma
37. Agranulocytosis, clozapine/Clozaril
38. Blood
39. Tylenol/acetaminophen
40. Blood sugar
41. Blood pressure
42. False (each sits passing medication must have their own supply from the pharmacy)
43. Registered Nurse, Pharmacy/Pharmacist literature, Doctor or doctor Office, Drug book, Drug app
44. True
45. To dispose of medication you can take it back to the pharmacy it came from. You can also consult FDA website for further information.
46. Double
47. You must count the amount being disposed, sign a count sheet with a second staff who also will sign a count sheet form (that they watched you properly dispose of a controlled medication) Must dispose of this type at a police station or Red Barrel programs can take back controlled medication. They can be your count witness also.

**Transcribe the following orders onto the MAR:**

48. Seroquel 50 mg. Give ½ tab P.O. at H.S. for 5 days then 1 tab at H.S. after that (ordered the 2<sup>nd</sup> of the month)

<b>MEDICATIONS</b>	<b>HR</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>MEDICATIONS</b>	<b>HR</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

49. Bactrim 10mg, Give 2 tablets P.O. BID for 7 days. (Ordered the 2<sup>nd</sup> of the month)

50. Motrin 100mg, Give 4 tablets P.O. PRN for pain. May give every 6 hours if needed. (ordered the 3<sup>rd</sup> of month)

<b>MEDICATIONS</b>	<b>HR</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>MEDICATIONS</b>	<b>HR</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

51. Zoloft 100mg, Give 1 tablet P.O. in the morning and give 2 tablets P.O. in the evening. (ordered the 1<sup>st</sup> of month)

<b>MEDICATIONS</b>	<b>HR</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
<b>MEDICATIONS</b>	<b>HR</b>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20



**MONTH & YEAR:** \_\_\_\_\_

**ClientName:** \_\_\_\_\_

**DOB** \_\_\_\_\_

Initials	Signature	Initials	Signature	Initials	Signature

Medications:	Allergies:																														
	Time	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

**MONTH & YEAR:** \_\_\_\_\_ **ClientName:** \_\_\_\_\_ **DOB** \_\_\_\_\_

Initials	Signature	Initials	Signature	Initials	Signature

Medications:	Allergies:																															
	Time	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	

**MONTH & YEAR:**

**ClientName:**

**DOB**

Initials	Signature	Initials	Signature	Initials	Signature

<b>Medications:</b>	<b>Allergies:</b>																																		
	<u>Time</u>	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			