



D&S Diversified Technologies LLP

Headmaster LLP

HEADMASTER LLP

P.O. Box 6609, Helena, MT 59604-6609
800-393-8664 – Fax: 406-442-3357
www.hdmaster.com

*Innovative, quality technology
Solutions throughout the
United States since 1985.*

NEVADA MEDICATION AIDE-CERTIFIED CANDIDATE HANDBOOK

VERSION 1.0
DECEMBER 2012

Contact Information

QUESTIONS REGARDING TEST APPLICATIONS-TEST SCHEDULING-ELIGIBILITY TO TEST:

HEADMASTER LLP 8:00 am to 6:00 pm (*Mountain Time*) M-F (800) 393-8664
3310 McHugh Lane
(*Mountain Time*)
P.O. Box 6609
Helena, MT 59604-6609 Fax: (406) 442-3357

QUESTIONS ABOUT MEDICATION AIDE-CERTIFIED CERTIFICATION:

NEVADA STATE BOARD OF NURSING .. 8:00 am to 5:00 pm (*Pacific Time*) M-F (702) 486-5800
2500 West Sahara Avenue, Suite 207
Las Vegas, NV 89102

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INTRODUCTION

The purpose of a Medication Aide-Certified competency evaluation program is to ensure that candidates who are seeking to be Medication Aide-Certifieds understand the State standards and can competently and safely perform the job of an entry-level Medication Aide-Certified.

This handbook describes the process of taking the Medication Aide-Certified competency test and is designed to help prepare candidates for testing. There are two parts to the Medication Aide-Certified competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test and meet all requirements of the Nevada State Board of Nursing (NSBN) to be approved as a Medication Aide-Certified in Nevada.

Nevada has approved Headmaster LLP - D&S Diversified Technologies LLP to provide tests and scoring services for Medication Aide-Certified testing. For question not answered in this handbook please contact HEADMASTER at toll free 800-393-8664 or go to www.hdmaster.com. This handbook may be kept for future reference.

APPLYING TO TAKE THE MEDICATION AIDE-CERTIFIED TEST

Complete the application form known as the 1402CV - Scheduling and Payment Form. Please print neatly and remember to double check your social security number before signing the application. If it is not signed your application will be returned. A listing of Regional (fixed) test dates is available on our web site at www.hdmaster.com or call our office to have a list faxed or mailed to you. If you choose a test date from our testing schedule, write your first choice and second choice at the top of the form under TESTING OPTION 1. Regional (fixed) tests will not be scheduled less than ten (10) days from receipt of application.

You will be scheduled to take the knowledge and skill test on the same day. Under PAYMENT OPTIONS please mark the appropriate boxes. For applicants who need faster processing of their applications, the following two options are available:

- 1) Anyone wishing to fax their application will be charged the \$5.00 priority fax service fee.
- 2) Applicants wishing to test in **less than 10 business** days from the date HEADMASTER receives their application may **pay the \$15 express service fee per candidate and a \$19.50 overnight express service shipping fee.**

Please note the following application guidelines:

- Incomplete applications will be returned to the candidate (missing information, payment or signature)
- Candidates may not send personal checks or cash.
- We accept money orders, cashier checks, and facility checks, Master Card or Visa.
- Applications must be received in the Helena office 10 business days before the requested test date.
- HEADMASTER will notify the candidate via mail or email of their test date and time. If you do not hear from HEADMASTER within 5 business days of sending your application, please call our toll free number at 1-800-393-8664.

For WebETest® (electronic testing) candidates: (The majority of applications will be WebETest® applications.)

Your instructor will have submitted your information to HEADMASTER and likely scheduled your test and given you test date confirmation information. You may also browse to www.hdmaster.com and check your test date, time and location. Call 800-393-8664 if you have any questions about your test date and time or location. We can help you reschedule your test date if you end up with a scheduling conflict or you may reschedule online up until 2 business days prior to your test event.. See rescheduling details on page 11.

TEST DAY

- ⇒ You should arrive at your confirmed test site between twenty and thirty (20-30) minutes before your test is scheduled to start.
- ⇒ You must bring a **SIGNED, NON-EXPIRED, GOVERNMENT ISSUED PHOTO ID**. Examples of government issued, non-expired, signed photo identification are: Driver's License, State ID Card, Passport (Passport cards are not acceptable), Military ID, Alien Registration Card, Tribal ID. ***You will not be admitted for testing if you do not bring proper ID.*** Your test notification letter should be with you, although it is not required.
- ⇒ Your **FIRST** and **LAST** names on the identification you present to the RN Test Observer at your test event at sign-in, ***must exactly match*** the FIRST and LAST names on record with Headmaster.

TESTING POLICY

The following policies are observed at each test site—

- ⇒ If you arrive late for your confirmed test, or if you do not bring appropriate ID (**GOVERNMENT ISSUED, SIGNED, NON-EXPIRED PHOTO IDENTIFICATION**), you will not be admitted to the Test and any test fees paid *will NOT be refunded*.
- ⇒ **If you NO SHOW for your testing day you will forfeit all test fees paid and must re-submit Form 1402-Scheduling and Payment Form and re-pay your test fees.**
- ⇒ Cellular phones, beepers or any other electronic devices are not permitted during testing and there is no place for storage of personal belongings.
- ⇒ You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing room. Any such materials brought into the testing room will be collected and returned to you when you have completed the test. The only exception is a paperback word-for-word language translation dictionary that you must show to the RN Test Observer and/or knowledge test proctor before you start the knowledge test.
- ⇒ You may not take any notes or other materials from the testing room.
- ⇒ You are not permitted to eat, drink, or smoke during the test.
- ⇒ You are not allowed to leave the testing room once the test has begun.
- ⇒ If you are discovered causing a disturbance of any kind or engaging in any kind of misconduct, you will be dismissed from the test and reported to your training program and the Nevada State Board of Nursing (NSBN) and not allowed to retest without clearance from the NSBN.
- ⇒ No visitors, guests, pets or children are allowed at the testing site during testing.

RESCHEDULE / CANCELLATION / NO SHOW POLICIES

Reschedules – Candidates may reschedule any time up until **1 business day** preceding a scheduled test day, **excluding** Saturdays, Sundays and Holidays. Additional reschedules are subject to a \$35 fee that must be paid in full prior to a reschedule taking place. **RESCHEDULES WILL NOT BE GRANTED LESS THAN 1 BUSINESS DAY PRIOR TO A SCHEDULED TEST.**

Cancellations - A request must be made *in writing* to cancel a test any time up until 1 business day preceding a scheduled test day, **excluding** Saturdays, Sundays, and Holidays, and qualify for a full refund of any testing fees paid minus a \$45 cancellation fee. We accept faxed or emailed requests for cancellation.

No Shows- If you are scheduled for your test and do not show up without notifying Headmaster at least 1 business day prior to your scheduled testing event, **excluding** Saturdays, Sundays, and Holidays, you will be considered a **NO SHOW** and must submit a new application (Form 1402 with payment) to be scheduled for a new test date.

These fees partially offset Headmaster cost incurred for services requested and resulting work that is performed. If a reschedule or cancellation request is not received within 1 business day preceding a scheduled test date, excluding Saturdays, Sundays, and Holidays, a NO SHOW status will exist and a new application with payment must be submitted to Headmaster to secure a new test time.

If you No Show for any of the following reasons please provide the following documentation:

Car breakdown: Headmaster must be contacted within one business day via phone call, fax or email and a tow bill or other appropriate documentation must be submitted within **2 business days** of the test date, if we do not receive proof within the 2 business days time frame you will have to pay as though you were a NO SHOW.

Medical emergency: Headmaster must be contacted within one business day via phone call, fax or email and a doctor's note must be submitted within **5 business days** of the missed exam date, if we do not receive proof within the 5 business days time frame you will have to pay as though you were a NO SHOW.

Death in the family: Headmaster must be contacted and an obituary for **immediate family only** submitted within **14 business days** from a missed test date.

SECURITY

Anyone who removes or tries to remove test material or information from the test site will be prosecuted to the full extent of the law, will have his/her test recorded scored as a failure, and will not be allowed to retest for a minimum period of six months and must have clearance to retest from NSBN. Study materials, other than this Candidate Handbook, may not be brought to the test site. If you give help to or receive help from anyone during testing, the test will be stopped, your test will be scored as a failure, you will be dismissed from the testing room, you will forfeit any testing fees paid, will have a failed attempt of the test status in our computer scoring system, and your name will be reported to the appropriate agency.

THE KNOWLEDGE TEST

The knowledge test proctor will log you in to your electronic knowledge test and give instructions for navigating the screen on the computer. You will have up to seventy (70) minutes to complete the 55 question knowledge test. You will be told when fifteen (15) minutes are left. You may not ask questions about the content of the knowledge test (such as "What does this question mean?"). You must have a score of 80% or better to pass the knowledge portion of the test. All test materials must be left in the testing room. Anyone who takes or tries to take materials or information from the testing room is subject to prosecution.

THE KNOWLEDGE TEST CONTENT OUTLINE

The Knowledge Test consists of 55 multiple-choice questions. Questions are selected from subject areas based on the Nevada Medication Aide-Certified test plan. The subject areas and number of items for each area are as follows:

- Medication Fundamentals - 23 items
- Communication and Documentation - 6 items
- Ethical and Legal - 6 items
- Safety - 5 items
- Medication Administration - 15 items

THE SKILL TEST

The purpose of the skill test is for you to demonstrate your ability to administer medications correctly. A list of medication skill tasks you will be asked to demonstrate during your skill test follows. Two (2) tasks are randomly selected from the following set of tasks for you to demonstrate as your skill test. The steps that are listed for each task are the steps required for a Medication Aide-Certified to completely demonstrate each skill task. You must have a score of 90% on **each** task *without missing any key steps* (the **bolded** steps) to pass the skill portion of the test. If you fail a single task you will have to take another skill test with two tasks on it.

WHAT TO EXPECT WHEN TAKING YOUR SKILL TEST:

- Listen carefully to all instructions given by the RN test observer.
 - You may request to have either one of the scenarios repeated anytime during your skill test.
 - Be sure you understand all instructions before you begin because you may not ask questions once the skill test begins.
 - You will be given twenty-five (25) minutes to complete the medication administration demonstration. You must correctly perform all medication administrations in order to pass the skill test. You will be told when 15 minutes have elapsed.
 - Two scenarios will be read to you immediately before you start each of the two tasks.
 - After hearing a scenario you will use the provided MAR to determine what medications to obtain from the locked medication cabinet. You will administer the medications obtained to a live resident actor.
 - If you believe you made a mistake while performing a medication administration, say so and then repeat the task or the step on the task you believe you performed incorrectly. You may repeat any step or steps you believe you have performed incorrectly any time during your allotted 25 minutes or until you tell the RN test observer you are finished with the skill test.
 - Once the skill test has begun, the RN test observer may not answer questions.
-

MANUAL SKILL TASKS LISTING

SKILL 1: ORAL LIQUID / EAR DROPS ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication box.
3. **For each medication, identify the correct drug label for correct resident's MAR.**
4. **Identify and verbalize right medications as they are obtained from the medication box.**
5. **For each medication identify and verbalize right doses as the labels are compared to right resident's MAR.**
6. **Ensure medications selected are for the correct time.**
7. **Ensure medications selected are for the correct routes.**
8. Open container. Do not contaminate lid (during removal or while lid is off container).
9. Set medication cup on level surface.
10. **Pour correct amount of medication.**
11. Check for correct amount of medication at eye level.
12. Lock medication box.
13. Close or cover MAR.
14. Greet resident.
15. **Identify and verbalize right resident using an appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
16. Introduce self as a Medication Aide.
17. Explain procedure to resident.
18. Assist resident to take oral medication.
19. Lower head of the bed.
20. Turn head with correct ear upward.
21. Hold external ear flap (pinna) and gently pull up and back.
22. **Instill the number of prescribed drops of medication into the ear.**
23. Do not touch dropper tip inside ear canal.
24. Tell resident to not move his/her head for a few minutes.
25. Return medication bottle to the medication box.

26. Lock medication box.
- 27. Document administration(s) on the medication administration record on the correct day.**
28. Close MAR.
29. Maintain interpersonal communications during administration.
30. Place call light within reach.
31. Use hand sanitizer to clean hands.

SKILL 2: ORAL TABLET / TOPICAL MEDICATION ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication cart.
- 3. For each medication, identify and verbalize the correct medication label for correct resident's MAR.**
- 4. Identify and verbalize right medications as they are obtained from the medication box.**
- 5. For each medication, identify and verbalize right doses as labels are compared to right resident's MAR.**
6. Verbalize allergy to medication, if noted on MAR.
- 7. Ensure medications selected are for the correct routes.**
8. Lock medication cart.
9. Close MAR.
10. Greet resident.
- 11. Identify and verbalize right resident using appropriate method of identification – i.e. picture, wrist band, or facility appropriate method of identification.**
12. Introduce self as Medication Aide.
13. Verbalize allergy to medication, if noted on wristband.
- 14. Medication dose withheld, if resident is allergic to the medication.**
15. If resident is allergic and medication was poured, hand medication cup to licensed nurse (RN test observer) for disposal.
16. Explain procedure to resident.
17. Inspects right forearm skin area where medication is to be applied.
18. Instructs resident to turn face away while spraying.
19. One spray on area on forearm.
20. Return medication(s) to the medication cart.
21. Lock medication cart.
- 22. Document administration on the medication administration record on the correct day.**
23. Only circles the box on the MAR where candidate would have initialed, had the medication the resident is allergic to been administered.
24. Turns the MAR over and records: *“name of the medication resident allergic to” was not administered on “date”* and initials or signs next to statement.
25. Close MAR.
26. Maintain interpersonal communications during administration.
27. Place call light within reach.
28. Use hand sanitizer to clean hands.

SKILL 3: TOPICAL / ORAL CAPSULE MEDICATION ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication box.
- 3. For each medication, identify and verbalize the correct medication label for correct resident's MAR.**
- 4. Identify and verbalize right medications as they are obtained from the medication box.**

5. **For each medication identify and verbalize right doses as labels are compared to right resident's MAR.**
6. **Ensure medications selected are for the correct time.**
7. **Ensure medications selected are for the correct routes.**
8. Put capsule in medication cup without touching the medication.
9. Lock medication box.
10. Close MAR.
11. Greet resident.
12. **Identify and verbalize right resident using an appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
13. Introduce self as a Medication Aide.
14. Explain procedure to resident.
15. Give resident a glass of water.
16. Assist resident to take medication.
17. Inspect correct forearm skin area where medication is to be applied.
18. Put on one glove.
19. Open container Do not contaminate lid (during removal or while lid is off container).
20. Apply ointment to finger of gloved hand and then use ointment on finger to apply ointment to forearm.
21. Spread ointment to cover entire area that is to be treated.
22. Remove and discard glove. Use hand sanitizer to clean hands.
23. Return ointment tube to the medication box.
24. Lock medication box.
25. **Document administration on the medication administration record on the correct day.**
26. Close MAR.
27. Maintain interpersonal communications during administration.
28. Place call light within reach.
29. Use hand sanitizer to clean hands.

SKILL 4: ORAL TABLET / EYE DROP ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication cart.
3. **For each medication, identify and verbalize the correct medication label for correct resident's MAR.**
4. **Identify and verbalize right medications as they are obtained from the medication box.**
5. **For each medication, identify and verbalize right doses as labels are compared to right resident's MAR.**
6. Verbalize allergy to medication, if noted on MAR.
7. **Ensure medications selected are for the correct routes.**
8. Lock medication cart.
9. Close MAR.
10. Greet resident.
11. **Identify and verbalize right resident using appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
12. Introduce self as Medication Aide.
13. Verbalize allergy to medication, if noted on wristband.
14. **Medication dose withheld, if resident is allergic to the medication.**
15. If resident is allergic and medication was poured, hand medication cup to licensed nurse (RN test observer) for disposal.
16. Explain procedure to resident.
17. Gently tilt resident's head back with chin up.

18. Pull down on lower eye lid of the correct eye making a pocket.
19. Ask resident to look up toward forehead.
- 20. Drop prescribed number of drops into eye pocket.**
21. Ensure dropper tip does not touch eye.
22. Instruct resident to blink eyes.
23. Use tissue to remove any excess fluid from around eye(s).
24. Return medication(s) to the medication cart.
25. Lock medication cart.
- 26. Document administration on the medication administration record on the correct day.**
27. Only circles the box on the MAR where candidate would have initialed, had the medication the resident is allergic to been administered.
28. Turns the MAR over and records: *"name of the medication resident allergic to" was not administered on "date"* and initials or signs next to statement.
29. Close MAR.
30. Maintain interpersonal communications during administration.
31. Place call light within reach.
32. Use hand sanitizer to clean hands.

SKILL 5: ORAL CAPSULE ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication box.
- 3. For each medication, identify and verbalize the correct drug label for correct resident's MAR.**
- 4. Identify and verbalize right medications as they are obtained from the medication box.**
- 5. For each medication identify and verbalize right doses as labels are compared to right resident's MAR.**
- 6. Ensure medications selected are for the correct time.**
- 7. Ensure medications selected are for the correct routes.**
8. Open first container. Do not contaminate lid (during removal or while lid is off container).
9. Pour prescribed number of capsules in medication cup without touching the medication.
10. Open second container. Do not contaminate lid (during removal or while lid is off container).
11. Pour prescribed number of capsules into a medication cup without touching the medication.
12. Return medications to proper place in medication box.
13. Lock medication box.
14. Close MAR.
15. Greet resident.
- 16. Identify and verbalize right resident using an appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
17. Introduce self as a Medication Aide.
18. Explain procedure to resident.
19. Give resident a glass of water.
20. Assist the resident to take the medication one capsule at a time.
21. Stay with the resident until the medication has been swallowed.
- 22. Document administration on the medication administration record on the correct day.**
23. Close MAR.
24. Maintain interpersonal communications during administration.
25. Place call light within reach.
26. Use hand sanitizer to clean hands.

SKILL 6: ORAL LIQUID / OINTMENT ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication box.
3. **For each medication, identify and verbalize the correct drug label for correct resident's MAR.**
4. **Identify and verbalize right medications as they are obtained from the medication box.**
5. **For each medication identify and verbalize right doses as labels are compared to right resident's MAR.**
6. **Ensure medications selected are for the correct time.**
7. **Ensure medications selected are for the correct routes.**
8. Open container. Do not contaminate lid (during removal or while lid is off container).
9. Set medication cup on level surface.
10. **Pour correct amount of medication.**
11. Check for correct amount of medication at eye level.
12. Lock medication box.
13. Close MAR.
14. Greet resident.
15. **Identify and verbalize right resident using appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
16. Introduce self as a Medication Aide.
17. Explain procedure to resident.
18. Assist resident to take medication.
19. Inspect correct forearm skin area where medication is to be applied.
20. Put on one glove.
21. Open container. Do not contaminate lid (during removal or while lid is off container).
22. Apply ointment to finger of gloved hand and then use ointment on finger to apply ointment to forearm.
23. Spread ointment to cover entire area that is to be treated.
24. Remove and discard glove. Use hand sanitizer to clean hands.
25. Return ointment tube to the medication box.
26. Lock medication box.
27. **Document administration on the medication administration record on the correct day.**
28. Close MAR.
29. Maintain interpersonal communications during administration.
30. Place call light within reach.
31. Use hand sanitizer to clean hands.

SKILL 7: EAR DROPS / TABLET ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication box.
3. **For each medication, identify and verbalize the correct medication label for correct resident's MAR.**
4. **Identify and verbalize right medications as they are obtained from the medication box.**
5. **For each medication, identify and verbalize right doses as labels are compared to right resident's MAR.**
6. **Ensure medications selected are for the correct time.**
7. **Ensure medications selected are for the correct routes.**
8. Open container. Do not contaminate lid (during removal or while lid is off container).
9. Pour prescribed tablet(s) into medication cup without touching the medication.
10. Lock medication box.

11. Close MAR.
12. Greet resident.
- 13. Identify and verbalize right resident using an appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
14. Introduce self as a Medication Aide.
15. Explain procedure to resident.
16. Give resident a glass of water.
17. Assist the resident to take the medication.
18. Lower head of the bed.
19. Shake medication.
20. Turn head with correct ear upward.
21. Hold external ear flap (pinna) and gently pull up and back.
- 22. Instill prescribed number of drops of medication into the ear.**
23. Ensure dropper tip does not touch inside of ear canal.
24. Tell resident to not move his/her head for a few minutes.
25. Return medication bottle to the medication box.
26. Lock medication box.
- 27. Document administration on the medication administration record on the correct day.**
28. Close MAR.
29. Maintain interpersonal communications during administration.
30. Place call light within reach.
31. Use hand sanitizer to clean hands.

SKILL 8: NASAL SPRAY / TABLET ADMINISTRATION

1. Use hand sanitizer to clean hands.
2. Obtain correct medications from the medication box.
- 3. For each medication, identify and verbalize the correct medication label for correct resident's MAR.**
- 4. Identify and verbalize right medications as they are obtained from the medication box.**
- 5. For each medication, identify and verbalize right doses as labels are compared to right resident's MAR.**
- 6. Ensure medications selected are for the correct time.**
- 7. Ensure medications selected are for the correct routes.**
8. Open container. Do not contaminate lid (during removal or while lid is off container).
9. Pour correct number of tablets into medication cup without touching medication.
10. Lock medication box.
11. Close MAR.
12. Greet resident.
- 13. Identify and verbalize right resident using an appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
14. Introduce self as a Medication Aide.
15. Explain procedure to resident.
16. Give resident glass of water.
17. Assist resident to take medication.
18. Have resident blow nose.
19. Instruct resident to breath in with mouth closed.
20. Time administration of spray with resident's inhalation.
21. Administer prescribed number of sprays in one nostril.
22. Return medication bottle to the medication box.
23. Lock medication box.
- 24. Document administration on the medication administration record on the correct day.**

25. Close MAR.
26. Maintain interpersonal communications during administration.
27. Place call light within reach.
28. Use hand sanitizer to clean hands.

SKILL 9: EYE DROPS / TABLET ADMINISTRATION

1. Use hand sanitizer to clean hands.
 2. Obtain correct medications from the medication box.
 3. **For each medication, identify and verbalize the correct medication label for correct resident's MAR.**
 4. **Identify and verbalize right medications as they are obtained from the medication box.**
 5. **For each medication, identify and verbalize right doses as labels are compared to right resident's MAR.**
 6. **Ensure medications selected are for the correct time.**
 7. **Ensure medications selected are for the correct routes.**
 8. Open container. Do not contaminate lid (during removal or while lid is off container).
 9. Pour prescribed number of tablets into medication cup without touching the medication.
 10. Lock medication box.
 11. Close MAR.
 12. Greet resident.
 13. **Identify and verbalize right resident using an appropriate method of identification - i.e. picture, wrist band, or facility appropriate method of identification.**
 14. Introduce self as a Medication Aide.
 15. Explain procedure to resident.
 16. Give resident a glass of water.
 17. Assist the resident to take the medication.
 18. Put on gloves.
 19. Gently tilt resident's head back with chin up.
 20. Pull down on lower eye lid of the correct eye making a pocket.
 21. Ask resident to look up toward forehead.
 22. **Drop prescribed number of drops of medication into the pocket.**
 23. Ensure dropper tip does not touch eye.
 24. Instruct resident to blink.
 25. Use tissue to remove any excess fluid from around eye.
 26. Remove and discard gloves. Use hand sanitizer to clean hands.
 27. Return medication bottle to the medication box.
 28. Lock medication box.
 29. **Document administration on the medication administration record on the correct day.**
 30. Close MAR.
 31. Maintain interpersonal communications during administration.
 32. Place call light within reach.
 33. Use hand sanitizer to clean hands.
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TEST RESULTS

After you have completed both the knowledge test and skill test components, your test results will be sent to the Nevada Board of Nursing. You will be certified by the Board only after you meet all Board requirements including passing both the written and skill test components. If you fail either test component, you must reapply to retake the one component that you failed. Procedures for reapplying and detailed test results are included in a failure notification letter mailed or emailed to your address on record.

Test results will be available the same day that they are scored by going to the NV MA-C page of our website at www.hdmaster.com **after** 6:00 p.m. Mountain Time. Your test results will be available 24 to 48 hours after an electronic test event (**Excluding** Saturdays, Sundays and Holidays).

You are eligible to take the test three (3) times (NAC 632.166) within one (1) year after training program completion date. If you have not passed the exam successfully one year after training program completion date, you must repeat training.

YOU MAY CHECK YOUR TEST RESULTS ON-LINE BY GOING TO WWW.HDMASTER.COM, CLICK ON NEVADA MA-C AND CLICK ON ON-LINE TEST RESULTS.

1. Type in your social security number
2. Type in your test date
3. Type in your birth date
4. Click on Submit Score Report Request

RETAKE THE MEDICATION AIDE-CERTIFIED TEST

IF MAILING OR FAXING IN PAYMENT:

- Make address corrections to the top portion of your failure results Re-Test Request letter (Form 1301CV).
- Mail or fax your Re-Test Request letter (Form 1301CV) along with payment to HEADMASTER. If faxed please be sure to include credit card information on your Re-Test Request letter.
- If you lost your failure letter (Form 1301CV), go online to www.hdmaster.com to get a new copy, or you may fill out a new 1402CV – Scheduling and Payment Form.
- HEADMASTER is unable to process your credit card payment over the telephone for your retest. You will need to submit your Re-Test Request letter to HEADMASTER either by fax (\$5.00 Fax fee) or by mail or use the payment via credit card option in your own record below:

IF PAYING WITH CREDIT CARD ON-LINE:

- Your personal Identification number and PIN number will be on your test results and Re-Test Request letters. Or you may call Headmaster to request your ID and PIN#'s.
- Go to www.hdmaster.com, click on Nevada and under Candidate Forms click on Schedule/Reschedule.
- Log in with your test identification and PIN numbers. Your demographic record will display.
- Click on the PAY WITH CREDIT CARD button and put in the credit card information requested. Click the SUBMIT button. You will be able to print a receipt of your payment once finished.
- The test scheduling options will become active once you have paid. Click on the drop down arrows to the right of the test site to choose the site you wish to test at and to the right of the test date to choose the date you wish from the available dates.
- If you need any assistance through this process, please call Headmaster at 1-800-393-8664.

SAMPLE QUESTIONS

The following questions are samples of the kinds of questions that you will find on the knowledge test. Check your answers to these questions using the answer box below.

- 1) An order for Colace qd would require that you to administer this medication to a resident
 - a. once a week
 - b. every day
 - c. on an empty stomach
 - d. when the resident complains of constipation
- 2) If a resident refuses to take the medication you bring to him you should
 - a. make a mental note and plan to come back and try again later
 - b. try to get the resident to take his medication anyway
 - c. leave the medication on the resident's bedside stand and instruct him to take it later
 - d. document the refusal and report it to the nurse
- 3) The following medication is not allowed to be administered by a Medication Aide-Certified
 - a. a regularly scheduled oral hypertensive agent
 - b. an antibiotic cream applied to an open wound
 - c. a laxative to be administered by rectal suppository
 - d. a schedule III controlled substance timed for every night

ANSWERS: 1B, 2D, 3B

KNOWLEDGE TEST VOCABULARY LIST

abdomen	classification	fever
absorption	Colace	five rights
abuse	communication	Flexeril
ac	confidentiality	gastrointestinal
accountability	confusion	generic name
acetaminophen	constipation	generic similarities
administering antacids	controlled substances	glaucoma
administering medication	correct administration	Glucotrol (Glipizide)
administration considerations	Coumadin	gout
administration error	countable substances	gtt
guidelines	decongestants	Halcion
adverse effect	delegation	hallucinations
adverse reaction	depression	hand washing
affects of medication	deterioration	herbal medications
agitation	Diabetes	hives
alcohol	diarrhea	hs
allergic reactions	diet	hyperglycemia
allergies	Digoxin	hyperkalemia
amoxicillin	Dilantin	hypertension
analgesic	discontinue	hypoglycemia
anaphylactic	diuretic	impactions
anaphylaxis	dizziness	infections
antacids	documentation	inhalant
antianginal	documentation error	inhaler
antibiotic	dosage	insulin
anticoagulant	dosing syringe	interactions
anticonvulsants	drowsiness	international time
anti-emetic	Drug Enforcement Agency	intestinal
antihistamines	drug interaction	intravenously
antihypertensives	drug names	iron
anti-inflammatory	Drug Reference manual	itching
antilipemics	ear drops	IV
antimicrobial	edema	laryngeal
antipsychotic	effectiveness of medications	Lasix
arthritis	effects	laxatives
aspiration	elimination	lethal dose
aspirin	empty stomach	lice
bacterial infections	enteric coating	liquid administration
bid	error correction	liquid medication
bleeding	error reporting	lithium
bronchial tree	excretion	Lomotil
by mouth	expected adverse affects	MA-C role
capsule	expected results	malabsorption
cardiac drugs	expectorant	maximum dose
cardiovascular	expiration date	medication absorption
certification	eye dropper	medication administration
changes in condition	eye medication	medication administration record
chemicals	eye ointment	medication amount
cholesterol	eyes	medication categories

medication effects
medication error
medication frequency
medication label
medication names
medication order
medication refusal
medication route
medication sheet
medication strength
metabolism
Metamucil
nasal medication
nausea
nebulizer
Nevada Medication Aide
nitroglycerin
nitroglycerine
nonsteroidal anti-inflammatory
nose drops
Nurse Practice Act
obtaining medications
ointment
older adults
ophthalmic
oral medications
osteoporosis
OTC medication
otic
over the counter
over dosage
parenteral
patch
pc
Penicillin
pharmacy label

physicians
placebo
poor coordination
potassium
Prednisone
pre-filled medication
priorities
prn
psychotropic
public safety
pyorrhea
q2h
qd
qid
qod
rectal
refusal
regulation
renewal
reporting
responsibilities
results of medications
rheumatoid
right
right resident
right time
rights
role
role & responsibility
route
routine medication
scope
sedatives
seizures
sensitivity to medications

side affects
skin patches
skin rashes
slurred speech
special instructions
state regulations
sterility
steroids
storing medications
sublingual
sublingually
suppository
suspension of medications
swallowing
symptoms
tablet color
tablet disposal
tachycardia
temperature
Tetracycline
therapeutic dose
therapy
thyroid
tid
topical
toxic dose
toxic effects
transdermal patch
Transderm-Nitro patches
types of orders
unit dose packaging
vaginal medication
valid prescriptions

