

**OHIO MEDICATION AIDE**  
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**Providing Medication Aide testing solutions for Ohio**

**Effective July 1st, 2019 VERSION 5.2**

## **Contact Information**

Questions regarding test applications-test scheduling-eligibility to test:

**D&S Diversified Technologies**

**333 Oakland Ave**

**PO Box 418 Findlay, OH 45840**

8:00am-6:00pm Monday-Friday 8:00am-2:00pm Saturday

Toll Free- (877) 851-2355 or Local- (419) 420-1605 Fax- (419) 422-8328 or (419) 422-8367

Questions about Medication Aide training or certification status:

**Ohio Board of Nursing**

**17 South High Street, Suite 400**

**Columbus, OH 43215-7410**

Ohio Medication Aide Certification 8:00 am to 5:00 pm M-F

Phone- (614) 466-6966 Fax (614) 466-0388

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## **Introduction**

The purpose of a medication aide competency evaluation is to ensure that candidates who are seeking to be medication aides understand the standards and can competently and safely perform the job of an entry-level medication aide.

This handbook describes the process for taking the medication aide competency test and is designed to help prepare candidates for testing. There are two (2) parts to the medication aide competency test—a multiple-choice knowledge test and a skill test. Candidates must pass both parts of the test to be identified in Ohio as a Certified Medication Aide. The Ohio Board of Nursing has approved D&S Diversified Technologies to provide tests and scoring services for medication aide testing.

To learn how to apply to take the medication aide certification test, please use this handbook or contact D&S Diversified Technologies at [www.hdmaster.com](http://www.hdmaster.com) or call local (419) 420-1605 or toll free (877) 851-2355. This handbook should be kept for future reference. Expect to spend no more than six (6) hours total at the test site on your testing day.

**Please note: You are required to complete your first testing attempt within 60 days of your training class completion. If you fail a portion, you will then have 6 months from your testing date to complete your second attempt. The Ohio Board of Nursing allows only two attempts per each training class completion for the Ohio Medication Aide Certification test.**

### **The Knowledge (Written) Test**

The knowledge test consists of fifty (50) multiple choice questions. The knowledge test questions are selected from subject areas based on Ohio law and rules and include questions from all the required categories as defined in the Ohio law and rules. The subject areas and number of items are as follows:

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Six Rights (6 items)            | Error Reporting (2 items)            |
| Medication Effects (10 items)   | Role and Responsibilities (8 items)  |
| Allowable Routes (2 items)      | Terminology (4 items)                |
| Controlled Substances (4 items) | State Regulations (2 items)          |
| Documentation (2 items)         | Medication Administration (10 items) |

A knowledge test proctor will hand out materials and give instructions for taking the knowledge test. You will have a maximum of sixty (60) minutes to complete the fifty (50) questions. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the knowledge test (such as “What does this question mean?”). Fill in only one (1) oval on the answer sheet for each question. DO NOT mark in the testing booklet. Marks in the test booklet will not be accepted as answers. Your answers must appear on the separate scan form answer sheet if you your correct answers. You must have a score of 80% or better to pass the knowledge portion of your test. The knowledge test may be taken orally if you have difficulty reading English. The oral test MUST be requested at the time of registration and there is an additional fee. The knowledge test will be provided along with an audio recording of the questions. Your answers will be recorded on the scan form just as with the knowledge test. You will hear the WebETest© questions on the computer. The last 10 questions MUST be read and answered by the student without aide of the recording. These ten (10) questions serve as the reading comprehension requirement required by the Ohio Board of Nursing. The cost of the knowledge test is \$30.00 and an oral test is \$40.00.

### **The Skill Test**

The purpose of the skill test is to evaluate your medication aide clinical skills. You will find a complete list of skill tasks printed in this handbook. Two (2) task groupings will be randomly selected from the list for you to perform on your skill test. The steps that are listed for each skill task are the steps required for a medication aide to completely perform the skill. You will be scored only on these steps. You must successfully complete each of your two (2) skill task groupings ***without missing any key steps (the bolded steps) and score an 80% or better*** to pass the skill portion of the test. If you fail a single skill task grouping you will have to take another skill test with two skill task groupings on it. The cost of the skill test is \$80.00.

### **What to Expect During the Skill Test**

- Each of two (2) scenarios associated with your two (2) assigned task groupings will be read to you immediately before you do each grouping.
- After hearing a scenario you will use the MAR book to determine what medications to obtain from the locked medication cart and you will administer the medications obtained to a live resident actor.
- Listen carefully to all instructions given by the test observer. You may request to have either of the two (2) scenarios repeated anytime during your skill test.
- Be sure you understand all instructions before you begin your skill test because you may not ask questions once the skill test begins.
- You will be given twenty-five (25) minutes to complete the two (2) task groupings. You must correctly perform both groupings in order to pass the skill test. You will be told when fifteen (15) minutes remain.
- If you believe you made a mistake while performing a task, 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 until the medication has been administered within the allotted twenty-five (25) minutes or you tell the test observer you are finished with the skill test. You may ask for the scenario to be re-read at anytime during the skill test. The test observer may not answer any questions once the skill test has begun, so be sure to clarify all instructions before starting.
- Please remember that you must take both the knowledge and the skill test on the same day. The only exception is if you are retesting, you will only be taking the portion(s) of the test that you failed.

### **ADA Accommodations**

The Ohio Board of Nursing and D&S Diversified Technologies medication aide testing program provide reasonable accommodations for applicants with disabilities or limitations that may affect their ability to take the medication aide competency exam. Accommodations are granted in accordance with the Americans with Disabilities Act. If you are a candidate with a disability or limitation for which you wish to request an accommodation, please complete forms 1404OM page one (1) and two (2) located on our web site at [www.hdmaster.com](http://www.hdmaster.com). Return completed forms to D&S Diversified Technologies along with your initial application and supporting documentation (i.e. IEP and/or letter from physician showing your limitation), or call (877) 851-2355 for information. Please allow an additional two (2) weeks to your normal testing time frames if requesting an ADA accommodation.

### **Testing Requirements**

In order to sit for the Ohio Medication Aide state exam you must meet one of the following requirements:

1. Be a current State Tested Nursing Assistant and have successfully completed an Ohio Board of Nursing Approved Medication Aide training program within the last sixty (60) days. The approved training program must include at least one hundred and twenty (120) hours (eighty (80) classroom hours and forty (40) supervised clinical hours). You must receive a certificate of successful completion from your training program.
2. Be a Residential Care Aide with one year experience and have successfully completed an Ohio Board of Nursing Approved Medication Aide training program within the last sixty (60) days. The approved training program must include at least one hundred and twenty (120) hours (eighty (80) classroom hours and forty (40) supervised clinical hours). You must receive a certificate of successful completion from your training program.

### **Test Day**

You should arrive at your confirmed test site twenty to thirty (20-30) minutes before your test is scheduled to start. You must bring a **SIGNED, NON-EXPIRED, GOVERNMENT ISSUED, PHOTO ID (i.e. state ID, Drivers License, passport, conceal carry, or military ID)**. ***You will not be admitted for testing if you do not bring proper ID and you will have to reapply for a new test date and repay all required testing fees.*** Your test notification letter and map should be with you, although they are not required.

### **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, you will not be admitted to the test and your test fee *will be forfeited*.
- ***If you NO SHOW for your testing day you will forfeit all testing fees paid and you will have to reapply for a new test date and repay all required testing fees.***
- NO ELECTRONIC DEVICES OF ANY KIND WILL BE PERMITTED IN THE TESTING AREAS! Cellular phones, beepers, Bluetooth phones, watches of any kind or any other electronic devices are not permitted at the testing site. If you are found to have an electronic device on your person, you will be asked to exit the testing area and will be marked as a No Show and will forfeit all testing fees paid. You will be required to reapply and repay for a new testing date.

- With the exception of religious/cultural head coverings, candidates may not have their head covered during testing for security reasons.
- You are not permitted to bring personal belongings such as briefcases, large bags, study materials, extra books, or papers into the testing area. Any such materials brought into the testing area will be collected and returned to you when you have completed the test. Test proctors and testing sites are not responsible for lost or stolen items.
- You are not permitted to eat, drink, or smoke during the test.
- You may not take any notes or other materials from the testing room.
- 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 Ohio Board of Nursing. You will not be permitted to test again until ruled eligible to test by the Ohio Board of Nursing.
- No visitors, guests, instructors, pets or children are allowed at the testing site. If you bring unauthorized persons or items you will be asked to leave and will forfeit all fees paid.

## **Reschedule/Cancellation Policy**

An individual may reschedule one time during the two attempt testing cycle to a new mutually agreed upon test date and site for no charge up to **24 hours from the actual testing time** (excluding Sundays and holidays). For example: if your test starts at 8:30am on Friday you must call no later than 8:30am on Thursday to qualify. Reschedules must occur **within 60 days** of the actual testing date. If reschedules are not made within the 60 days you will be charged a \$35 reschedule fee. Remember: you only have 60 days from the completion of class to complete your first test attempt. Any further reschedules will be **charged at the rate of \$35** which must be paid before the reschedule can occur.

## **Cancellations-**

**Cancellations MUST be faxed or emailed PRIOR TO 24 HOURS OF THE ACTUAL TESTING DATE AND TIME excluding Sundays and holidays, no phone calls will be accepted to qualify for a full refund minus a \$30 cancellation fee.** No verbal cancellations will be accepted. If you reschedule and later decide that you want to cancel you must notify us in writing (mail, fax or email) within 60 days **from your last scheduled test date** to qualify for a refund minus the cancellation fee. Cancellations submitted more than 60 days from your last scheduled test date will not qualify for a refund.

**No Shows-** If you are scheduled for your test and don't show up without notifying D&S DT prior to 24 hours prior to your scheduled test date and time you will be considered a **NO SHOW** and will forfeit all testing fees paid. You must submit a new application with all required fees to be scheduled for a new test date.

If you **No Show** for any of the following reasons please provide the following documentation. If the required documentation is not received within the allotted time frame, you will remain a No Show and will be required to resubmit your full payment and application for a new testing date:

**Car breakdown:** A tow bill faxed within **forty-eight (48) hours** of the test date excluding Sundays and holidays is required.

**Medical emergency:** Doctor's excuse within **five (5) business days excluding Sundays and holidays** is required.

**Death in the family:** Obituary for **immediate family only** within **fourteen (14) business days excluding Sundays and holidays** from a missed test date.

**Test Dispute-** If you choose to dispute your test results, a **step-by step explanation of skill steps demonstrated** must be faxed, emailed, or sent to D&S Diversified Technologies within **ten (10) days of your test event with a \$25.00 dispute fee attached**. Any dispute received without payment will be returned. If the dispute is found in your favor you will be refunded the dispute fee. If it is determined that your results will remain the same or if you are given a free reschedule the fee will not be refunded. If full payment of \$25.00 and proper dispute letter are not received within ten (10) business days of your testing date, you will not be permitted to dispute your test for any reason. You will be required to re-apply and re-pay to be scheduled for a new testing date. Please allow 2-4 weeks processing time for test disputes.

## **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 be recorded as a test failure, and will not be allowed to retest for a minimum period of six months. Study materials or any form of electronic devices may **not** be brought to the test or used during testing. If you give or receive help from anyone during testing, the test will be stopped, your test will not be scored, you will be dismissed from the testing room and your name will be reported to the appropriate agencies and will require approval from the Ohio Board of Nursing to retest and/or **suspended from testing for six months**.

## **Test Results**

If you pass both portions of your exam, your results will automatically be sent directly to the Ohio Board of Nursing. It is your responsibility to verify that the Board of Nursing has received your results. If your results were not received and need to be resent, please contact Heather at D&S at 1-877-851-2355.

**It is your responsibility to ensure that you complete the Ohio Board of Nursing application process. Your certificate will not be issued until all of these items are approved by the OBN.**

This includes but may not be limited to the following items.

1. Complete OBN certified medication aide online application.
2. Submit fee
3. Submit Civilian and FBI background checks
4. Have evidence of successfully completed exam sent to the OBN

If you fail either or both portions of your exam, you must reapply to retake the medication aide test. Procedures for reapplying are included with failure notification letters. Detailed test results are supplied in all test result notification letters.

**Certification**

The Ohio Board of Nursing regulates certified medication aides in Ohio. Anyone may contact the Ohio Board of Nursing to inquire about his or her certification status as a medication aide, including questions regarding lapsed certification.

**Active Duty and Veteran Status**

D&S Diversified Technologies has been approved by the Department of Veterans Affairs (VA) as a testing vendor for the Ohio MA-C exam. If you are an active duty service member, retired service member, or veteran reimbursement of exam fees may be available through your GI Bill if funds are available. You must first pay the MA-C testing fees and you will be provided with a receipt that you can submit to the VA with a completed form, VA Form 22-0803, for reimbursement. (<http://www.vba.va.gov/pubs/forms/VBA-22-0803-ARE.pdf>). VA Form 22-0803 can also be found on our website at [www.hdmaster.com](http://www.hdmaster.com) on our Ohio MA-C Certification page. You can find additional information about the GI Bill at [www.gibill.va.gov](http://www.gibill.va.gov).

If you are an active duty service member, retired service member, veteran, or spouse of a veteran, you may be eligible to receive priority of service on testing day if you have completed service in the United States Armed Forces, including the National Guard of any state or a reserve component of the United States Armed Forces, or have been discharged under honorable conditions and the required documentation is presented.

**The following forms of proof of service must be presented on testing day to the Test Observer in order to qualify for priority of service:**

1. Department of Defense Identification Card (Active, Retired, TDRL).
2. DD214 Military Discharge Certificate indicating disposition of discharge.
3. Report of Separation from the National Archives National Personnel Records Center in St. Louis, Missouri.
4. Veterans Identification Card from the Department of Veterans Affairs. This documentation must be presented in addition to the required original Social Security card and the government issued non-expired, photo ID.

# **Manual Skill Tasks Listing**

## **SKILL-1 Oral Liquid / Ear Drops Administration**

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens container without contaminating lid
7. Sets medication cup on a level surface
8. **Pours correct amount of medication and replaces lid**
9. Checks for correct amount of medication at eye level
10. Returns all medications not being taken into resident's room back into the medication cart
11. Locks medication cart
12. Closes MAR
13. Greets resident
14. Introduces self as Medication Aide
15. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
16. Explains procedure
17. Provides privacy (must verbalize)
18. Assists resident to take liquid medication
19. Lowers head of the bed
20. Assists resident to turn head to correct side with correct ear upward
21. Holds external ear flap and pulls up and back
22. **Instills correct amount of medication into the correct ear**
23. Dropper tip does not touch inside of ear canal
24. Instructs resident not to move his/her head for a few minutes
25. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
26. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
28. Maintains interpersonal communication with resident during medication administration
29. Returns any remaining medication to the medication cart
30. Locks medication cart
31. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
32. Closes MAR
33. Uses hand sanitizer to clean hands

**End of skill 1- Oral Liquid / Ear Drops Administration**

## **SKILL-2 Topical Medication Spray/Tablet Unit Dose Administration**

1. Uses hand sanitizer to clean hands
2. Opens MAR
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Greets resident. Introduces self as Medication Aide
7. **Verbally identifies right resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
8. Explains procedure
9. Provides privacy (must verbalize)
10. Listen to apical heart rate for sixty (60) seconds with teaching stethoscope
11. Records heart rate on MAR
12. **Recorded heart rate is within five (5) beats of the observer's**
13. **Verbalizes whether or not to proceed with medication administration based upon heart rate obtained**
14. Unlocks medication cart
15. If proceeds, opens container without contaminating lid (if applicable) or pops medication from bubble pack
16. If proceeds, places correct amount of medication into the medication cup without touching medication and replaces lid (if applicable)
17. Returns all medications not being taken in the resident's room back into the medication cart
18. Locks medication cart
19. Closes MAR
20. If proceeds, gives resident a glass of water
21. If proceeds, assists resident to take the medication
22. Puts on at least one glove
23. Inspects correct forearm skin area where medication is to be applied
24. Instructs resident to turn face away while spraying
25. Applies correct number of sprays on correct forearm
26. Removes and discards glove(s).
27. Uses hand sanitizer to clean hands
28. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
29. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
30. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
31. Maintains interpersonal communication with resident during medication administration
32. Returns any remaining medication to the medication cart
33. Locks medication cart
34. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
35. Closes MAR
36. Uses hand sanitizer to clean hands

**End of skill 2-Topical Medication Spray/Tablet Unit Dose Administration**

## SKILL-3 Topical / Oral Capsule Medication Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens container without contaminating lid (if applicable) or pops medication from bubble pack
7. Puts correct number of capsules in medication cup without touching the medication and replaces lid (if applicable)
8. Returns all medication not being taken into resident's room back into the medication cart
9. Locks medication cart
10. Closes MAR
11. Greets resident
12. Introduces self as Medication Aide
13. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
14. Explains procedure
15. Provides privacy (must verbalize)
16. Gives resident a glass of water
17. Assists resident to take medication
18. Inspects correct forearm where medication is to be applied
19. Puts on at least one glove
20. Opens container without contaminating lid
21. Applies ointment with gloved hand to the correct forearm
22. Spreads ointment to cover entire area that is to be treated
23. Replaces lid
24. Remove and discard glove(s).
25. Candidate uses hand sanitizer to clean hands.
26. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
28. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
29. Maintains interpersonal communication with resident during medication administration
30. Returns any remaining medication to the medication cart
31. Locks medication cart
32. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
33. Closes MAR
34. Uses hand sanitizer to clean hands

**End of skill 3-Topical / Oral Capsule Medication Administration**



## SKILL 4 Oral Tablets / Eye Drop Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Greets resident
7. Introduces self as Medication Aide
8. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
9. Explains procedure
10. Provides privacy (must verbalize)
11. Listen to apical heart rate for sixty (60) seconds with teaching stethoscope
12. Records heart rate on MAR
13. **Recorded heart rate is within five (5) beats of the observer's**
14. **Verbalizes whether or not to proceed with medication administration based upon heart rate obtained**
15. Unlocks medication cart
16. If proceeds, opens container without contaminating lid (if applicable) or pops medication from bubble pack
17. If proceeds, places correct amount of medication into the medication cup without touching medication and replaces lid (if applicable)
18. Returns all medications not being taken in the resident's room back into the medication cart
19. Locks medication cart. Closes MAR
20. If proceeds, gives resident a glass of water
21. If proceeds, assists resident to take the medication
22. Gently tilts resident's head back with chin up
23. Pulls down on lower eye lid of the correct eye making a pocket
24. Asks resident to look up toward forehead
25. Drops correct amount of drops into the pocket. Dropper tip does not touch eye
26. Uses tissue to remove any excess fluid from around eye
27. Returns any remaining medication to the medication cart
28. Locks medication cart
29. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
30. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
31. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc)
32. Maintains interpersonal communication with resident during medication administration
33. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
34. Closes MAR
35. Uses hand sanitizer to clean hands

**End of skill 4-Oral Tablets / Eye Drop Administration**

## SKILL-5 Oral Capsule Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens first container without contaminating lid (if applicable)
7. Puts correct amount of medication in medication cup without touching the medication and replaces lid on medication
8. Opens second container without contaminating lid (if applicable)
9. Puts correct amount of medication in medication cup without touching the medication
10. Returns all medication not being taken into resident's room back into the medication cart
11. Locks medication cart
12. Closes MAR
13. Greets resident
14. Introduces self as Medication Aide
15. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
16. Explains procedure
17. Provides privacy (must verbalize)
18. Gives resident a glass of water
19. Assists resident to take the medication one capsule at a time
20. Stays with the resident until the medication has been swallowed
21. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
22. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
23. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
24. Maintains interpersonal communication with resident during medication administration
25. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
26. Closes MAR
27. Uses hand sanitizer to clean hands

**End of skill 5- Oral Capsule Administration**

## SKILL 6 Oral Liquid / Ointment Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens container without contaminating lid
7. Sets medication cup on level surface
8. **Pours correct amount of medication**
9. Replaces lid
10. Checks for correct amount of medication at eye level
11. Returns all medication not being taken into resident's room back into the medication cart
12. Locks medication cart
13. Closes MAR
14. Greets resident
15. Introduces self as Medication Aide
16. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
17. Explains procedure
18. Provides privacy (must verbalize)
19. Assists resident to take medication
20. Puts on at least one glove
21. Inspects correct forearm where medication is to be applied
22. Opens container without contaminating lid
23. Applies ointment with gloved hand to the correct forearm
24. Spreads ointment to cover entire area that is to be treated
25. Replaces ointment lid
26. Removes and discards glove(s).
27. Candidate uses hand sanitizer to clean hands.
28. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
29. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
30. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
31. Maintains interpersonal communication with resident during medication administration
32. Returns any remaining medications back to medication cart
33. Locks medication cart
34. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
35. Closes MAR
36. Uses hand sanitizer to clean hands

**End of skill 6- Oral Liquid / Ointment Administration**

## SKILL 7 Ear Drops / Tablet Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens container without contaminating lid (if applicable) or pops medication from bubble pack
7. Puts correct number of tablets into medication cup without touching the medication and replaces lid (if applicable)
8. Replaces all unused medication back in the medication cart
9. Locks medication cart
10. Closes MAR
11. Greets resident
12. Introduces self as Medication Aide
13. **Verbally identifies right resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
14. Explains procedure
15. Provides privacy (must verbalize)
16. Gives resident a glass of water
17. Follows all specific directions on the medication label
18. Assists the resident to take the medication
19. Lowers head of the bed
20. Head is turned toward correct side with correct ear upward
21. Holds external ear flap and pulls up and back
22. **Instill correct amount of drops into correct ear**
23. Ensures dropper tip does not touch ear canal
24. Instructs resident to not move his/her head for a few minutes
25. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
26. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
27. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
28. Maintains interpersonal communication with resident during medication administration
29. Returns any remaining medications to medication cart
30. Locks medication cart
31. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
32. Closes MAR
33. Uses hand sanitizer to clean hands

**End of skill 7- Ear Drops / Tablet Administration**

## SKILL-8 Nasal Spray / Tablet Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens container without contaminating lid (if applicable) or pops medication from bubble pack
7. **Puts correct number of tablets into the medication cup without touching the medication**
8. Replaces lid (if applicable)
9. **Replaces all unused medication back in the medication cart**
10. Locks medication cart
11. Closes MAR
12. Greets resident
13. Introduces self as Medication Aide
14. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
15. Explains procedure
16. Provides privacy (must verbalize)
17. Gives resident a glass of water
18. Assists resident to take medication from medication cup
19. Has resident blow nose
20. Tilts head back
21. Instructs resident to hold head back
22. Administers correct amount of sprays into correct nostril
23. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
24. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
25. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
26. Returns any remaining medication to the medication cart
27. Locks medication cart
28. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
29. Closes MAR
30. Maintains interpersonal communication with resident during medication administration
31. Uses hand sanitizer to clean hands

**End of skill 8- Nasal Spray / Tablet Administration**

## SKILL-9 Eye Drops / Tablet Administration

1. Uses hand sanitizer to clean hands
2. Opens MAR and unlocks medication cart
3. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) to the correct Resident's MAR**
4. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while obtaining correct medication from medication cart**
5. **Verbally identifies all five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route) while comparing each drug label to the correct resident's MAR**
6. Opens container without contaminating lid (if applicable)
7. Puts correct number of tablets into the medication cup without touching the medication and replaces lid (if applicable)
8. Returns all medication not being taken into the resident's room back into the medication cart
9. Locks medication cart
10. Closes MAR
11. Greets resident
12. Introduces self as Medication Aide
13. **Verbally identifies correct resident by using facility appropriate method of identification (i.e. picture, wrist band, or according to facility policy)**
14. Explains procedure
15. Provides privacy (must verbalize)
16. Gives resident a glass of water
17. Assists resident to take medication from medication cup
18. Gently tilts resident's head back with chin up
19. Pulls down on lower eye lid of the correct eye making a pocket
20. Asks resident to look up toward forehead
21. Instills correct amount of drops into the pocket
22. Dropper tip does not touch eye
23. Uses tissue to remove any excess fluid from around eye
24. **Medication(s) selected support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
25. **Medication(s) administered support the five rights (Right Drug, Right Time, Right Dose, Right Resident, Right Route)**
26. Places call light within reach or verbally identifies verification of facility appropriate call device (i.e. wrist, necklace, etc.)
27. Maintains interpersonal communication with resident during medication administration
28. Returns any remaining medication to the medication cart
29. Locks medication cart
30. **Documents administration on the MAR for the Right Resident, Right Time, Right Dose, Right Route, Right Drug**
31. Closes MAR
32. Candidate uses hand sanitizer to clean hands.

**End of skill 9- Eye Drops / Tablet Administration**

## **Ohio Medication Aide Knowledge Test Vocabulary List**







### **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. The medication aide cannot have access to
  - a. drug reference materials and dictionaries
  - b. keys to a medication cart where schedule II controlled substances are stored
  - c. the resident's record
  - d. a copy of his/her medication skills checklist
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
  - 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