



D&S Diversified Technologies LLP

Headmaster LLP

Tennessee Medication Aide Candidate Handbook

EFFECTIVE: January 1, 2024

Version 5

EFFECTIVE JANUARY 1, 2024

CANDIDATES MUST BRING THEIR 'PROOF OF APPROVAL TO TEST FROM THE TENNESSEE BOARD OF NURSING (TBON)' - PAGE 17

SKILL TASK UPDATES ARE IN RED FONT AND HIGHLIGHTED IN GRAY (PAGES 31-42)

Contact Information

Questions regarding: applications • testing process • test scheduling • eligibility to test

..... **(877) 851-2355**

Questions regarding: obtaining information on official regulations and guidelines for medication assistants • updating your name or address on the Registry

..... **(615) 532-5166**

<p><i>D&S Diversified Technologies, LLP</i> 333 Oakland Avenue Findlay, OH 45840 Email: tennessee@hdmaster.com Web Site: www.hdmaster.com <i>Tennessee Medication Aide TMU@:</i> tn.tmutest.com</p>	<p><i>Monday through Friday</i> 7:00AM – 7:00PM (CST) 8:00AM – 8:00PM (EST)</p>	<p>Phone #: (877) 851-2355 Fax #: (406) 442-3357</p>
<p><i>Tennessee State Board of Nursing</i> 665 Mainstream Drive Nashville, TN 37243 Email: nursing.health@tn.gov Web Site: https://www.tn.gov/health/health-program-areas/health-professional-boards/nursing-board.html</p>	<p><i>Monday through Friday</i> 8:00 AM – 4:30 PM (CST)</p>	<p>Phone #: (615) 532-5166</p>

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Introduction

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

This handbook describes the process of taking the Medication Aide competency test and is designed to help prepare candidates for testing. There are two parts to the Medication Aide 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 Tennessee Board of Nursing (TBON) to be certified as a Medication Aide in Tennessee.

The Tennessee Board of Nursing has approved D&S Diversified Technologies (D&SDT)-Headmaster, LLP to provide testing and scoring services for Medication Aide testing. For questions not answered in this handbook, please contact D&SDT-Headmaster toll-free at (877)851-2355, email at tennessee@hdmaster.com, or go to www.hdmaster.com. The information in this handbook will help you prepare for your examination.

Americans with Disabilities Act (ADA)

ADA Compliance

The Tennessee Board of Nursing and D&SDT-HEADMASTER provide reasonable accommodations for candidates with disabilities or limitations that may affect their ability to perform the medication aide competency examination. Accommodations are granted in accordance with the Americans with Disabilities Act (ADA).

If you have a qualified disability or limitation, you may request special accommodations for examination. D&SDT-HEADMASTER must approve accommodations in advance of your examination. The request for accommodations can be found on the [D&SDT-HEADMASTER webpage](#) by clicking on the PDF Fillable [ADA Accommodation Form 1404](#). Fill out the ADA Request and attach the required documentation found on the second page of the request form to an email to tennessee@hdmaster.com in order to be reviewed for accommodation.

ADA request forms submitted without supporting documentation of a diagnosed disability will not be accepted or reviewed.

Please allow additional time for your request to be approved. If you have questions regarding the ADA review process or specific required documentation, please call D&SDT-HEADMASTER at (877)201-0758.

The Tennessee Medication Aide Competency Exam

Payment Information

Exam Description	Price
Knowledge Exam or Retake	\$42.50
Skill Test or Retake	\$95.00

Completing your TMU© Account

Medication Aide Training Program Candidates

Your initial registration information (name, phone number, Email and training start date) will be entered in D&SDT-Headmaster’s TestMaster Universe (TMU©) software. You should receive a verification form during your training to sign after you review the data entered (make sure your first and last names exactly match the first and last names on your government-issued ID).

IMPORTANT: Before you can test, you must sign in to TMU©, tn.tmutest.com, using your secure Email or Username and Password and verify that your demographic information is correct.

- It is highly recommended that when you receive your confirmation email from TMU© (check your junk/spam mail) that your account has been created, that you sign in to your account, update your password and verify your demographic information.
- By completing your account, you verify that: You have never been convicted of abuse or neglect of a person in your care, theft from a person in your care or child abuse. You are not currently under investigation for abuse or neglect of a person, theft from a person or child abuse. If you have or are, then you need to contact your trainer and let them know prior to completing your account.

If you do not know your Email or Username and Password, enter your email address and click “Forgot Your Password?” You will be asked to re-enter your email, and a ‘reset password link’ will be sent to your email (see instructions under **‘Forgot your Password and Recover your Account’**). If you cannot sign in for any reason, contact D&SDT-Headmaster at (877)201-0758.

Continued on next page.

Tennessee Medication Aide Candidate Handbook

Screen you will see the first time you sign in to your TMU@ record with the **demographic information you need to enter to complete your account:**

Home > Setup Account

Setup Account

We're Sorry, Your Account Still Needs Some Info
Enter the below information to finish setting up your account.

FIRST * MIDDLE LAST * SUFFIX

SOCIAL SECURITY # * BIRTHDATE * PHONE *

Encrypted for your safety

HEIGHT * ft. in EYE COLOR * RACE *

GENDER * MALE FEMALE OTHER

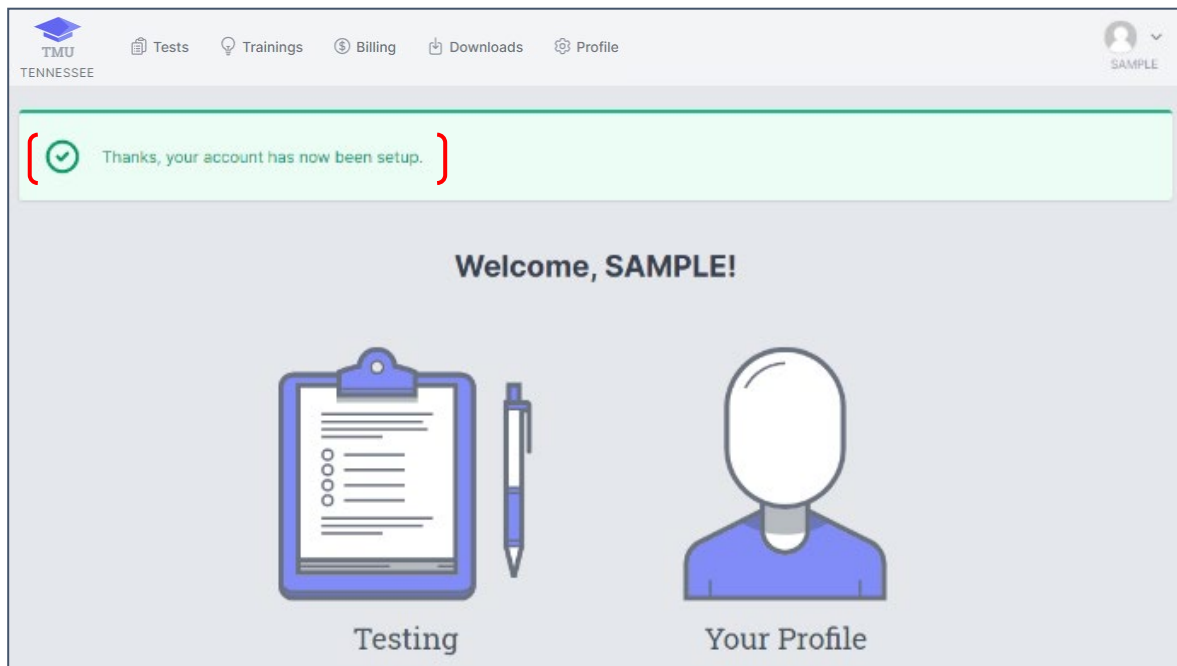
ADDRESS *

CITY * STATE ZIPCODE *

DISCLAIMER

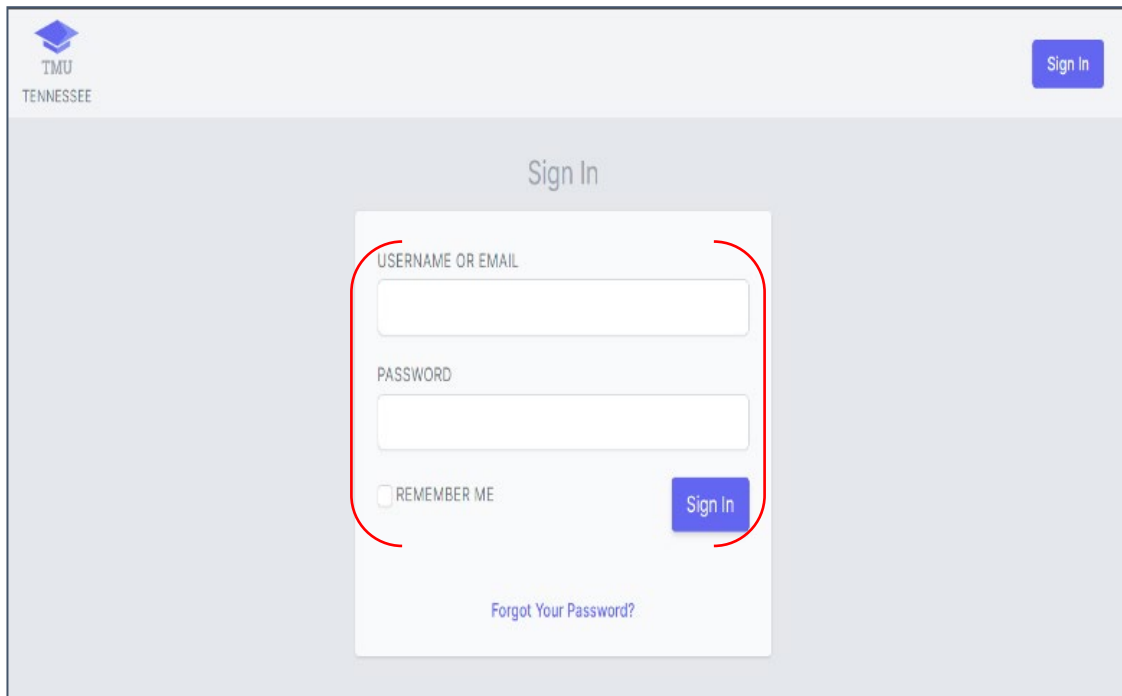
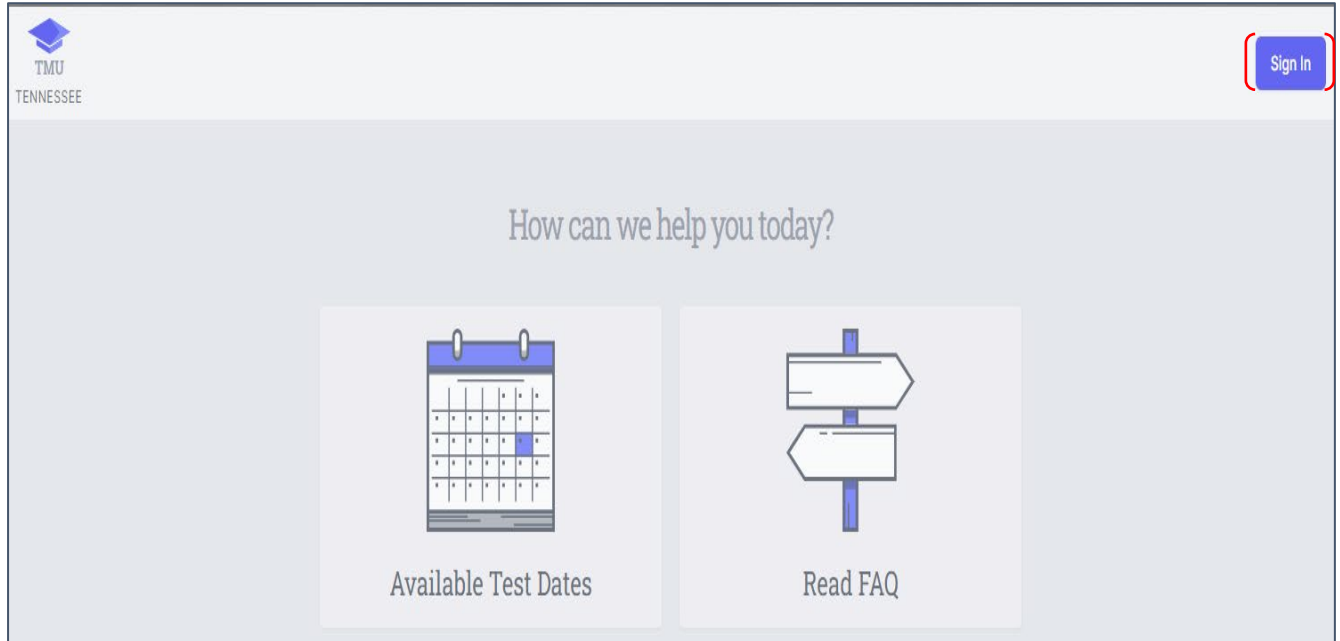
By completing your account you verify that: You have never been convicted of abuse or neglect of a person in your care, theft from a person in your care or child abuse. You are not currently under investigation for abuse or neglect of a person, theft from a person, or child abuse. If you have or are then contact your trainer and let them know prior to completing your account.

[Finish Account Setup](#)



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This is the Tennessee TMU© main page tn.tmutest.com:



If you have forgotten or do not know your Password, follow the instructions in the next section **'Forgot Your Password and Recover your Account'** to Reset your Password and Recover your Account.

Forgot your Password and Recover your Account

TMU
TENNESSEE

Sign In

Sign In

USERNAME OR EMAIL

PASSWORD

REMEMBER ME

Sign In

[Forgot Your Password?](#)

Click on-
Forgot Your Password?

TMU
TENNESSEE

Sign In

Recover Your Account

Using your Email Address

E-MAIL ADDRESS *

Recover Account

OR

Using other Information

LAST 4 OF SSN *

DATE OF BIRTH *

LAST NAME *

ZIP CODE *

Recover Account

Type in your Email Address

Click on – Recover Account


An email with the reset link will be emailed to you.

Click on the reset link in your email to reset your password.

-OR- You can type in the requested data under Using other Information

Click on - Recover Account

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Sign In

Recover Your Account

We have e-mailed your password reset link! Please allow a few minutes for the email to be delivered.

Using your Email Address

E-MAIL ADDRESS *

Recover Account

OR

Using other Information

LAST 4 OF SSN *

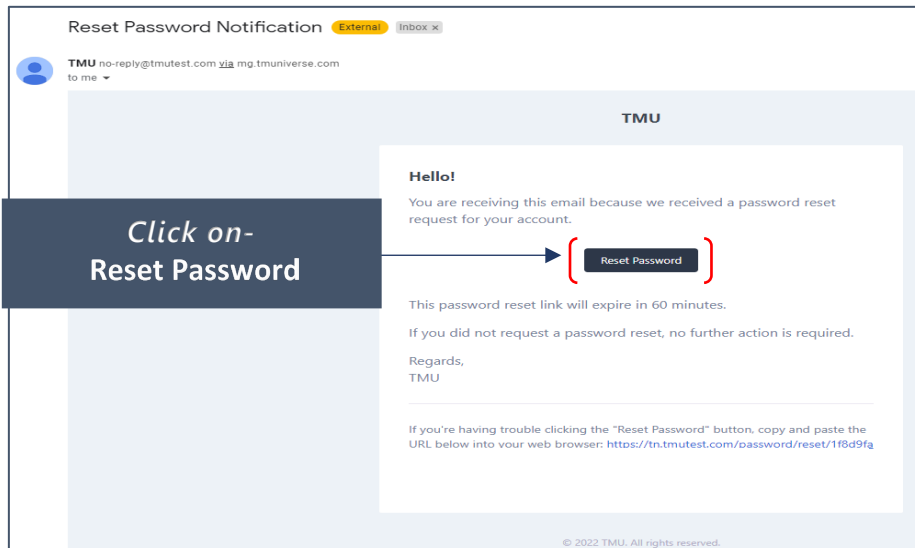
DATE OF BIRTH *

LAST NAME *

ZIP CODE *

Recover Account

This is what the email will look like (check your junk/spam folder for the email):



Note: If you do not reset your password right away, the link expires in 60 minutes and after that, you will need to request a new link.

Reset Your Password

E-MAIL ADDRESS

sample@email.com

PASSWORD

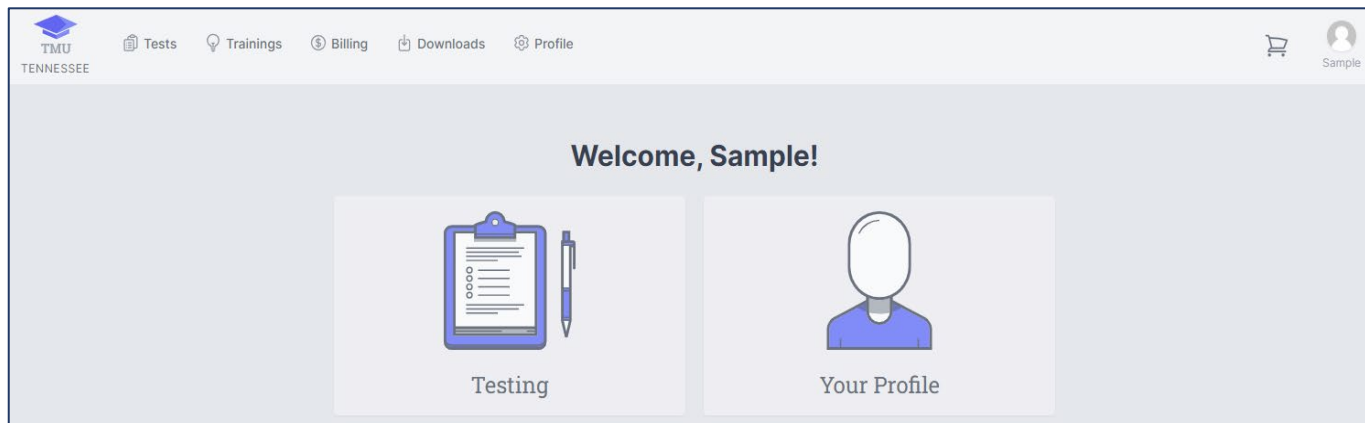
CONFIRM PASSWORD

Reset Password

Type in your Password and Confirm Password, then click on – Reset Password

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This is the home screen you will see once you have reset your password:



Schedule a Tennessee Medication Aide Exam

In order to schedule an examination date, candidates must have successfully completed a Tennessee Board of Nursing (TBON) approved medication aide (MA) training program or have a TBON-approved MA Education Waiver. In addition, all medication aide certification exam candidates must be registered with D&S Diversified Technologies-Headmaster by their training program unless a waiver is granted by the TBON. Your registration information will be transmitted to the TBON upon passing both portions of the MA-C exam.

Once your completed account is in the D&SDT-Headmaster TestMaster Universe© (TMU©) database, you may schedule your exam date online at the Tennessee TMU© webpage at tn.tmutest.com using your Email or Username and Password (**instructions with screenshots below**). If you cannot sign in with your Email, please call D&SDT-Headmaster for assistance at (877)851-2355.

Securely processed Visa or MasterCard credit card or debit card information is required when scheduling online. After paying your testing fees, you will be able to schedule and/or reschedule up to one full business day before a scheduled test date of your choice. You will receive your test confirmation notification by email, text, or by signing in to your account. You may log in with any Internet-connected device. You will be scheduled to take your initial knowledge and skill tests on the same day. To schedule or reschedule your test date, sign in to the Tennessee TMU© webpage at tn.tmutest.com with your Email or Username and Password. If you cannot schedule/reschedule online, please call D&SDT-Headmaster at (877)851-2355 for assistance. D&SDT-Headmaster is open Monday through Friday, 7:00AM – 7:00PM (Central Standard Time) / 8:00AM – 8:00PM (Eastern Standard Time), excluding holidays.

Self-Pay of Testing Fees in TMU©

Testing fees must be paid before you can schedule a test date. Once your training program has completed your training record with completion hours and date, you will receive an email and text message that you are eligible to schedule a test date. Some training programs pre-pay testing fees for their graduating students. Your program/instructor will inform you if this is the case. Before scheduling a test, verify with your instructor if the training program has already prepaid for your test.

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Securely processed Visa or MasterCard credit card or debit card information is required when paying testing fees online.

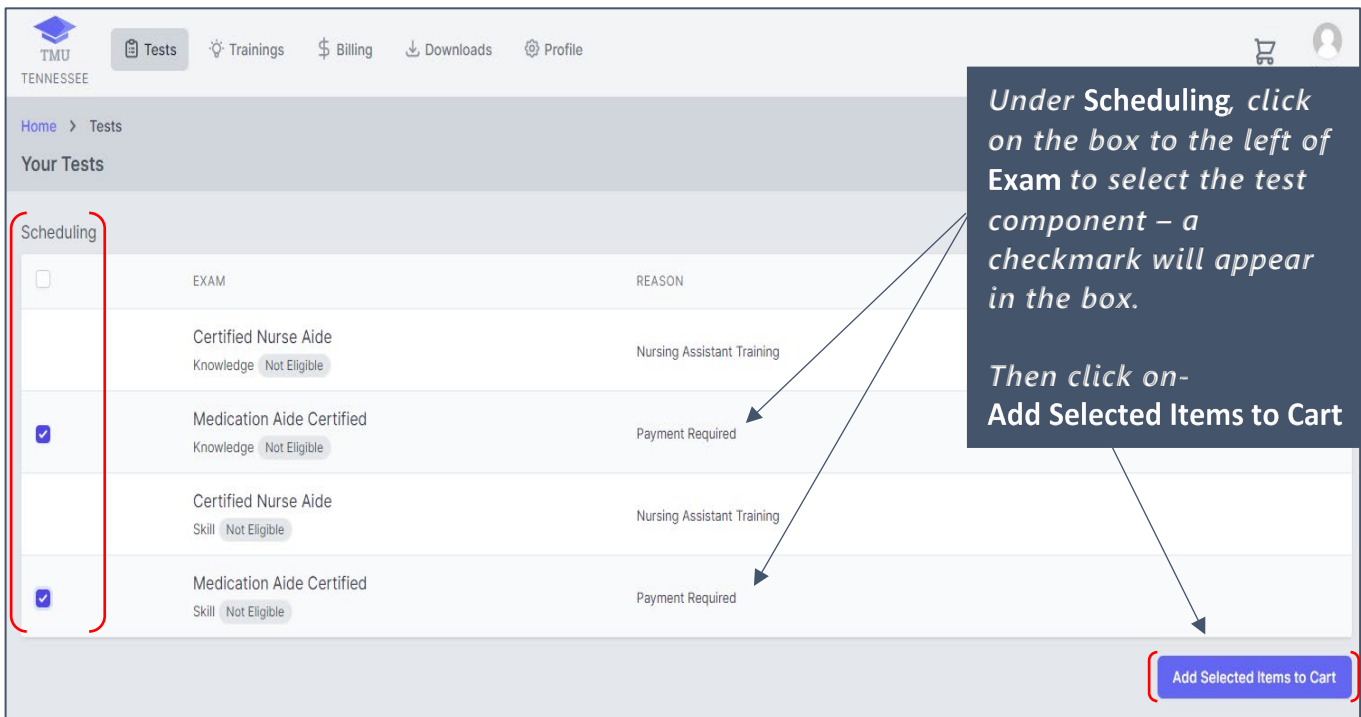
Special circumstances only: You may also pay your testing fees by emailing, accounting@hdmaster.com, mailing P.O. Box 6609, Helena, MT 59604, or faxing, (406)442-3357, a \$5.00 fax fee applies, to D&SDT-Headmaster a paper [Payment Form 1402TM](#), along with your payment (money order, cashier’s check, facility check, Visa or MasterCard). No personal checks or cash are accepted. ***Please make money orders or cashier checks out to D&SDT.***

NOTE: Forms with missing information, payment or signatures will not be processed and will be shredded. If a money order or cashier check was sent with the form, the money order/cashier check will be mailed back to the candidate.

Once we receive your payment form and process your payment, you will be notified via email and text message that you are eligible to schedule a test event. If you do not receive an email or text message within 5 days of submitting your Payment form, please call D&SDT-Headmaster to check on the status at (877)851-2355. You will then need to sign in to your TMU© record (tn.tmutest.com) using your Email or Username and Password. Please see the instructions under ‘Schedule/Reschedule into a Test Event.’

All D&SDT-Headmaster forms can be found on the [Tennessee MA-C webpage](#).

Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to schedule/reschedule a test event.



Under Scheduling click on the box to the left of Exam to select the test component – a checkmark will appear in the box.

Then click on- Add Selected Items to Cart

Scheduling	EXAM	REASON
<input type="checkbox"/>	Certified Nurse Aide Knowledge <small>Not Eligible</small>	Nursing Assistant Training
<input checked="" type="checkbox"/>	Medication Aide Certified Knowledge <small>Not Eligible</small>	Payment Required
<input type="checkbox"/>	Certified Nurse Aide Skill <small>Not Eligible</small>	Nursing Assistant Training
<input checked="" type="checkbox"/>	Medication Aide Certified Skill <small>Not Eligible</small>	Payment Required

[Add Selected Items to Cart](#)

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You will get a message that the Knowledge and Skill tests have been added to your cart, and the Knowledge and Skill Amounts
click on-
Pay with Credit Card

TMU TENNESSEE Tests Trainings Billing Downloads Profile

Home > Cart

Cart

Added Medication Aide Certified Skill to your cart.
 Added Medication Aide Certified Knowledge to your cart.

DESCRIPTION	ITEM TYPE	AMOUNT	
Medication Aide Certified	Knowledge	42.50	Remove
Medication Aide Certified	Skill	95.00	Remove
		Total:	\$ 137.50

Pay with Credit Card

Enter the Credit Card information and then click on-
Submit Payment

You will receive a receipt for the transaction.

What You're Paying For

DESCRIPTION	COST
Medication Aide Certified	42.50
Medication Aide Certified	95.00
Total:	\$ 137.50

Pay with a Card

CARDHOLDER NAME CARD NUMBER

EXP MONTH EXP YEAR SECURITY CODE

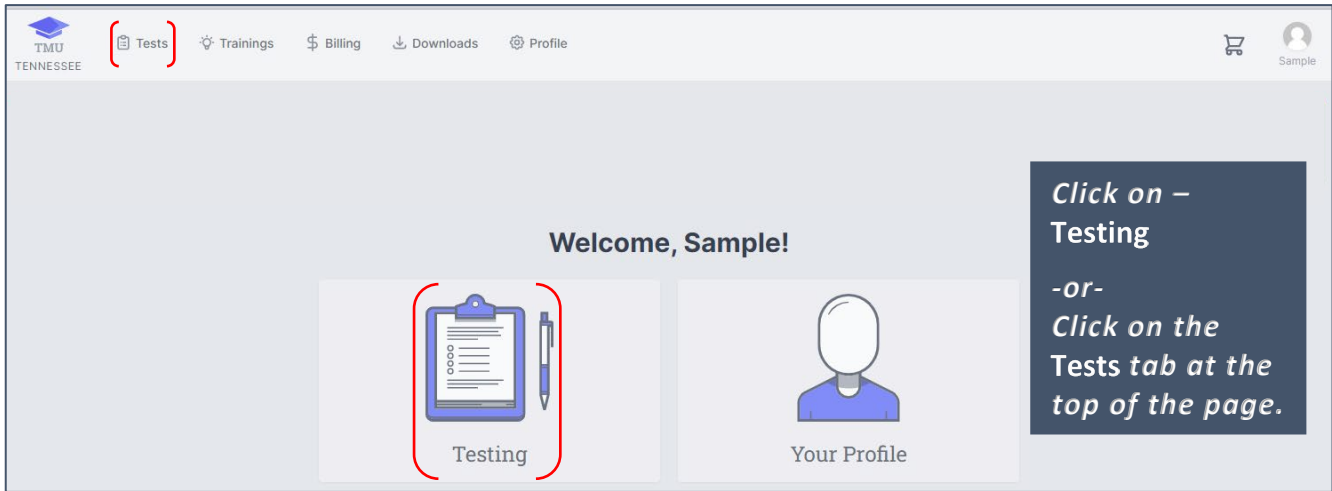
CARDHOLDER ADDRESS

CITY STATE ZIP CODE

Submit Payment

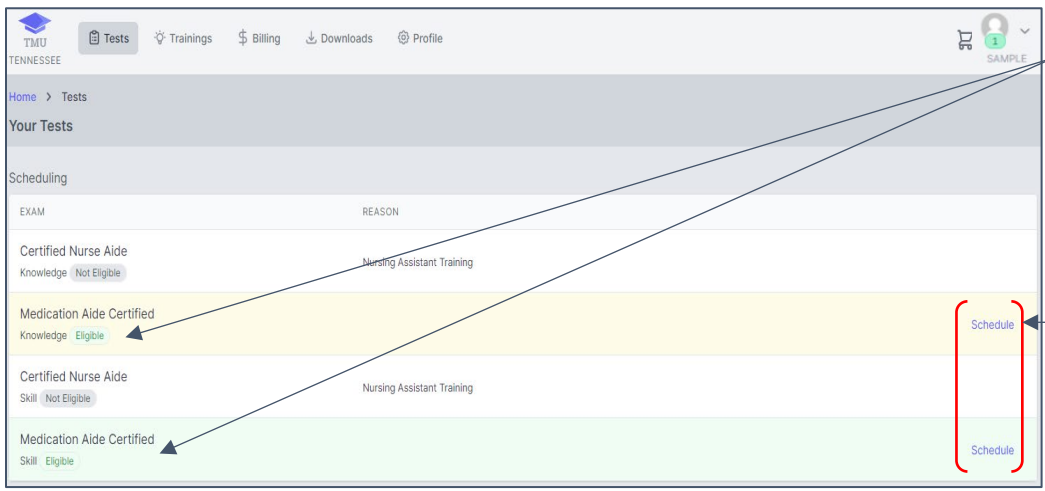
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Once your testing fees are paid for, you will be eligible to choose a test site and date. Follow the instructions in the next section to **'Schedule/Reschedule into a Test Event'**.



Schedule / Reschedule into a Test Event

Follow the instructions in this section to schedule or reschedule a test event. See more information regarding reschedules under the **'Reschedules'** section.



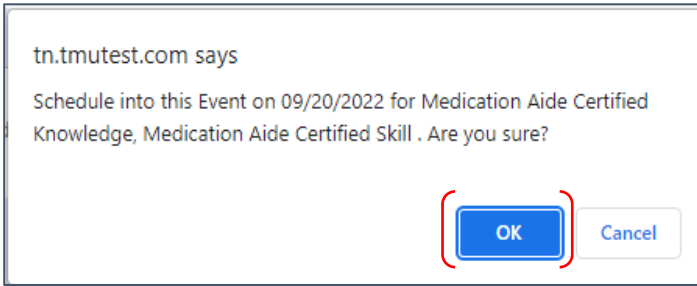
All eligible test events will appear in this format.

To select a test site and test date, click on – Schedule to the right of the test date you want to schedule into.



To select a exam test site and test date, click on – Schedule

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To confirm this is the site and date you want to schedule into, click on – OK

Once you have selected an exam test site and test date, you will get this screen confirming you are scheduled:

This screen confirms you are scheduled for a test date to take your knowledge and skills exam. Your status shows Scheduled, and a note at the top of your screen also shows you are scheduled. Click on- Test Confirmation Page to see your test confirmation with important reminders for testing.

Test Confirmation Letter

Your test confirmation letter will provide you with important information regarding where you are scheduled to test (date, time and address). It can be accessed at any time.

The body of the test confirmation letter will refer you to the Tennessee MA-C Candidate Handbook, where you will find state specific instructions on what time to arrive by, ID requirements, dress code, etc.

Note: Failure to read the candidate handbook could result in No Show for your test event for not adhering to the policies of testing, etc.

It is important you read this letter!

Note: Candidates who self-schedule online, or those scheduled by their training programs, will receive their test confirmation at the time they are scheduled.

D&SDT-Headmaster does not send postal mail test confirmation letters to candidates.

Checking/Viewing your Notifications in TMU©

Remember to check your ‘notifications’ in your TMU© record for important notices regarding your selected test events and other information. See screenshots that follow on the next page:

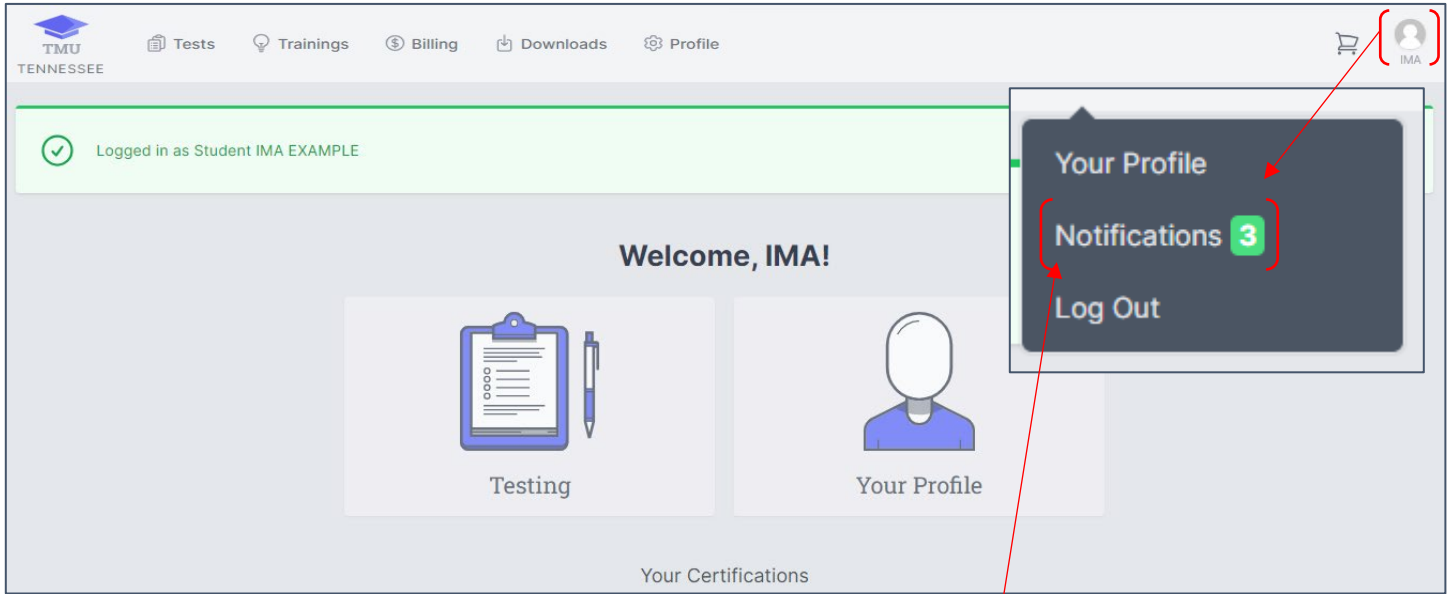
When you have ‘notifications’ they will show up when you click on your profile pic. The number represents the number of notifications you have to view.

SEE THE NEXT PAGE FOR IMAGES

*Click on-
Your Profile Pic to open your profile and notifications.*

*Click on-
Notifications to view all of your notifications.*

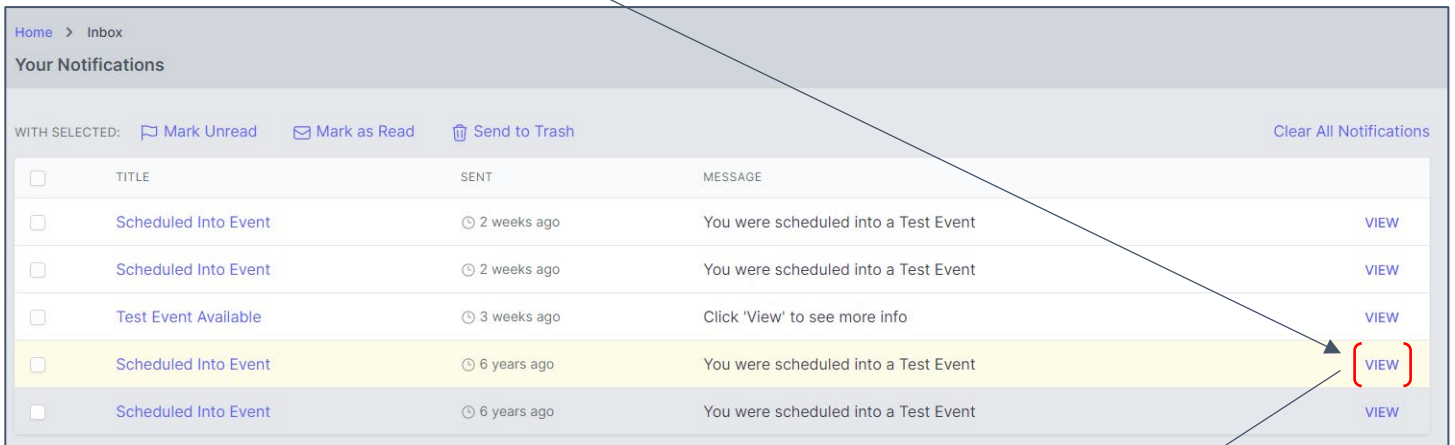
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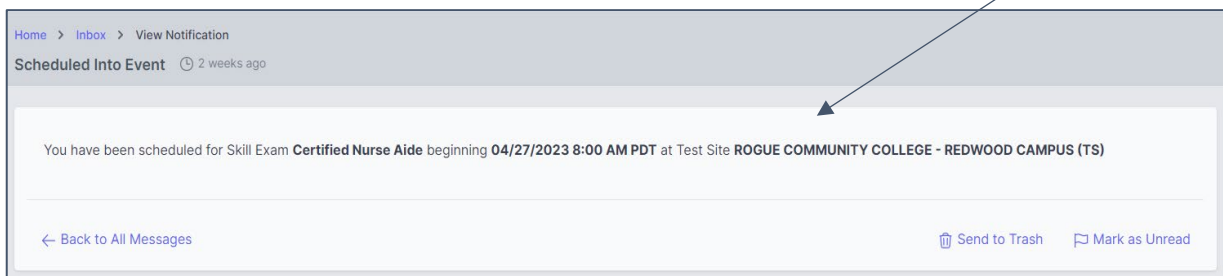
Click on-
Your Profile Pic to open your profile and notifications.

Click on-
Notifications to view all of your notifications.

Click on-
VIEW to open each of your notifications.



Notification example for a Nurse Aide event; Medication Aide will look the same:



Time Frame for Testing from Training Program Completion

You will be scheduled to take your knowledge and skill tests on the same day. You must schedule a test **within one year of your date of training program completion**. After one year, you must complete another TBON-approved training program in order to be eligible to schedule testing.

Many training programs host and pre-schedule in-facility test dates for their graduating students. Your program/instructor will inform you if this is the case. Prior to scheduling a test, verify with your instructor if the training program has already been scheduled and/or prepaid for your test. Regional test seats are open to all candidates. Regional test dates are posted on the Tennessee TMU© page at tn.tmutest.com.

If you have any questions regarding your test scheduling, call D&SDT-Headmaster at (877)851-2355, Monday through Friday, 7:00AM to 7:00PM Central Standard Time/8:00AM to 8:00PM Eastern Standard Time, excluding holidays.

Exam Check-In

You need to arrive at your confirmed test site between 20 and 30 minutes before your exam is scheduled to start.

- Testing **begins** promptly at the start time noted.
- You need to make sure you are at the event ***at least 20 minutes prior*** to the start time to allow time to get signed in with the RN Test Observer.
 - *For example:* if your test start time is 8:00AM – you need to be at the test site for check-in **no later than 7:40AM**.

Note: If you arrive late, you will not be allowed to test.

Testing Attire

The required testing attire applies to both the knowledge and skills exams.

- You must be in full clinical attire, including clinical shoes.
 - No open-toed shoes (for example, flip-flops or sandals) are allowed.
 - Scrubs and shoes can be any color/design.
- No smartwatches, fitness monitors, or Bluetooth-connected devices are allowed. You may bring a standard watch with a second hand.
- Long hair must be pulled back.

NOTE: You will not be admitted for testing if you are not wearing scrubs attire, the appropriate shoes, and long hair pulled back. You will be considered a NO SHOW. You will forfeit your testing fees and must pay for another exam date.

Identification

Mandatory: You must bring a **US GOVERNMENT ISSUED, PHOTO-BEARING, SIGNED, NON-EXPIRED FORM OF IDENTIFICATION** and your *** Proof of Approval to test from the Tennessee Board of Nursing (TBON)**. Examples of the forms of US government-issued, signed, non-expired photo IDs that are acceptable are:

- State or other United States Government Issued Driver's License
- State-issued Identification Card (*non-expired from any state is acceptable*)
- US Passport (Foreign Passports and Passport Cards *are not acceptable*)
 - *EXCEPTION: A signed Foreign Passport that contains a US VISA is acceptable.*
- Military Identification (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued – EXCEPTION: a fingerprint is acceptable in place of a signature*)
- Alien Registration Card (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued – EXCEPTION: a fingerprint is acceptable in place of a signature*)
- Tribal Identification Card (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued*)
- Work Authorization Card (*must meet criteria for ID – picture, signature, non-expired expiration date, US-government issued*)

***You are also required to bring your Proof of Approval to test from the Tennessee Board of Nursing (TBON).**

The **FIRST** and **LAST** names listed on the ID presented to the RN Test Observer during sign-in at your test event **MUST EXACTLY MATCH** the FIRST and LAST names that were entered in the Tennessee medication aide TMU© database by your training program. You may call D&SDT-Headmaster at (877)851-2355 to confirm that your name of record matches your US government-issued ID or sign in to your TMU© account to check on or change your demographic information.

NOTE: You will not be admitted for testing if you do not bring proper ID, your ID is invalid, or your FIRST and LAST printed names on your US government-issued photo ID do not match your current name of record. You will be considered a NO SHOW. You will forfeit your testing fees and must pay for another exam date.

Any name changes that need to be made (due to marriage, divorce, etc.) must have legal documentation submitted to D&SDT-Headmaster at least two (2) business days before your scheduled test date. You may call D&SDT-Headmaster at (877)851-2355 to confirm that your name of record matches your US government-issued ID or sign in to your TMU© account to check on or change your demographic information.

If changes need to be made, click this [link](#) to get directly to the [DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM](#). You must upload your documentation for any changes to the request form.

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Or you can go to the Tennessee TMU© main webpage tn.tmutest.com, click on 'Applications', and then **apply** next to **DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM**.

The screenshot shows the TMU Tennessee website interface. At the top left is the TMU Tennessee logo, and at the top right is a 'Sign In' button. Below the logo is the heading 'How can we help you today?'. There are three main navigation options: 'Test Dates' (with a calendar icon), 'Read FAQ' (with a signpost icon), and 'Applications' (with a clipboard icon). The 'Applications' option is highlighted with a red box. Below this, there is a section for the 'DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM' with a description: 'This form is to update, change or correct the spelling of your name or update/correct your social security number in your TMU© account.' There is also a 'Waiver Student' link and an 'Apply' button. A red arrow points from the 'Applications' box to the 'DEMOGRAPHIC CHANGE/CORRECTION REQUEST FORM' section.

Note:

- **You will not be admitted for testing if you do not bring proper/valid identification and your Proof of Approval to test from TBON.**
 - Be sure your US government-issued identification has not expired, and your ID is signed.
 - Check to be positive that your FIRST and LAST printed names on your photo ID match your current name of record in TMU©.
 - A driver's license or state-issued ID card with a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID.
 - **NOTE:** A driver's license or state-issued ID card with a hole punched in it is NOT VALID and will not be accepted as an acceptable form of ID. You will not be admitted for testing, and you will be considered a NO SHOW. You will forfeit your testing fees and must pay for another exam date.
- In cases where names do not match or your ID is not proper/valid, you will be considered a NO SHOW, and you will forfeit your testing fees and have to pay for another exam date.

You will be required to show your photo ID again when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your photo ID with you during the entire exam event.

Instructions for the Knowledge and Skill Tests

Test instructions for the knowledge and skill tests will be provided in written format in the waiting area when you check in for your test. PDF versions are available on the Tennessee Medication Aide website, TENNESSEE MA-C. They are also available within your TMU© account under the 'Downloads' tab. See instructions under '**Accessing the Candidate Handbook and Testing Instructions in your TMU© Account**'.

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These instructions detail the process and what you can expect during your tests. Please read through the instructions **before** entering the knowledge test room or skill demonstration lab. The instructions will be left in the waiting area during testing for you to refer to throughout your time at the test site. The RN Test Observer and Knowledge Test Proctor will ask you questions about the instructions you read when you enter the knowledge test room and/or skill test lab.

Testing Policies

The following policies are observed at each test site—

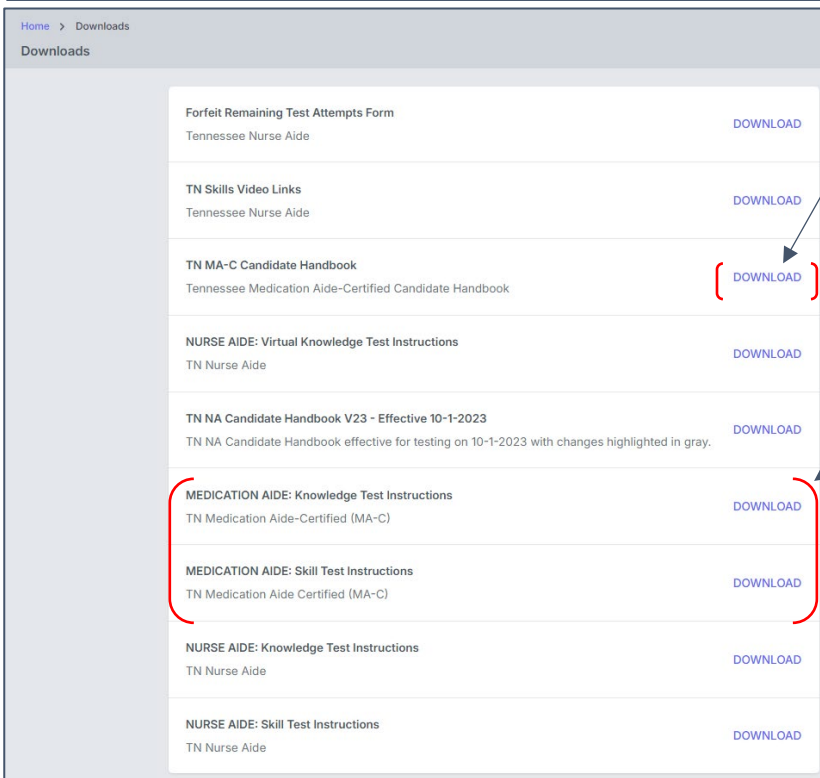
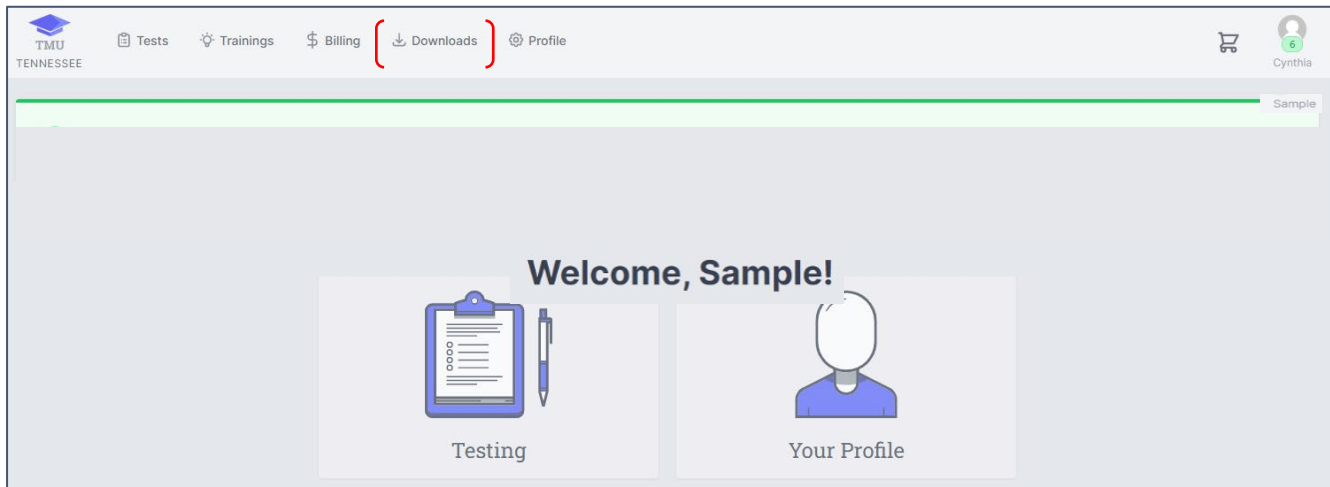
- Make sure you have signed in to your TMU© account at tn.tmutest.com before your test date to update your password and verify your demographic information. Refer to the '**Completing Your TMU© Account**' section of this handbook for instructions and information.
 - If you have not signed in, updated your password, and verified your demographics in your TMU© account when you arrive for your test, you may not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
- Plan to be at the test site for up to four (4) hours.
- Testing begins promptly at the start time noted on your confirmation. If you arrive late for your confirmed exam (you need to be at the test site to **check in at least 20 to 30 minutes before your scheduled start time** – if your test start time is 8:00AM, you need to be at the test site **by 7:40AM at the latest**), you will not be admitted to the exam. Any exam fees paid *will NOT be refunded*.
- If you do not bring valid and appropriate US government-issued, non-expired, signed photo ID and your Proof of Approval to test from TBON, you will not be admitted to the exam, and any exam fees paid *will NOT be refunded*.
 - If the FIRST and LAST printed names on your ID do not match your current name of record, you will not be admitted to the exam. Any exam fees paid *will NOT be refunded*.
- If you do not wear full clinical scrubs and the appropriate clinical shoes and conform to all testing policies, you will not be admitted to the exam. Any exam fees paid *will NOT be refunded*.
- If you NO SHOW for your exam day, any test fees paid *will NOT be refunded*.
 - You must re-pay your testing fees online in your TMU© account or submit Form 1402TM (Payment Form) to schedule another exam date.
- **ELECTRONIC DEVICES AND PERSONAL ITEMS:** Cell phones, smartwatches, fitness monitors, electronic recording devices, Bluetooth-connected devices, and personal items (such as water bottles, purses, large bags, backpacks, study materials, extra books, or papers) are not permitted to be on or near you in either testing room.
 - The testing team will inform you of the designated area to place your personal items and electronic devices, and you are to collect these items when you complete your test(s).
 - All electronic devices must be **turned off**.
 - Any smartwatches, fitness monitors, or Bluetooth-connected devices must be removed from your wrist/body and turned off.
- Anyone caught using any electronic recording device during testing will be removed from the testing room(s), have their test scored as a failed test, forfeit all testing fees, will be reported to your training program and the Tennessee Board of Nursing and will not be permitted to test for 6 months or without the approval of the Tennessee Board of Nursing.
- You may, however, use personal devices in the waiting area during your free time.
- You may bring a jacket, snack, drink, or study material while waiting to test.

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- Word-for-word language translation dictionaries are allowed during testing. You must show the foreign translation dictionary to the RN Test Observer/Knowledge Test Proctor before you start your knowledge exam. No documentation or writing can be in the translation dictionary. If there is, it will not be allowed.
 - **Using language translators that are not pre-approved and electronic dictionaries are not allowed.**
- You may not remove any notes or other materials from the testing room.
- You are not permitted to eat, drink, smoke, use e-cigarettes, or vape during the exam.
- You are not allowed to leave the testing room (knowledge test room or skills lab) **for any reason** once the exam has begun. If you do leave during your test event, you will not be allowed back into the testing room to finish your exam.
- If you are discovered causing a disturbance of any kind, engaging in any misconduct, are visibly impaired, or try to take any notes or testing materials from the testing room, you will be dismissed from the exam, and your exam will be scored as a failed attempt. You will be reported to your training program and the Tennessee Board of Nursing. You will not be allowed to retest without clearance from the Tennessee Board of Nursing.
- No visitors, guests, pets (including companion animals), or children are allowed.
 - Service animals with an approved ADA accommodation in place are allowed.
- Test sites, RN Test Observers, Knowledge Test Proctors, and Actors are not responsible for the candidate's personal belongings at the test site.
- ***Please refer to this Tennessee Medication Aide Candidate Handbook before your test day for any updates to testing and/or policies.***
- The Candidate Handbook and Testing Instructions can also be accessed within your TMU© account under your 'Downloads' tab.

Tennessee Medication Aide Candidate Handbook

Accessing the Candidate Handbook and Testing Instructions in your TMU© Account



*Click on-
Download
to open the Tennessee Medication Aide
Candidate Handbook.

The Testing Instructions for the
Knowledge Exam and the Skills Exam
can be accessed here as well.*

Security

If you refuse to follow directions, use abusive language, or disrupt the examination environment, your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid, and a report of your behavior will be given to your training program and the TBON. You will not be allowed to retest without clearance from the TBON.

Anyone who removes or tries to remove test material or takes notes or information from the test site will be reported to your training program and the TBON and is subject to prosecution to the full extent of the law. Your test will be scored as a failed attempt, and you will forfeit any testing fees paid. You will not be allowed to retest for a minimum period of six (6) months. You will need to obtain permission from TBON in order to be eligible to test again.

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If you give or receive help from anyone during testing (which also includes using electronic recording devices such as cell phones, smart watches, etc., or browsing other sites during your test), your test will be stopped and scored as a failed attempt. You will be dismissed from the testing room and will forfeit any testing fees paid. You will be reported to your training program and the Tennessee Board of Nursing (TBON), and you may need to obtain permission from the TBON in order to be eligible to test again.

Reschedules

All candidates may reschedule for free online at tn.tmutest.com any time up until **one (1) business day** before a scheduled test day, **excluding** Saturdays, Sundays, and holidays.

If you must reschedule your exam date, please do so as soon as possible. You may reschedule an exam date online by signing in to your TMU© account at tn.tmutest.com. (See instructions under **'Schedule/Reschedule into a Test Event'**.)

- Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to reschedule by close of business (D&SDT-Headmaster is open until 8:00PM Eastern Standard, 7:00PM Central Standard time, Monday-Friday, excluding Saturdays, Sundays and holidays) the Thursday before your scheduled exam.

Scheduled test date is on a:	Reschedule the previous:
Monday	The previous Thursday (by 7:00PM Central time/ 8:00PM Eastern time)
Tuesday	The previous Friday (by 7:00PM Central time/ 8:00PM Eastern time)
Wednesday	The previous Monday (by 7:00PM Central time/ 8:00PM Eastern time)
Thursday	The previous Tuesday (by 7:00PM Central time/ 8:00PM Eastern time)
Friday	The previous Wednesday (by 7:00PM Central time/ 8:00PM Eastern time)
Saturday	The previous Thursday (by 7:00PM Central time/ 8:00PM Eastern time)
Sunday	The previous Thursday (by 7:00PM Central time/ 8:00PM Eastern time)

NOTE: Reschedules will not be granted less than one (1) business day (excluding Saturdays, Sundays, and holidays) before a scheduled test date.

Refund of Testing Fees Paid

Requesting a refund of testing fees paid is different than rescheduling a test date. Requesting a refund means that you are not interested in taking the Tennessee medication aide certification exam at all.

Scheduled in a Test Event

- If you are scheduled in a test event, a refund request of testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT- Headmaster’s main webpage at www.hdmaster.com at least **one (1) full business day** before your scheduled test event (excluding Saturdays, Sundays and Holidays). No phone calls will be accepted.
 - Example:** If you are scheduled to take your exam on a Saturday, Sunday, or Monday, you would need to request a refund by filling out and submitting the Refund Request Fillable Form by close of business (D&SDT-Headmaster is open until 7:00PM Central Standard/ 8:00PM Eastern Standard time Monday-Friday excluding holidays) the Thursday before your scheduled exam.

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- 2) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.
- 3) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.

Not Scheduled in a Test Event

- 1) Refund requests must be made within thirty (30) days of payment of testing fees with D&SDT-Headmaster. Any requests for refunds made beyond the 30 days of payment of testing fees with D&SDT-Headmaster will not be issued.
- 2) A refund request for testing fees paid must be made by filling out and submitting the [Refund Request Fillable Form 1405](#) on D&SDT-Headmaster's main webpage at www.hdmaster.com. No phone calls will be accepted.
- 3) Refund requests made in the required time frame qualify for a full refund of any testing fees paid minus a \$35 refund processing fee.

Unforeseen Circumstances Policy

If an exam date is canceled due to an unforeseen circumstance, D&SDT-Headmaster staff will make every effort to contact you using the contact information (phone number/email) we have on file to reschedule you for no charge to a mutually agreed upon new test date.

Therefore, you must keep your contact information up to date in case we need to contact you (**see examples below for reasons we may not be able to contact you that you are responsible for.*)

If D&SDT-Headmaster is unable to reach you via phone call or email with the information in your TMU© account (**see examples below*) in the event of an unforeseen circumstance for a test event you are scheduled, you will be taken out of the test event, and D&SDT-Headmaster will not reschedule you until we hear back from you.

NOTE: The *examples listed below are your responsibility to check and/or keep updated.

- If D&SDT-Headmaster leaves you a message or emails you at the phone number or email in your record and:
 - you do not call us back in a timely manner
 - your phone number is disconnected/ your mailbox is full
 - you do not check your messages in a timely manner
 - you do not check your email or reply to our email in a timely manner
 - your email is invalid, or you are unable to access your email for any reason

See more information under '**No Show Exceptions**'.

No Shows

If you are scheduled for your exam and do not show up without notifying D&SDT-Headmaster one (1) business day preceding your scheduled testing event, **excluding** Saturday, Sunday, and holidays, or if you are turned away for lack of proper identification, proper attire, or any other reason to deem you

ineligible to test, you will be considered a **NO SHOW**. You will forfeit all fees paid and must submit a new testing fee to schedule yourself into a new test event.

These fees partially offset D&SDT-Headmaster costs incurred for services requested and resulting work that is performed. If a reschedule or refund request is not received before the one (1) full business day before a scheduled test event, excluding Saturdays, Sundays, and holidays (see examples under Reschedules and Refund of Testing Fees Paid), a NO SHOW status will exist, and you will forfeit your testing fees. You must repay the full testing fee to secure a new test date.

No Show Exceptions

Exceptions to the No Show status exist. If you are a no-show for any test component for any of the following reasons, test fees will be refunded, or a free reschedule will be authorized to the remitter of record **with appropriate documentation provided within the required time frame**.

- **Car breakdown or accident**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a tow bill, police report, or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a NO SHOW.
- **Weather or road condition-related issue**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and a road report, weather report, or other appropriate documentation must be submitted within **three (3) business days** of the exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a NO SHOW.
- **Medical emergency or illness**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email. A doctor's note must be submitted within **three (3) business days** of the missed exam date. If we do not receive proof within the 3-business day time frame, you will have to pay as though you were a NO SHOW.
- **Death in the family**: D&SDT-Headmaster must be contacted within one business day via phone call, fax, or email, and an obituary for immediate family only be submitted within **seven (7) business days** from a missed exam date. If we do not receive proof within the 7-business day time frame, you will have to pay as though you were a NO SHOW. (Immediate family includes parent, grand and great-grandparent, sibling, children, spouse, or significant other.)

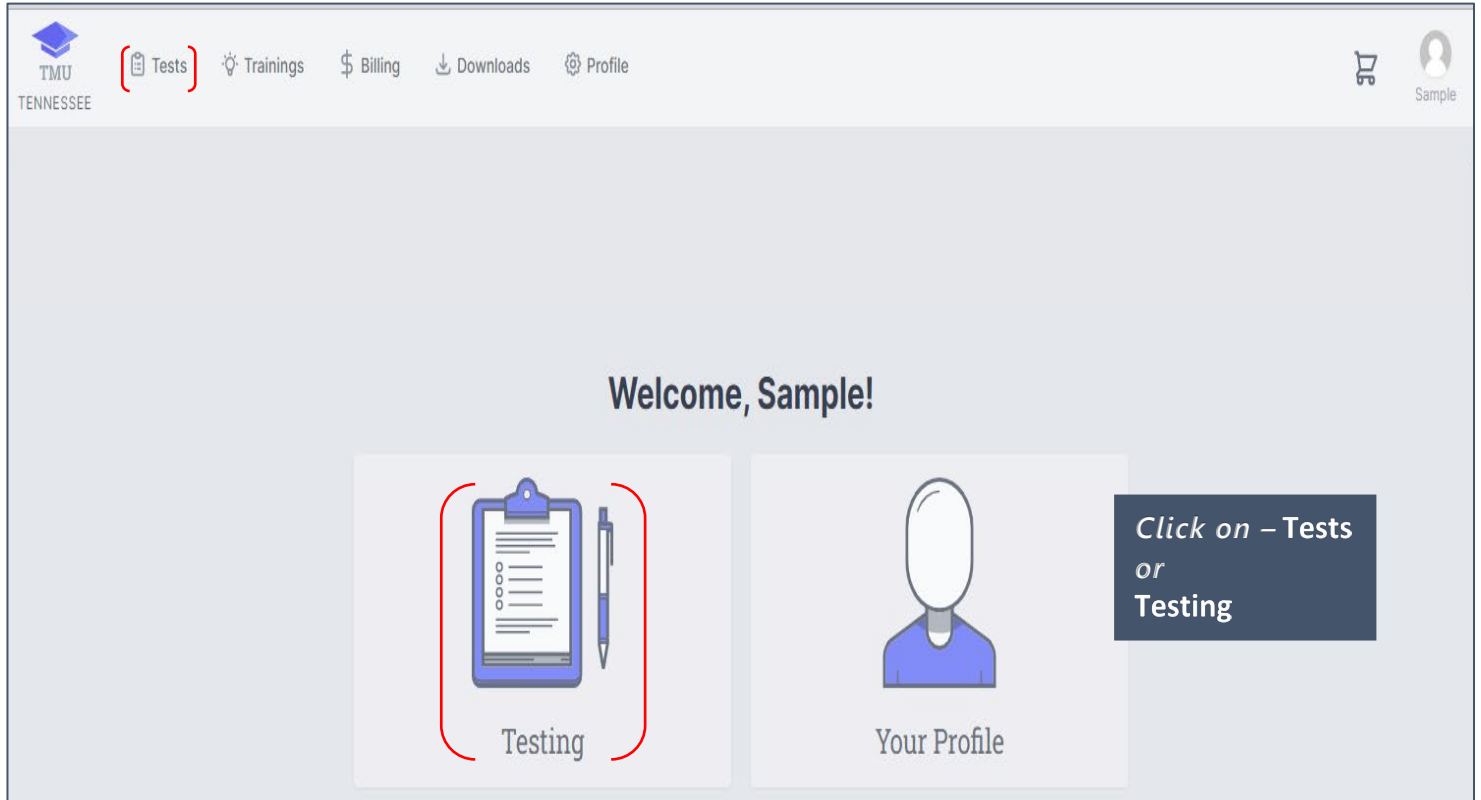
Test Results

After you have completed both the Knowledge Exam and Skill Test components of the competency exam, your test results will be officially scored and double-checked. Official test results are available to you the day tests are scored. Official test results will be available to view by signing in to your TMU© account (tn.tmutest.com) after 8:00PM (EST)/7:00 (CST) the business day after your test event.

D&SDT-Headmaster does not send postal mail test result letters to candidates.

To view your test results, sign in to your TMU© account at tn.tmutest.com. (Refer to the instructions with screenshots that follow.)

Accessing your Test Results in TMU©



Home > Tests

Your Tests

Scheduling

EXAM	REASON
Certified Nurse Aide Knowledge Not Eligible	Hold / invalid record status
Medication Aide Certified Knowledge Not Eligible	Current Certification
Certified Nurse Aide Skill Not Eligible	Hold / invalid record status
Medication Aide Certified Skill Not Eligible	Current Certification

Click on - Details to view your results.
Click on Print Test Results to print your results.

Testing History

TEST DATE	EXAM	TEST SITE	STATUS	Details	Print Test Results
11/14/2023 9:00 AM CST	Medication Aide Certified Knowledge	INTEGRITY HEALTHCARE TRAINING SOLUTIONS (CNA/MAC TS) TULLAHOMA, TN	Passed	Details	Print Test Results
11/14/2023 9:00 AM CST	Medication Aide Certified Skill	INTEGRITY HEALTHCARE TRAINING SOLUTIONS (CNA/MAC TS) TULLAHOMA, TN	Passed	Details	Print Test Results

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Sample Tennessee Medication Aide exam results report:

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Print

HEADMASTER, LLP
 P.O. BOX 6609, HELENA, MT 59604-6609
 800-393-8664 — FAX: 406-442-3357 WWW.HDMASTER.COM

TENNESSEE MEDICATION AIDE CERTIFIED EXAM RESULTS REPORT

IMPORTANT TEST RESULTS
 TEST DATE: Tuesday, November 14, 2023

Dear Amanda,

You have **passed** the knowledge portion of the Medication Aide Certified exam.
 Your overall knowledge test score is 90.91%.

You have **passed** the skill portion of the Medication Aide Certified exam.

A passing score **does not** imply certification. You must verify on the registry.

Any weaknesses indicated in your test results are listed below:

Knowledge Exam Results By Subject Area

Six Rights	100%
Affects of Medication	100%
Allowable Routes	100%
Controlled Substances	50%
Medication Administration	89%
Documentation	100%
Error Reporting	100%
Role and Responsibilities	71%
Body Systems - A&P	100%
Terminology	100%
State Regulations	100%

Skill Exam Incomplete Steps

Controlled Administration #3
 Documentation Count Book: Candidate reco...
 Introduces self as Medication Aide
 Places call light within reach or verbal...

Test Attempts

You have **two (2) attempts** to pass the knowledge and skill test portions of the exam within one (1) year from your date of medication aide training program completion. If you do not complete testing within one year from completion of training, you must complete a new TBON-approved training program in order to become eligible to further attempt Tennessee medication aide examinations.

Applying for a Tennessee Medication Aide Certification

After successfully passing both the Knowledge and Skill Test components of the medication aide exam, your test results will be sent electronically to the Tennessee Board of Nursing by D&SDT-Headmaster. The Tennessee Board of Nursing will officially notify you when you have met all the criteria to be a certified medication aide in Tennessee. One part of those requirements includes passing both the knowledge and skill test components of the TBON-approved, D&SDT-Headmaster delivered medication aide test. If you fail either test component, you must reapply to retake the component that you failed.

Expediting your Medication Aide Application for Certification with the Tennessee Board of Nursing

You may be able to expedite your Medication Aide application for certification with the Tennessee Board of Nursing by following the steps outlined below:

- Before you apply:
 - Complete a medication aide training program.
 - Pass the medication aide certification exam: [tn.tmutest.com](https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/applications/Medication%20Aide%20Certification%20Application.pdf)
- Request an official transcript that indicates the medication assistant training completion date be mailed (no e-scripts) directly to the Tennessee Board of Nursing.
- Complete the Criminal Background Check
<https://www.tn.gov/health/health-professionals/criminal-background-check/cbc-instructions.html>
 - Find the application online:
<https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/applications/Medication%20Aide%20Certification%20Application.pdf>
- Declaration of Citizenship:
 - <https://www.tn.gov/content/dam/tn/health/healthprofboards/PH-41833.pdf>
 - Submit a notarized Declaration of Citizenship
 - Include proof of citizenship (e.g., current, unexpired driver's license)
 - Not a US citizen - #7 requires that you circle a category in "a-h" and submit two (2) items of proof (listed on the form)
- If positive criminal history – submit with application:
 - Letter of explanation
 - Certified copies of arresting document (warrant), judgment (disposition), completion of judgment (receipt of payment of fines, letter of completion of probation)
- Do not submit the application without payment

Note: Do not practice in the role of a Medication Aide until certified by the Tennessee Board of Nursing.

Retaking the Medication Aide Test

In the event that your test results inform you that you failed the knowledge and/or skill portion of the examination, you will be provided with detailed test diagnostics in your test results. You will have to retake the portion you failed. When you want to apply for a retest, you will need to repay for the portion that you failed before you can schedule an exam date.

You can schedule a test or re-test online in your TMU© record with your Email or Username and Password online at [tn.tmutest.com](https://www.tn.gov/content/dam/tn/health/healthprofboards/nursing/applications/Medication%20Aide%20Certification%20Application.pdf). (See instructions with screen shots under '**Schedule/Reschedule into a Test Event**'.)

You will need to pay online with a Visa or Master Card before you are able to schedule.

If you need assistance scheduling your re-test, please call D&SDT at (877)851-2355 during regular business hours, 7:00AM to 7:00PM CST/8:00AM to 8:00PM EST, Monday through Friday, excluding holidays. We are able to assist you in scheduling a test or re-test date as long as your fees have been paid first.

Test Review Requests

You may request a review of your test results or dispute any other testing condition. **There is a \$25 test review deposit fee.** To request a review, you must submit the fillable PDF [Test Review Request and Payment Form 1403](#), available on D&SDT-HEADMASTER's main webpage at www.hdmaster.com. Submit the Test Review Fee of \$25 (Visa, MasterCard, or debit card) and a detailed explanation of why you feel your dispute is valid within three (3) business days from the official scoring of your test (excluding Saturdays, Sundays, and holidays). Late requests will be returned and will not be considered.

PLEASE READ BEFORE FILLING OUT THE TEST REVIEW REQUEST: Please call D&SDT-HEADMASTER at (877)201-0758 during regular business hours, 8:00AM to 8:00PM Monday through Friday EST, or 7:00AM to 7:00PM CST Monday through Friday, excluding Saturdays, Sundays and holidays, and discuss the test outcome you are questioning before committing to sending the \$25 test review request deposit. Many times, once you have further details about the scoring of your test, you will understand the scoring process and learn how you can better prepare yourself for subsequent exam attempts. If, after discussion with D&SDT-HEADMASTER staff, you still have a concern with your testing process that affected the outcome of your exam, you may submit a Test Review Request.

Since one qualification for certification as a Tennessee medication aide is the demonstration by examination of minimum medication aide knowledge and skills, the likely outcome of your review will determine who pays for your re-test. If the results of the review are in your favor, D&SDT-HEADMASTER will pay your re-test fee, and your test review fee will be refunded; if not in your favor, the \$25 test review fee will not be refunded. D&SDT-HEADMASTER will review your detailed recollection, your knowledge test markings, and any skill task notations you recorded at the time of your test, in addition to reviewing markings, notations, and measurements recorded by the RN Test Observer at the time of your test. D&SDT-HEADMASTER will re-check the scoring of your test and may contact you and/or the RN Test Observer and professional Actor for any additional recollection of your test(s). D&SDT-HEADMASTER will not review test results or reviews with instructors/programs. D&SDT-HEADMASTER will not review test results or reviews with family members or anyone else on behalf of the candidate. D&SDT-HEADMASTER will only discuss test results or test reviews with the candidate. D&SDT-HEADMASTER will complete your review request within 10 business days of receiving your timely review request and will email the review results to your email address.

The Knowledge Exam

You will be required to re-present your ID when you enter the knowledge test room and when you enter the skills lab for your skills exam. Please keep your ID with you during the entire exam day.

The Knowledge Test Proctor will hand out materials and give instructions for taking the Knowledge Exam. You will have a maximum of sixty (60) minutes to complete the 55-question Knowledge Test. You will be told when fifteen (15) minutes remain. You may not ask questions about the content of the Knowledge Exam (such as "What does this question mean?")

You must have a score of 75% or better to pass the knowledge portion of the exam.

Electronic testing using TMU© internet-connected computers is utilized at all but a couple of sites in Tennessee. The knowledge test portion of your exam will be presented through your TMU© account

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on the computer screen for you to read the questions and answers, and you will be able to key/tap or click on the answer you select.

Note: You must know your Email or Username and Password to take the electronic TMU© Knowledge test. Please see the information under ‘Completing your TMU© Account’ to sign in to your TMU© account.

NOTE: The Knowledge Test Proctor will provide you with a code to begin your test.

Foreign word-for-word translation dictionaries **are allowed**. Dictionaries that have definitions or handwriting/notes in them *will not be allowed*. You must show your word-for-word translation dictionary to the test observer/proctor during sign-in at your test event. **Using language translators that are not pre-approved and electronic dictionaries are not allowed.**

All test materials must be left in the testing room. Anyone who takes or tries to take materials, notes, or information from the testing room is subject to prosecution and will be reported to their training program and the Tennessee Board of Nursing.

Knowledge Exam Content

The Knowledge Exam consists of 55 multiple-choice questions. Questions are selected from subject areas based on the TBON-approved Tennessee medication aide test plan. The subject areas and number of items from each area are as follows:

Subject Area	# of Questions
Affects of Medication on Body Systems	9
Allowable Routes	5
Body Systems – A&P	3
Documentation	5
Error Reporting	3
Medication Administration	9
Regulation of Controlled Substances	4
Role and Responsibility	7
Six Rights of Medication Administration	5
State Regulations	2
Terminology	3

Sample Questions

Candidates may also purchase complete medication aide practice tests that are randomly generated. A mastery learning method is used, and each practice test taken will be unique. This means candidates must get the question they are attempting correct before they move on to the next question. A first-attempt percentage score and vocabulary feedback are supplied upon completion of the practice test. A list of vocabulary words to study is provided at the end of each test. Single or group purchase plans are available at www.hdmaster.com.

The following are a sample of the kinds of questions that you will find on the Knowledge exam.

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
 - a. a regularly scheduled oral hypertensive agent
 - b. an antibiotic cream applied to the skin
 - c. a laxative to be administered by rectal suppository
 - d. a schedule III controlled substance timed for every night

ANSWERS: 1-B 2-D 3-C

The Manual Skill Test

- The purpose of the Skill Test is to evaluate your performance when demonstrating Tennessee-approved medication aide skill tasks. You will find a complete list of skill tasks in this handbook.
- You will be asked to re-present your ID that you showed the RN Test Observer at check-in.
- Be sure you understand all instructions you read while in the waiting area before you begin your skill task demonstrations. You may not ask questions once the Skill Test begins and the timer starts. Once the Skill Test begins, the RN Test Observer may not answer questions.
- Two (2) medication administration tasks will be randomly selected from the list of skill tasks for you to perform as your skill test.
 - One of the tasks will be a controlled substance administration task.
- Each of your randomly selected tasks will have scenarios associated with them. The scenarios will be read to you by the RN Test Observer immediately before you are asked to do each task.
- After hearing a scenario, you will open and use the MAR to determine what medications to obtain from the locked medication box or locked controlled substance file box. You will administer the medications obtained to a live resident actor.

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- You will be allowed a maximum of **twenty-five (25) minutes** to complete the two medication administration tasks. After 10 minutes have elapsed, you will be alerted that 15 minutes remain.
- Listen carefully to all instructions given by the RN Test Observer. You may request to have any of the scenarios repeated **at any time** during your Skill Test up until you run out of time or tell the RN Test Observer that you are finished with your skill task demonstrations.
- You must correctly perform all of the **key** steps (in bold font) and **75%** of all non-key steps on all medication administrations assigned in order to pass the Skill Test.
- If you believe you made a mistake while performing a task, say so.
 - You will need to demonstrate the step or steps on the task you believe you performed incorrectly for the correction to be noted for the step.
- You may repeat or correct **any step** or **steps** on any task you believe you have performed incorrectly at **any time** during your allotted twenty-five (25) minutes or until you tell the RN Test Observer you are finished with the Skill Test.

Skill Tasks Listing

Every step must actually be performed and demonstrated during your skill test demonstration in order to receive credit.

The steps that are listed for each task are the steps required for a medication assistant candidate to successfully demonstrate minimum proficiency in the skill task for the RN Test Observer. You will be scored only on the steps listed. If you fail a single task, you will have to take another skill test with two tasks on it, one of which will be a controlled substance task. The skill tasks included on your Skill Test are randomly chosen so that every Skill Test is comparable in difficulty and an average length of time to complete. The RN Test Observer will observe your demonstrations of your medication administration tasks and record what they see you do. D&SDT-Headmaster scoring teams will officially score and double-check your test.

Please note: The skill task steps included in this handbook are offered as guidelines to help prepare candidates for the Tennessee medication aide skill test, and the steps included herein are not intended to be used to provide complete care that would be all-inclusive of best care practiced in an actual work setting.

CONTROLLED SUBSTANCE

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 2) Locate the correct individual in the MAR from the scenario that was read.
- 3) **Check #1: Verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Unlock the controlled substance medication file box.
- 5) **Obtain the correct medication from the controlled substance medication box.**
- 6) **Check #2: Match the drug label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 7) Open the container or pop medication from the bubble pack.
- 8) **Pour the correct number of tablets.**

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- 9) Do not contaminate the medication.
 - 10) Check #3: Match the drug obtained and the prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
 - ~~Returns drug to the controlled substance medication box.~~
 - ~~Locks controlled substance medication box.~~
 - ~~Secures medication box keys on person.~~
- Moved these steps
below Step #19
- 11) Open the count book to the correct page.
 - 12) Documentation Count Book: Record the appropriate date format (month/day/year) on the correct page in the count book.
 - 13) Documentation Count Book: Record the right time on the correct page in the count book.
 - 14) Documentation Count Book: Record the right route on the correct page in the count book.
 - 15) Documentation Count Book: Record the right number of tablets on hand on the correct page in the count book.
 - 16) Documentation Count Book: Record the right number of tablets used on the correct page in the count book.
 - 17) Documentation Count Book: Record the right number of tablets remaining on the correct page in the count book.
 - 18) Documentation Count Book: Sign your name on the correct page in the count book.
 - 19) Close count book.
 - 20) Return the drug to the controlled substance medication box.
 - 21) Lock the controlled substance medication box.
 - 22) Secure the medication box keys on person.
 - 23) Greet the resident.
 - 24) Introduce yourself as a Medication Aide.
 - 25) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.
 - 26) Explain the procedure.
 - 27) Give the resident a glass of water.
 - 28) Assist the resident in taking the medication. ~~one capsule/tablet at a time.~~
 - 29) Verify the medication has been swallowed.
 - ~~Documentation MAR: Candidate initials the correct medication sheet under the right date after administering the medication.~~
 - ~~Documentation MAR: Candidate initials the correct MAR across from the right time after administering the medication.~~
 - ~~Documentation MAR: Candidate initials the correct medication sheet across from the right medication after administering the medication.~~
 - ~~Initials and signs MAR in the signature area. (Sixth right)~~
 - ~~Closes MAR.~~
- Moved these steps
below Step #32
- 30) Maintain interpersonal communications throughout the administration.
 - 31) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
 - 32) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
 - 33) Documentation MAR: Initial the correct medication sheet under the right date after administering the medication.**
 - 34) Documentation MAR: Initial the correct MAR across from the right time after administering the medication.**

- 35) Documentation MAR: Initial the correct medication sheet across from the right medication after administering the medication.
- 36) Initial and sign the MAR in the signature area. (Sixth right)
- 37) Close the MAR.

EAR DROPS / ORAL LIQUID ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ Perform hand hygiene.
 - 2) Open the MAR. Find the resident for the scenario that was read.
 - 3) For the oral liquid (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).
 - 4) Unlock the medication box.
 - 5) For the oral liquid (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box, matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).
 - 6) Set the medication cup on a level surface.
 - 7) Pour the correct amount of medication into the medication cup.
 - 8) Check for the correct amount of medication at eye level.
 - 9) Return unused medication to the medication box.
 - 10) Do not contaminate the medication.
 - 11) For the ear drop (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).
 - 12) For the ear drop (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box, matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).
 - 13) For the ear drop medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).
 - 14) Greet the resident.
 - 15) Introduce yourself as a Medication Aide.
 - 16) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.
 - 17) Explain the procedure.
 - 18) Assist the resident in taking oral medication.
 - 19) Lower head of the bed.
 - 20) Head is turned toward the right with left ear upward.
 - 21) Hold the external ear flap and pull up and back.
 - 22) Instill the correct number of drops of medication into the ear.
 - 23) Ensure the dropper tip does not touch the inside of the ear canal.
 - 24) Tell the resident not to move their head for a few minutes.
 - 25) Replace all unused medications back in the medication box.
 - 26) Lock the medication box.
 - 27) Secure the medication box keys on person.
- {

~~Documents administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]~~

~~Initials and signs MAR in the signature area. [Sixth right]~~

~~Closes MAR.~~

Moved these steps
below Step #30
- 28) Maintain interpersonal communications during administration.

- 29) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 30) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 31) Document administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]**
- 32) Initial and sign the MAR in the signature area. [Sixth right]**
- 33) Close the MAR.

EAR DROPS / TABLET ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 2) Open the MAR. Find the resident for the scenario that was read.
- 3) For the tablet (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Unlock the medication box.
- 5) For the tablet (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 6) Open the tablet container or pop medication from the bubble pack.
- 7) Put the correct number of tablets into the medication cup.**
- 8) For the tablet (1st) medication, match the drug obtained and the prescription. Label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 9) Return the first drug to the correct resident's drawer in the medication box.
- 10) Do not contaminate the medication.
- 11) For the ear (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 12) For the ear (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 13) For the ear (2nd) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 14) Greet the resident.
- 15) Introduce yourself as a Medication Aide.
- 16) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
- 17) Explain the procedure.
- 18) Give the resident a glass of water.
- 19) Assist the resident in taking the tablet medication. ~~one capsule at a time.~~
- 20) **Ensure the** ~~Observes~~ resident swallows the tablet(s).
- 21) Lower head of the bed.
- 22) Shake the ear medication before use.
- 23) Head is turned toward the right with left ear upward.
- 24) Hold the external ear flap and pull up and back.
- 25) Instill the correct number of drops of medication into the left ear.**
- 26) Ensure the dropper tip does not touch the inside of the ear canal.
- 27) Tell the resident not to move their head for a few minutes.
- 28) Place all unused medications back in the medication box.

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- 29) Lock the medication box.
- 30) Secure the medication box keys on person.
- ~~Documents administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]~~
- ~~Initials and signs MAR in the signature area. [Sixth right]~~
- ~~Closes MAR.~~
- 31) Maintain interpersonal communications during administration.
- 32) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 33) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ Perform hand hygiene.
- 34) Document administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]**
- 35) Initial and sign the MAR in the signature area. [Sixth right]**
- 36) Close MAR.

Moved these steps
below Step #33

EYE DROP / ORAL TABLET ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ Perform hand hygiene.
- 2) Open the MAR. Find the resident for the scenario that was read.
- 3) For the tablet (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Unlock the medication box.
- 5) For the tablet (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 6) Open the tablet container or pop medication from the bubble pack.
- 7) Put the correct number of tablets into the medication cup.**
- 8) For the tablet (1st) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 9) Return the first drug to the correct resident's drawer in the medication box.
- 10) Do not contaminate the medication.
- 11) For the eye (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 12) For the eye (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 13) For the eye (2nd) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 14) Greet the resident.
- 15) Introduce yourself as a Medication Aide.
- 16) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
- 17) Explain the procedure.
- 18) Give the resident a glass of water.
- 19) Assist the resident in taking the tablet medication. ~~one capsule at a time.~~
- 20) ~~Ensure the~~ **Observes** resident swallows the tablet(s).
- 21) Gently tilt the resident's head back with chin up.

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- 22) Pull down on the lower eyelid of the right eye, making a pocket.
- 23) Ask the resident to look up toward the forehead.
- 24) Drop the correct number of drops of medication into the pocket.**
- 25) Ensure the dropper tip does not touch the eye.
- 26) Use a tissue to remove excess fluid around the eye.
- 27) Place all unused medications back in the medication box.
- 28) Lock the medication box.
- 29) Secure the medication box keys on person.

~~Documents administration correctly on the MAR (resident, drug, dose, time and route).~~

~~[Sixth right]~~

~~Initials and signs MAR in the signature area. [Sixth right]~~

~~Closes MAR.~~

Moved these steps
below Step #32

- 30) Maintain interpersonal communications during administration.
- 31) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 32) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 33) Document administration correctly on the MAR (resident, drug, dose, time, and route).**
[Sixth right]
- 34) Initial and sign the MAR in the signature area. [Sixth right]**
- 35) Close the MAR.

EYE DROPS / UNIT DOSE ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 2) Open the MAR. Find the resident for the scenario that was read.
- 3) For the unit dose (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Greet the resident.
- 5) Introduce yourself as a Medication Aide.
- 6) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
- 7) Explain the procedure.
- 8) Listen to the apical heart rate for 60 seconds with a teaching stethoscope.
- 9) Record the heart rate on the MAR.
- 10) The candidate's recorded heart rate is within 5 beats of the RN Test Observers.
- 11) Verbalize whether or not to proceed with unit dose medication administration based on the heart rate obtained and administer it if it is at an appropriate level.**
- 12) Unlock the medication box.
- 13) If administering the unit dose (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time and route).**
- 14) If administering, open the container or pop the medication from the bubble pack.
- 15) If administering, put the correct number of tablets into the medication cup.**
- 16) If administering the unit dose medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 17) If administering, return the unit dose medication to the correct resident's drawer in the medication box.

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- 18) If administering, do not contaminate the unit dose medication.
 - 19) For the eye (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
 - 20) For the eye (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
 - 21) For the eye (2nd) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
 - 22) If proceeding with the unit dose, give the resident a glass of water.
 - 23) If proceeding with the unit dose, assist the resident in taking the medication. ~~one tablet at a time.~~
 - 24) If proceeding with the unit dose, ensure the resident swallows the tablet(s).
 - 25) Gently tilt the resident's head back with chin up.
 - 26) Pull down on the lower eyelid of the right eye, making a pocket.
 - 27) Ask the resident to look up toward the forehead.
 - 28) Drop the correct number of drops of medication into the pocket.**
 - 29) Ensure the dropper tip does not touch the eye.
 - 30) Use a tissue to remove excess fluid around the eye.
 - 31) Place all unused medications back in the medication box.
 - 32) Lock the medication box.
 - 33) Secure the medication box keys on person.
- {

~~Documents administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]~~

~~Initials and signs MAR in the signature area. [Sixth right]~~

~~Closes MAR.~~

Moved these steps below Step #36
- 34) Maintain interpersonal communications during administration.
 - 35) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
 - 36) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
 - 37) Document administration correctly on the MAR (resident, drug, dose, time, and route). [Sixth right]**
 - 38) Initial and sign the MAR in the signature area. [Sixth right]**
 - 39) Close the MAR.

NASAL SPRAY / TABLET ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 2) Opens MAR. Find the resident for the scenario that was read.
- 3) For the tablet (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Unlock the medication box.
- 5) For the tablet (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 6) Open the tablet container or pop medication from the bubble pack.
- 7) Put the correct number of tablets into the medication cup.**

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- 8) For the tablet (1st) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).
 - 9) Return the first drug to the correct resident's drawer in the medication box.
 - 10) Do not contaminate the medication
 - 11) For the nasal (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).
 - 12) For the nasal (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).
 - 13) For the nasal (2nd) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).
 - 14) Greet the resident.
 - 15) Introduce yourself as a Medication Aide.
 - 16) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.
 - 17) Explain the ns procedure.
 - 18) Give the resident a glass of water.
 - 19) Assist the resident in taking the tablet medication. ~~one capsule at a time.~~
 - 20) ~~Ensure the~~ ~~Observes~~ resident swallows the tablet(s).
 - 21) Ask the resident to blow their nose.
 - 22) Administer one spray in the correct nostril only.
 - 23) Replace all unused medications back in the medication box.
 - 24) Lock the medication box.
 - 25) Secure the medication box keys on person.
- {

~~Documents administration correctly on the MAR (resident, drug, dose, time and route).~~

~~[Sixth right]~~

~~Initials and signs MAR in the signature area. [Sixth right]~~

~~Closes MAR.~~

Moved these steps
below Step #28
- 26) Maintain interpersonal communications during administration.
 - 27) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
 - 28) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ Perform hand hygiene.
 - 29) Document administration correctly on the MAR (resident, drug, dose, time, and route).
[Sixth right]
 - 30) Initial and sign the MAR in the signature area. [Sixth right]
 - 31) Close the MAR.

ORAL CAPSULE ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ Perform hand hygiene.
- 2) Open the MAR. Find the resident for the scenario that was read.
- 3) For the 1st medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).
- 4) Unlock the medication box.
- 5) For the 1st medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).

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- 6) Open the first container or pop the medication from the bubble pack.
- 7) Pour the correct number of capsules into the medication cup.
- 8) Do not touch the medication.
- 9) **For the 1st medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 10) Return the first drug to the correct resident's drawer in the medication box.
- 11) **For the 2nd medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 12) **For the 2nd medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 13) Open the second container or pop the medication from the bubble pack.
- 14) Pour the correct number of capsules into the medication cup.
- 15) Do not touch the medication.
- 16) **For the 2nd medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 17) Return the second drug to the correct resident's drawer in the medication box.
- 18) Lock the medication box.
- 19) Secure the medication box keys on person.
- 20) Greet the resident.
- 21) Introduce yourself as a Medication Aide.
- 22) **Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
- 23) Explain the procedure.
- 24) Give the resident a glass of water.
- 25) Assist the resident in taking the medication. ~~one capsule at a time.~~
- 26) ~~Ensure the Verifies~~ medication has been swallowed.
- | | | |
|---|---|---|
| { | <p>Documents administration correctly on the MAR (resident, drug, dose, time and route).
 [Sixth right]
 Initials and signs MAR in the signature area. [Sixth right]
 Closes MAR.</p> | <p>Moved these steps
below Step #29</p> |
|---|---|---|
- 27) Maintain interpersonal communications throughout administration.
- 28) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 29) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 30) **Document administration correctly on the MAR (resident, drug, dose, time, and route).**
[Sixth right]
- 31) **Initial and sign the MAR in the signature area. [Sixth right]**
- 32) Close the MAR.

ORAL LIQUID / OINTMENT ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 2) Open the MAR. Find the resident for the scenario that was read.
- 3) **For the oral liquid (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Unlock the medication box.

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- 5) **For the oral liquid (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 6) Set the medication cup on a level surface.
- 7) **Pour the correct amount of medication.**
- 8) Check for the correct amount of medication at eye level.
- 9) Return unused medication to the medication box.
- 10) Do not contaminate the medication.
- 11) **For the ointment (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 12) **For the ointment (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 13) **For the ointment (2nd) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 14) Greet the resident.
- 15) Introduce yourself as a Medication Aide.
- 16) **Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
- 17) Explain the procedure.
- 18) Assist the resident in taking oral medication.
- 19) Inspect the right forearm skin area where ointment medication is to be applied.
- 20) Put on at least one glove.
- 21) Open the ointment.
- 22) Do not contaminate the lid.
- 23) Apply ointment with a gloved hand to the right forearm.
- 24) Spread ointment to cover the area to be treated.
- 25) Replace the ointment lid.
- 26) Remove glove(s) turning inside out.
- 27) Discard glove(s) in appropriate container.
- 28) Place all unused medications back in the medication box.
- 29) Lock the medication box.
- 30) Secure the medication box keys on person.
- {

~~Documents administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]~~

~~Initials and signs MAR in the signature area. [Sixth right]~~

~~Closes MAR.~~

Moved these steps
below Step #33
- 31) Maintain interpersonal communications during administration.
- 32) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 33) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 34) **Document administration correctly on the MAR (resident, drug, dose, time, and route). [Sixth right]**
- 35) **Initial and sign the MAR in the signature area. [Sixth right]**
- 36) Close the MAR.

TOPICAL OINTMENT / ORAL CAPSULE MEDICATION ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
 - 2) Open the MAR. Find the resident for the scenario that was read.
 - 3) **For the capsule (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
 - 4) Unlock the medication box.
 - 5) **For the capsule (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
 - 6) Open the container or pop the medication from the bubble pack.
 - 7) **Pour the correct amount of medication.**
 - 8) Do not contaminate the medication.
 - 9) Return unused medication to the medication box.
 - 10) **For the ointment (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
 - 11) **For the ointment (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
 - 12) **For the ointment (2nd) medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
 - 13) Greet the resident.
 - 14) Introduce yourself as a Medication Aide.
 - 15) **Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
 - 16) Explain the procedure.
 - 17) Give the resident a glass of water.
 - 18) Assist the resident in taking the capsule medication. ~~one capsule at a time.~~
 - 19) ~~Ensure the~~ **Observes** resident swallows the capsule(s).
 - 20) Inspect the right forearm skin area where medication is to be applied.
 - 21) Put on at least one glove.
 - 22) Open the ointment.
 - 23) Does not contaminate the lid.
 - 24) Apply ointment with a gloved hand to the right forearm.
 - 25) Spread ointment to cover the area to be treated.
 - 26) Replace the ointment lid.
 - 27) Remove glove(s) turning inside out.
 - 28) Discard glove(s) in appropriate container.
 - 29) Place all unused medications back in the medication box.
 - 30) Lock the medication box.
 - 31) Secure the medication box keys on person.
- }

~~Documents administration correctly on the MAR (resident, drug, dose, time and route).~~

~~[Sixth right]~~

~~Initials and signs MAR in the signature area. [Sixth right]~~

~~Closes MAR.~~

Moved these steps below Step #34
- 32) Maintain interpersonal communications during administration.

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- 33) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 34) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 35) Document administration correctly on the MAR (resident, drug, dose, time and route).
[Sixth right]**
- 36) **Initial and sign the MAR in the signature area. [Sixth right]**
- 37) Close the MAR.

TOPICAL SPRAY MEDICATION / UNIT DOSE ADMINISTRATION

- 1) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 2) Open the MAR. Find the resident for the scenario that was read.
- 3) For the unit dose (1st) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 4) Greet the resident.
- 5) Introduce yourself as a Medication Aide.
- 6) Verify the right resident by comparing the MAR with the appropriate method of identification, i.e., picture, wrist band, or facility-appropriate method of identification.**
- 7) Explain the procedure.
- 8) Listen to the apical heart rate for 60 seconds with a teaching stethoscope.
- 9) Record the heart rate on the MAR.
- 10) The candidate's recorded heart rate is within 5 beats of the RN Test Observers.
- 11) Verbalize whether or not to proceed with unit dose medication administration based on the heart rate obtained and administer it if it is at an appropriate level.**
- 12) Unlock the medication box.
- 13) If administering the unit dose (1st) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time and route).**
- 14) If administering, open the container or pop the medication from the bubble pack.
- 15) If administering, put the correct number of tablets into the medication cup.**
- 16) If administering the unit dose medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 17) If administering, return the unit dose medication to the correct resident's drawer in the medication box.
- 18) If administering, do not contaminate the unit dose of medication.
- 19) For the spray (2nd) medication, verbally verify the MAR contains the correct resident, drug, dose, time, and route (five rights).**
- 20) For the spray (2nd) medication, obtain the correct drug from the correct resident's drawer in the medication box matching the label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 21) For the spray medication, match the drug obtained and prescription label to the MAR, verbally identifying all five rights (resident, drug, dose, time, and route).**
- 22) If proceeding with the unit dose, give the resident a glass of water.
- 23) If proceeding with the unit dose, **ensure the** ~~observes~~ resident swallows the tablet(s).
- 24) Put on at least one glove.
- 25) Inspect the right forearm skin area where medication is to be applied.
- 26) Instruct the resident to turn their face away while spraying.

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27) Spray the correct number of sprays on the area on the right forearm.

- 28) Remove glove(s) turning inside out.
- 29) Dispose of glove(s) in appropriate container.
- 30) Return the spray bottle to the medication box.
- 31) Lock the medication box.
- 32) Secure the medication box keys on person.

~~Documents administration correctly on the MAR (resident, drug, dose, time and route). [Sixth right]~~
~~Initials and signs MAR in the signature area. [Sixth right]~~
~~Closes MAR.~~

Moved these steps
below Step #36

- 33) Maintain interpersonal communications during administration.
- 34) Place the call light within reach or verbalize verification of the call light for wrist/necklace call devices.
- 35) ~~Candidate washes hands. (May verbalize for testing purposes.)~~ **Perform hand hygiene.**
- 36) Document administration correctly on the MAR (resident, drug, dose, time, and route). [Sixth right]**
- 37) Initial and sign the MAR in the signature area. [Sixth right]**
- 38) Close the MAR.

Knowledge Exam Vocabulary List

absorption
administering medication
adverse reactions
aging
allowable routes
Alzheimer's
analgesic
antiarrhythmics
antibiotics
anticoagulants
antihistamines
antipruritic
antitussives
bronchodilators
calcium
chemical name
chewable tablets
congestive heart failure

controlled substance
delegation
depression
diuretic
electrolyte
excretion
extrapyramidal symptoms (EPS)
eye medications
FDA
glipizide (Glucotrol XL)
herbal remedy
histamines
hormones
hypoglycemia
immunocompromised
inflammation
integumentary system
liver damage

medication administration
medication distribution
oral antibiotics
osteoporosis
overdose
placebo effect
potassium
prednisone
PRN
psoriasis
psychotropic
rules
scabies
scope of practice
self-terminating order
sensitivity to medications
side effects

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stimulants
suspension

thyroid
toxicity

trade name

Notes:
