

EXAM✓CRAM

# MACE

Medication Aide Certification Exam



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Certification Exam**

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behavior changes or allergic reaction that could lead to accidents or complications in his or her condition. Report all concerns to the nurse immediately.

- ▶ When the elder client appears confused, the confusion may have a physical cause, such as an infection (urinary being the most common), not a behavioral disorder. Help the client focus on what you are saying and doing. Report all confusion incidents immediately to the nurse to rule out an infection as the cause for confusion.
- ▶ Give medications one at a time, offering small sips of liquid medications to ease swallowing and prevent choking. Even if you can do it more quickly, encourage the client to take the glass of water on his or her own and assist with medications as condition allows (for example, applying lotions and ointments). This encourages independence and self-worth.
- ▶ Take your time. Do not rush the client; instead, be patient with the drug administration process. Giving the client sufficient time to take medications will help build trust in you and cooperation from the client.
- ▶ Ask the nurse to obtain a liquid form of the medication if choking is an issue. If a liquid form is not possible, crush the medication, if allowed, in a *small* amount of palatable food. Be aware that all the mixed medication must be taken; use the smallest amount possible to deliver the dose.
- ▶ If the elder client becomes concerned that a medication looks different and refuses to take it, do not argue with the resident; instead, hold the medication, documenting the cause, and immediately report the incident to the nurse.
- ▶ Review with clients the need for medications that seem (to the client) to be no longer needed when their symptoms subside, such as with antibiotics. Reinforce the nurse's teaching (that is, the need to take the medication until it is all gone to help ensure the infection is gone as well). Simple explanations and a cheerful attitude on your part will help ensure compliance and contribute to the healing process.

## Clients with Physical Limitations

- ▶ Clients who have trouble seeing or hearing are sometimes fearful of caregivers and medications, especially if they do not understand your purpose or the procedure.
- ▶ Use various means to communicate with the hard-of-hearing client (for example, pictures, diagrams, speaking slowly and in a low tone of voice on the client's unaffected side). Stand facing the client so that he or she can read your lips.
- ▶ Speak slowly and distinctly to vision-impaired clients and help direct their hand to a glass of water, straw, or other medication assistive device whenever possible to increase participation and ease anxiety.

- ▶ With a client who has hemiparalysis (paralysis on one side of the body), use a form of medication that is easier to swallow or, if unable to swallow, ask the nurse to get an order for a more acceptable route of administration.
- ▶ Never speak for clients who have trouble with verbal expression unless they ask you to do so.
- ▶ **Aphasic** clients (those who cannot speak) may communicate via computer communication device such as Opus Communication. (See more details at <http://www.fairfaxcounty.gov/aaa/pdf/ombudsman/commcogimp.pdf>.)
- ▶ With a client who can swallow without difficulty but cannot sit upright, ask another caregiver to help position the client for safe ingestion of the medication. Reposition the client for comfort following medication administration.
- ▶ Be very patient with physically challenged clients. Never rush them.

## Clients Refusing to Take Medications

Discover the cause of the client's resistance and participate in calming the client as much as possible before medications are due. Pace **ADL** (activities of daily living) to provide rest and prevent overstimulation and subsequent resistance as much as possible:

- ▶ Approach the combative client in a calm and reassuring manner, speaking slowly and clearly.
- ▶ Ask for assistance as needed to maintain a safe distance as you approach the client.
- ▶ Do not stand over a combative client; this is a sign of aggressiveness.
- ▶ Stand with your side to the client's front to give you space to leave the immediate vicinity if threatened.
- ▶ Explain simply and in few words your purpose; give the client time to understand your message.
- ▶ Do not force the combative client to take medications; this is a form of assault, otherwise.
- ▶ Never argue with the combative client; try distractions, not confrontation, to relieve anxiety or anger.
- ▶ Despite your calm and reassuring approach and careful explanations, the client may refuse the medications and remain combative. If so, hold the medications, chart the hold and the reason, and report the incident to the nurse.

## Noncommunicative Clients

Because of disease or infirmity, the client might not effectively communicate with you. Remember, the client might be able to hear and understand you but cannot respond in a way that you would recognize; or the client might communicate with you in terms of gestures, posturing, or facial expressions that might not be familiar to you, especially if you do not know the client well. To preserve his or her dignity, treat the client the same as you would any other client. That is, introduce yourself and your purpose, explain slowly and clearly all medications and their purpose, how you will give them, and what to expect from them. The following are other tips for communicating with the noncommunicative client:

- ▶ Use concrete, short sentences to explain your purpose, medications, their use, and expected effects.
- ▶ Use writing, gestures, or pictures to explain/communicate with the client.
- ▶ If questioning, ask only one question at a time and repeat as needed.
- ▶ Repeat instructions or explanations as needed to increase understanding and cooperation from the noncommunicative client.
- ▶ Never rush the client; instead, show patience. This increases the client's self-esteem and dignity while helping to ensure a clear understanding of the medication administration process and the client's compliance with it.
- ▶ Assess nonverbal responses of the client that show understanding (for example, head nodding, directed eye gaze, smiling, hand signaling [thumbs up], posturing, or other gesture meaningful to the client to indicate understanding).
- ▶ Observe for meta-communication (the overall message from the client). For example, the client might smile, seemingly agreeing with what you are asking or saying but become tearful at the same time. Carefully observe this and check understanding before assuming the client's main meaning/feedback.
- ▶ Spend as much time as possible with the noncommunicative client as with other clients who do seem to communicate.
- ▶ Use every opportunity to improve communication with the client to establish a **therapeutic relationship** as soon as possible (that is, a caring relationship that helps the client maintain dignity, a sense of self-worth, well-being, and a connection with reality and others).

# Post-Administration Procedures

The following are important steps to take to ensure safe administration of medications.

## Client Comfort

- ▶ Reposition the client for comfort. Be sure the client is in good alignment.
- ▶ Replace glasses or check to see that hearing aids are in place and turned on.
- ▶ Make sure that the call light or other communication device is readily available.
- ▶ Assess the client for any untoward effects of the medication and report any concerns. For PRN medications, reassess as needed to check that the drug is acting as intended (at least within 15 to 30 minutes and 1 hour after administration). Continue to observe and document results of the PRN medication.
- ▶ Answer client requests before leaving the room.

## Client Environment

Remove all medication supplies and trash.

✓ Complete safety check before leaving the room:

- ▶ Bed is in the lowest position with wheels locked.
- ▶ Lights are readjusted for comfort and safety.
- ▶ Assistive devices are readily available (wheelchair, walker, and so forth).
- ▶ TV, radio, or other electronics are operational and within control of client or set per client instructions.
- ▶ Unnecessary care supplies are stored safely.
- ▶ Floors are tidy and dry.
- ▶ Privacy is ensured (close door, pull curtain, and so on).

## Right Documentation

- ▶ Chart medications using agency procedure/protocols.
- ▶ Chart all medications promptly on the MAR, especially PRN medications, so that another caregiver does not accidentally give them again.
- ▶ Record all holds, the reason for the hold, and sign the MAR.
- ▶ Document the client response to medications, especially PRN meds, to note the intended effect of the drug or lack thereof. If not relieved from analgesic, for example, report the response to the nurse for further actions.
- ▶ Sign all entries.
- ▶ Ask for a witness when wasting unused narcotic and request a cosignature on the narcotic count record.
- ▶ Recheck the MAR to be sure that all medications have been recorded properly.
- ▶ Replenish drug supplies and keep the drug cart tidy and orderly.

## Exam-Prep Questions

1. What is the best position to place the resident in to administer a vaginal medication?
  - ☐ A. Prone
  - ☐ B. Lithotomy
  - ☐ C. Left lateral recumbent
  - ☐ D. Sims'
2. A rectal medication is inserted approximately \_\_\_\_\_ into the rectum.
  - ☐ A. 2 inches
  - ☐ B. 5 inches
  - ☐ C. 1/2 inch
  - ☐ D. 1 inch
3. Which of the following is an incorrect statement regarding the application of nitroglycerin cream?
  - ☐ A. Apply the medication to an area of the skin that is not open.
  - ☐ B. Rub the cream into the skin.
  - ☐ C. Do not place the medication on the same area of skin with each application.
  - ☐ D. Apply an accurate dose.
4. When administering medication into the ear canal of an adult, it is important to do what?
  - ☐ A. Pull the pinna of the ear down and back
  - ☐ B. Push the ear tragus forward
  - ☐ C. Not touch the tragus of the ear
  - ☐ D. Pull the pinna of the ear up and back
5. Instilling nasal medication requires the medication tech to position the patient with
  - ☐ A. His/her neck hyperextended as able.
  - ☐ B. Lying on his/her back.
  - ☐ C. Sims' position.
  - ☐ D. Lying on his/her side.