

LESSON PLAN: 2

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: I INTRODUCTION

SCOPE OF UNIT:

This unit covers course objectives and requirements, the role of the medication technician related to the health care team, and state and federal controls.

INFORMATION TOPIC: I-2 OR DEMONSTRATION:

**LONG-TERM HEALTH CARE TEAM**  
(Lesson Title)

OBJECTIVES – THE STUDENT WILL BE ABLE TO:

1. Trace lines of authority in a sample organizational chart of a long-term care facility.
2. Identify the responsibilities of the long-term health care team which includes the following: Administrator, physician, pharmacist, registered nurse, licensed practical nurse, and medication technician.
3. List six (6) tasks a medication technician may NOT perform.
4. Identify how the legal and ethical issues affect health care personnel.
5. Identify guidelines to follow to avoid medical/legal problems.
6. Identify situations that would constitute a breach in confidentiality of a resident's protected health information (HIPAA).

SUPPLEMENTARY TEACHING/LEARNING ITEMS:

1. HO 1: Organizational Structure – Long-Term Health Care Facility
2. HO 2: Abuse and Neglect Reporting.
3. HO 3: Resident's Rights – State of Missouri.

INFORMATIONAL ASSIGNMENT:

Read Lesson Plan 2 prior to class and be prepared to discuss the information presented.

## INTRODUCTION:

The term “health care team” is another way of describing the people who join together to assess, develop plans of care, provide care, and re-evaluate residents who require long-term care. The term illustrates that it takes more than one person to provide optimal health care to any resident or group of residents. In this lesson you will learn who makes up the health care team, their specific responsibilities, and the medical/legal aspects of medication therapy.

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OUTLINE:

- I. Organizational Structure – Long-Term Health Care Facility (HO 1)
- II. Role of the Health Care Team Members Involved in Medication Therapy – governed by state and federal regulations by varying degrees.

NOTE: The organizational structure of a Long Term Care facility may vary from the example provided in this text. The size of the facility and affiliation with a larger healthcare corporation may affect the manner in which the team is set up.

- A. Administrator – responsible for all departments within the long term care facility.
  - 1. Responsible for all policies and procedures.
  - 2. Guides the quality assurance process.
  - 3. Responsible for adequate staffing resources.
  - 4. Responsible for lines of accountability.
- B. Physician/medical provider – Medical Doctor (MD), Doctor of Osteopathy (DO), Nurse Practitioner (NP), or Physician's Assistant (PA).
  - 1. Performs annual physical exam.
  - 2. Diagnoses the resident.
  - 3. Orders medications and treatments.
- C. Pharmacist – allied health professional.
  - 1. Provider role – drug delivery and administration systems. Services include:
    - a. Labeling.
    - b. Packaging.
    - c. Record and audit systems.

- d. Accountability of controlled drug supplies and emergency drugs.
- 2. Consultant role – establish policy concerning drug use, drug regimen review, and in-service education. Services include:
  - a. Monthly chart review/drug regimen review.
  - b. Identifying irregularities in drug use.
  - c. Providing drug information.
  - d. Serving on committees such as Quality Assurance and Assessment
  - e. Developing drug use policy.
  - f. Performing medication pass reviews.
- D. Registered Nurse (RN) – allied health professional.
  - 1. Leader of nursing team.
  - 2. Supervises medication technician.
  - 3. Takes and records telephone and verbal orders.
  - 4. Administers parenteral medications.
  - 5. Is an educator.
- E. Licensed Practical Nurse (LPN).
  - 1. Supervises medication technician.
  - 2. Takes and records telephone and verbal orders.
  - 3. Administers parenteral medications including IV medications IV certified.
- F. Medication technician responsibilities.
  - 1. Meets basic care needs of the residents.
  - 2. Reports and records information related to drug administration.
  - 3. Maintain aseptic conditions by using body substance precautions.
  - 4. Measure vital signs (TPR, B/P, and apical pulse); (refer to CNA manual).

5. Prepare, administer, report, and record medications by the oral, ophthalmic, otic, topical, transdermal patch, respiratory, nasal, vaginal and rectal routes.
6. Safeguard medication preparation and storage area.
7. Count controlled substances (per facility policy).
8. Transcribes orders (per facility policy).
9. Records and removes unused medications from active area.
10. Safeguards medications.
11. Gives simple precautions and directions to residents.
12. Administers oxygen by nasal cannula when the resident has a physician's order for oxygen and after assessment by licensed nurse.
13. Administers inhaled medications using a nebulizer if permitted by facility policy. Due to variances in equipment, the facility must provide the Certified Medication Technician with training on the operation of the nebulizer system(s) being used in the facility prior to their use. Documentation of this training and competency in use of the equipment must be placed in the employee's record.
14. Monitors resident's health status such as vital signs and pain scale scores and reports abnormalities to the licensed nurse.
15. Adheres to facility policies.

NOTE: The Medication Technician may be employed in a Skilled or Intermediate Care facility (SNF/ICF). A CMT cannot set up or administer medications when working in any other setting including but not limited to home care or hospitals.

### III. The Medication Technician Does NOT:

- A. Inject parenteral drugs with the exception of insulin if insulin certified.
- B. Administer bladder instillations.
- C. Calculate drug dosages or conversions.
- D. Dispose of medications.
- E. Administer oxygen by a re-breathing mask or nasal catheter.
- F. Administer enteral nutrition, fluids or medications via a feeding tube including but not limited to gastrostomy, jejunostomy, nasogastric (NG) or Nasointestinal (NI) tubes.

#### IV. Health Care Personnel, Law and Ethics

- A. As an employee in the health care occupations, it is important for you to be aware of your legal and ethical responsibilities to prevent medical/legal problems.
- B. When you care for residents or have access to their records, you are expected to maintain their confidence and trust. Any violation of the resident's trust and confidence may be defined as an illegal or immoral act.
- C. There are certain laws which protect the rights of residents who enter long-term or other health care facilities (HO 2, HO 3). The resident voluntarily signs an admission agreement giving his or her consent for treatment and care.
- D. Missouri State Regulations require that each person who has, or may have contact with residents, wear an identification badge while on duty. The badge must give the employee's name, title and if applicable the state of their license or certification as a health care professional. This rule applies to all personnel who provide services to any resident directly or indirectly.
- E. Some possible situations for legal problems might be:
  - 1. Assault (threat or harm) – For example telling a resident "If you don't be quiet, I'll tie your hands down."
  - 2. Restraining a resident – All restraints require a physician's order. They are used only as a last resort when the resident could harm himself or others.
  - 3. Gossiping about residents may be defined as "defamation of character" or "defamation by slander."
  - 4. A written entry in a chart such as "the resident was a cross old crackpot today" could be defined as written defamation and "libel."
  - 5. Personal information about residents comes under the classification of "privileged information." Talking about a resident with or around others not directly involved in the resident's care violates the resident's right to confidentiality.
  - 6. In the long-term care facility, a surveyor may want to look at resident's skin. Without the resident's consent or proper screening, this could be an "invasion of privacy."
  - 7. Performing procedures outside the scope of practice of a medication technician or performing procedures that you have not been trained to perform.

8. Documenting procedures or medications prior to actually performing the procedure or administering the medications.
- F. As a health care worker, you must become familiar with legal and ethical terms that will assist you in understanding your responsibility and help you uphold your resident's rights.
- G. Legal documents or records are accepted in the courts of law as evidence of truth. A resident's chart is a legal document or record. The "signed consent" is a legal record, just as a will is a legal document. The consent must be voluntarily signed in ink by a resident of sound mind. The signing must be witnessed by at least two persons aged 21 or over.

#### V. Guidelines to Avoid Medical/Legal Problems

1. Maintain good relationships with residents, family members and coworkers.
2. Remember that the resident is your responsibility.
3. Observe the resident's rights and avoid violating them.
4. Prepare all paper work accurately and in a timely manner according to facility policy.
5. Know your lines of authority. Do only those things which you have been trained and supervised to do. Seek assistance from your charge nurse if you are in doubt.
6. Be familiar with and follow facility and pharmacy policies and procedures.

#### VI. Summary and Conclusion

- A. Organizational structure.
- B. Responsibilities of the team members involved in medication therapy.
- C. Tasks a medication technician may NOT perform.
- D. Medical/Legal terminology.
- E. Legal and ethical issues affecting health care personnel.
- F. Guidelines to avoid medical/legal problems.

The next lesson is on state and federal controls.