

LESSON PLAN: 6

COURSE TITLE: MEDICATION TECHNICIAN

UNIT: II GENERAL PRINCIPLES

EVALUATION ITEMS:

1. What are the two types of medication orders?

a.

b.

Match the terms in Column A with the correct definitions in Column B.

Column A

Column B

- | | |
|--------------------------|--|
| ___ 2. Limited order | a. Medications are cancelled so they are no longer administered. |
| ___ 3. Verbal order | b. Medication the resident takes on an on-going basis. |
| ___ 4. stat order | c. Physician voices order directly or by telephone. |
| ___ 5. Routine order | d. Continues medications previously prescribed. |
| ___ 6. Written order | e. Physician determines number of doses or day the medication is to be administered. |
| ___ 7. PRN order | f. Administered immediately, one-time only. |
| ___ 8. Discontinue order | g. Single dose administered only one time. |
| ___ 9. One-time order | h. Administered only as needed according to a designated time frame. |
| ___ 10. Renewal order | i. Physician puts in writing the medication order. |

Circle the letter of the best answer.

11. Which statement is NOT true regarding the principles of transcription?

- a. Transcription of medication orders must be error-free.
- b. Black ink is preferred for transcribing physician's orders.
- c. Only approved abbreviations may be used when transcribing orders.
- d. When an order is being transcribed the first consideration is speed.

12. Which statement is NOT true regarding the principles of transcription?
- a. Recopying of medication orders should be done from original order.
 - b. When a medication technician has completed transcription of orders, it should be verified by another medication technician.
 - c. If the physician's pronunciation of a drug name is unclear in giving the order, the medication technician should spell the drug name back to him/her for clarification.
 - d. If a medication technician has any doubt about a medication order, he/she should question the licensed nurse about any point of concern.
13. List the items to be transcribed on the medication record.
14. List the items to be transcribed on the medication card.
15. List the items found on a prescription label.

Circle the correct word(s) to complete the following statements.

16. Transcription of medication orders must be (error free) (nearly correct).
17. (Red) (Black) ink is preferred for transcribing physician's orders.
18. (Any) (Only Approved) abbreviations may be used when transcribing orders.
19. When an order is being transcribed the first consideration is (speed) (accuracy).
20. Recopying of medication orders should be done from (original order) (a clear copy).
21. When a CMT has completed transcription of orders, it should be verified by (the licensed nurse) (another CMT).
22. If the physician's pronunciation of a drug name is unclear in giving the order, the CMT should (spell the drug name back to the doctor for clarification) (try to look it up).
23. If a CMT has any doubt about a medication order he/she should (hurry up and give the dose at the prescribed time so there will be time to look up information) (question the charge nurse about any point of concern).
24. There should be (no variances) (only minor discrepancies) in the information on the MAR, physician's order, and prescription label.
25. What is found on the prescription label when there is a change in directions for administering?
26. What is the purpose of the pharmacy's name, address, prescription number, and phone number being on the prescription label?

Demonstrate your understanding of documentation of medication orders in the following scenario.

27. You are on duty at WeCare Nursing Facility and receive a telephone call from Dr. Watson. Today, he orders the following for your resident Edna Long: Zantac 150 mg, 1 tab po at 8 a.m. & 8 p.m., Aspirin EC 325 mg, 1 tab po at 8 a.m., and Milk of Magnesia, 30 mL po daily prn constipation. Fill out the PHYSICIAN'S TELEPHONE ORDERS form, the PHYSICIAN'S ORDERS sheet, and the MEDICATION ADMINISTRATION RECORD. Also document on the forms the administration of all three drugs for today.

| Facility Name: _____ | | | PHYSICIAN TELEPHONE ORDERS | | |
|--|------|----------------|-------------------------------|------|-------|
| Facility Address: _____ | | | | | |
| Patient Name: _____ | | Room No. _____ | Physician _____ | | |
| Order Date | Prob | Code | Physician Orders | Sig. | Init. |
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| Nurse Signature Date | | | Physician's Signature Date | | |
| Physician please sign and return within 7 days | | | | | |

Question 28: (Continued).

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| <p>Generic equivalent may be used unless the order is specifically followed by the notation: "Use no substitutes." May send medication while on pass from facility. May leave premises with responsible party. May send medications _____ days. I recertify for _____ level of care. Medications previewed and approved as printed. I approve the overall plan of care.</p> <p>_____ Pharmacist's Signature</p> | | PHYSICIANS ORDERS | | | |
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| | | Attending Physician's Signature | | Date | |
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| Charting for | | Through | | | |
| Physician | | Patient Code | Revised by Supervising Nurse | | |
| Phone No. | | | | | |
| Diet | | Weight | Date of Birth | | Sex |
| Allergies | | Med Record No. | | Admission Date | |
| Diagnosis | | Habilitative/Rehabilitative Potential | | | |
| Patient | | Medicaid No. | Medicare No. | Room No. | Bed |

