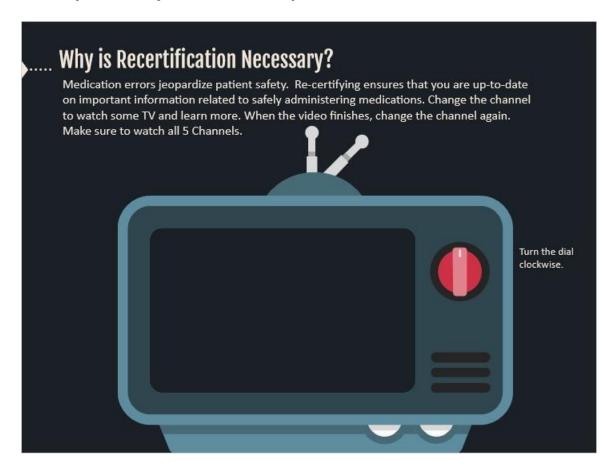
Certified Residential Medication Aide Recertification Course

1. CRMA Recertification Bridge Introduction

1.1 CRMA Bridge Recert Introduction

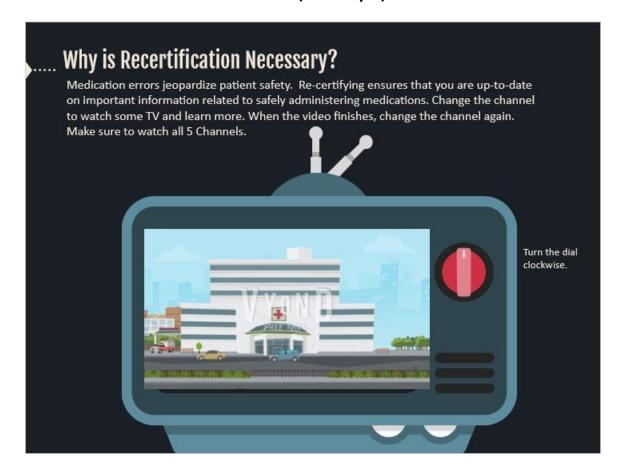


1.2 Why is Recertification Necessary?

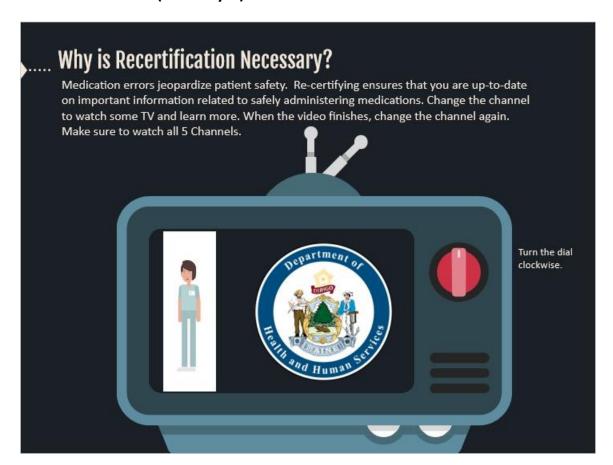


Notes:

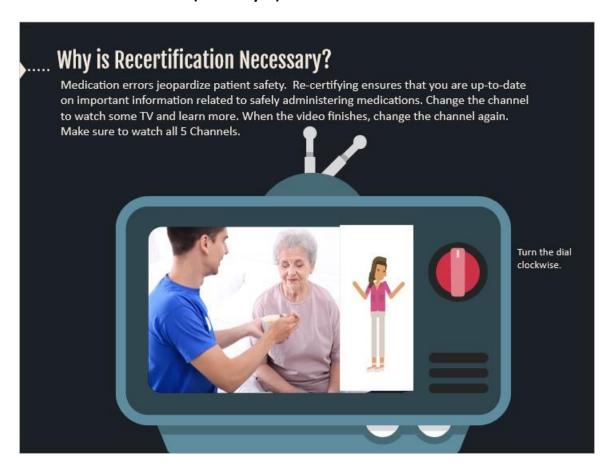
Medication Errors - A Global Problem (Slide Layer)



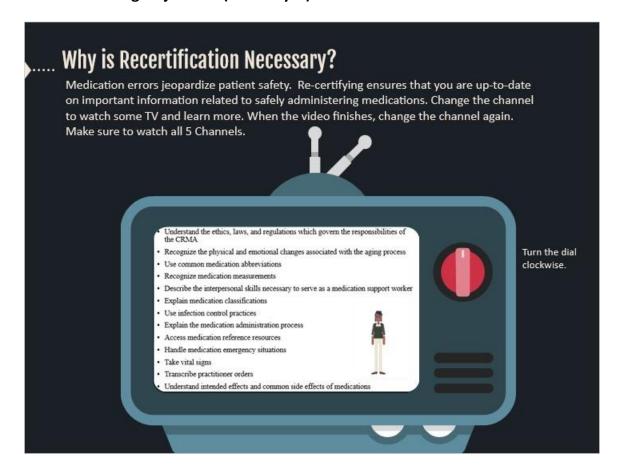
DHHS DLC Mission (Slide Layer)



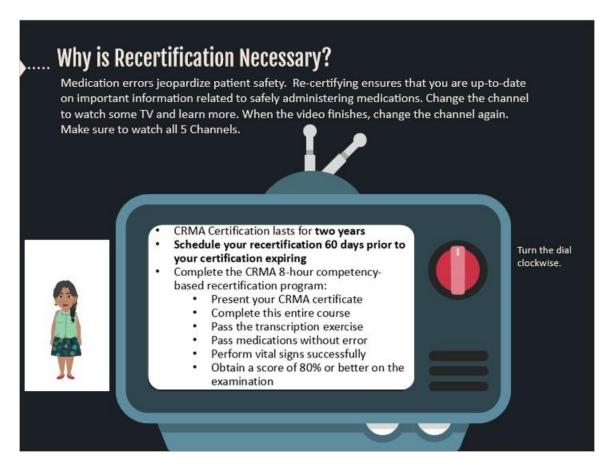
What does a CRMA do? (Slide Layer)



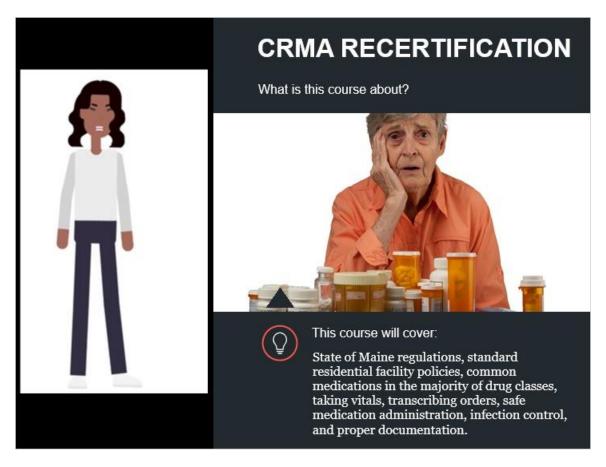
Course Learning Objectives (Slide Layer)



Layer 05 (Slide Layer)



1.3 CRMA RECERTIFICATION



Notes:

1.4 Recertification Course Structure



1.5 Learning Objectives

Certified Residential Medication Aide Recertification Course

Learning Objectives



By the end of this Recertification Course, students will be able to demonstrate knowledge and competency related to:



- Roles, Responsibilities, and Professionalism
- Laws and Ethics
- Medication Safety
- Medication Administration and Documentation



Mouse over each of the images at left to learn more about these learning objectives and the kinds of skills and competencies that are associated with each.

Roles, Responsibilities, and Professionalism (Slide Layer)

Roles and Responsibilities

In this recertification course, you will get a refresher on the following CRMA concepts related to Roles and Responsibilities. You will then have an an opportunity to demonstrate your knowledge and understanding of these competencies:

- Identify what CRMAs can and cannot do (scope of practice)
- Explain the need for on-going professional development and certification
- Explain the role, key responsibilities, and range of functions for CRMAs
- Describe the key characteristics of a CRMA
- Communicate in a way that is respectful, culturally appropriate, and bias-free
- Understand the ways in which culture impacts communication
- Communicate across the support network and care team
- Define key roles within the care and support team
- Demonstrate how to measure and record vital signs, height, weights, and other patient data
- Explain the normal range for each vital sign.
- Identify which observations should be reported immediately
- Itemize aspects of professionalism in the medication administration direct support role, including managing stress, burnout, and self-care

Laws and Ethics (Slide Layer)

Laws, Ethics, and Professionalism

In this recertification course, you will get a refresher on the following concepts related to Laws, Ethics, and Professionalism before demonstrating your knowledge and understanding of these competencies:

- Demonstrate how to maintain ethical and legal standards of confidentiality
- Define and apply HIPAA rules in the direct support role
- Explain informed consent.
- Define ethical conduct for CRMAs
- Describe regulations for PRN Psychotropic administration
- Explain the rights of vulnerable people supported by CRMAs
- Identify CRMA actions that are crimes
- Explain abuse and neglect and describe what to do if you think either has occurred
- Explain how controlled substances are distributed
- Describe how to dispose of an unused portion of a controlled substance
- Describe the narcotics count process
- Define appropriate personal and professional boundaries

Medication Safety (Slide Layer)

Medication Safety

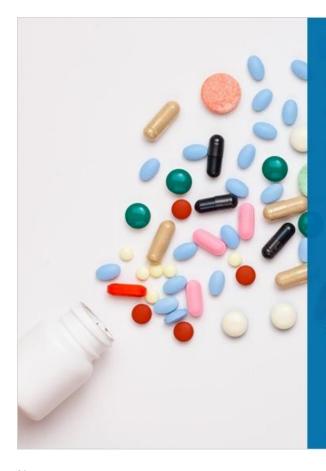
- Define steps necessary to prevent the spread of infection
- Practice correct hand hygiene with sanitizer and with soap and water
- Demonstrate proper application and removal of gloves
- Articulate special infection control considerations when working with older adults
- Define habits of work that increase support staff safety and reduce risk of an exposure incident
- Describe steps to take if an exposure incident occurs
- Identify common resources of drug information
- Differentiate between strength and dose
- Explain the Nine Rights of Drug Administration
- Identify common drug administration times
- Articulate the steps to take if a person refuses to take their medication
- Demonstrate safety checks before, during, and after medication administration
- Explain your role in self-directed medication management
- Explain the difference between side effects, adverse reactions, & allergic reactions
- Explain how drugs can interact with each other
- Explain four different types of drug orders
- Identify abbreviations commonly used in drug orders and prescriptions
- Describe the information on a prescription label
- Know the weights and measurements used in drug orders and prescriptions

Medication Administration (Slide Layer)

Medication Administration

- Define what constitutes a medication error
- Explain how to use the equipment for giving oral dose forms
- Explain how to give oral, sublingual, and buccal drugs
- Explain procedures and safety rules for giving eye, ear, nose, and inhaled medications
- Describe the procedures for applying medications to the eye
- Identify factors that affect absorption of topical medications
- Explain topical dose forms
- Describe the procedure for applying topical medications
- · Explain how to apply nitroglycerine ointment
- Explain how to properly apply a transdermal patch
- Explain trauma-informed medication administration principles
- · Define safety rules for giving vaginal and rectal medications
- Explain the procedure for giving vaginal and rectal medications
- Describe each part of a medication administration record.
- Describe each part of a PRN or unscheduled medication record.
- Identify which information to record when giving a PRN drug
- Explain the purpose of a Kardex.
- Explain how to accurately transcribe a drug order

1.6 Getting Started



Getting Started

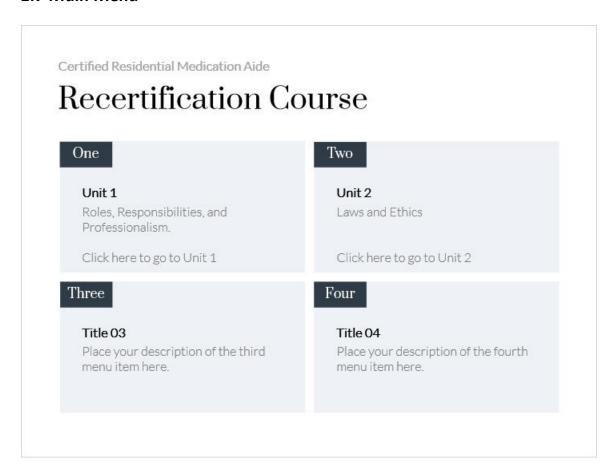
There are X additional modules and a final knowledge check that must be completed. You cannot progress to the next module until all content is reviewed. When ready to move forward, click the "continue" button at the bottom of each module. You'll be able to view your progress and revisit previously viewed content using the table of contents on the left-hand side.

You will have unlimited attempts to complete the final knowledge check but must achieve a score of 80% to pass. A unique certificate of completion will be generated upon successful completion of this training. You will not be able to revisit this page at a later date to re-print the certificate. Please remember to download this certificate and store it in a safe place for your records.

Per Maine State regulation, this recertification training must be completed by CRMAs every 2 years.

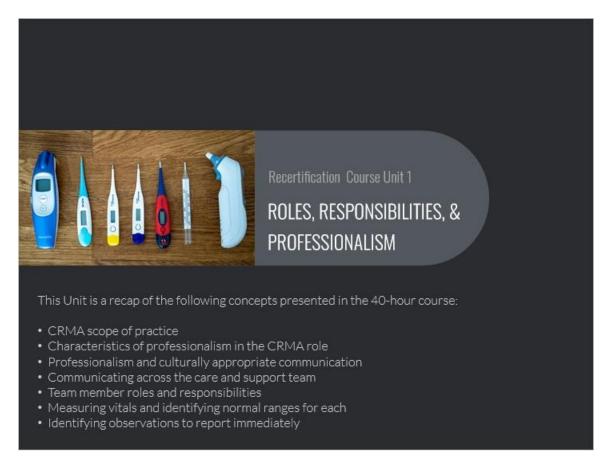
Notes:

1.7 Main Menu



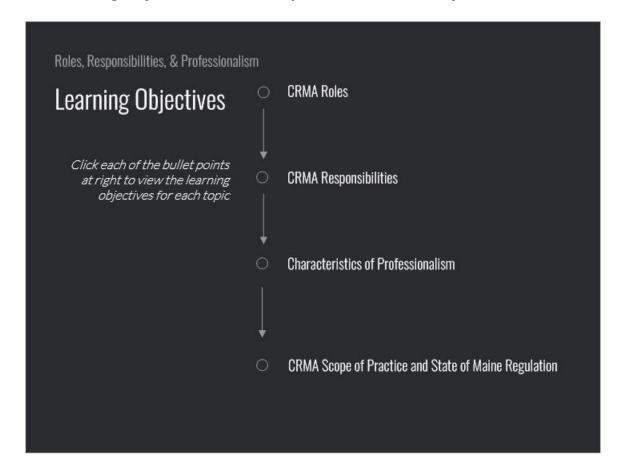
2. Unit 1: Roles, Responsibilities, and Professionalism

2.1 Roles, Responsibilities, and Professionalism

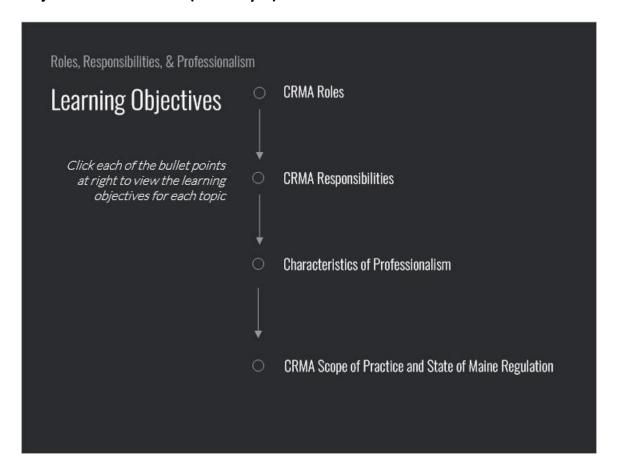


Notes:

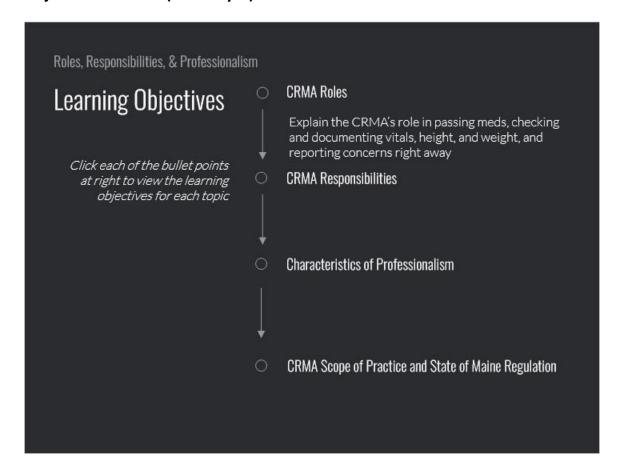
2.2 Learning Objectives: Roles, Responsibilities, and Professionalism



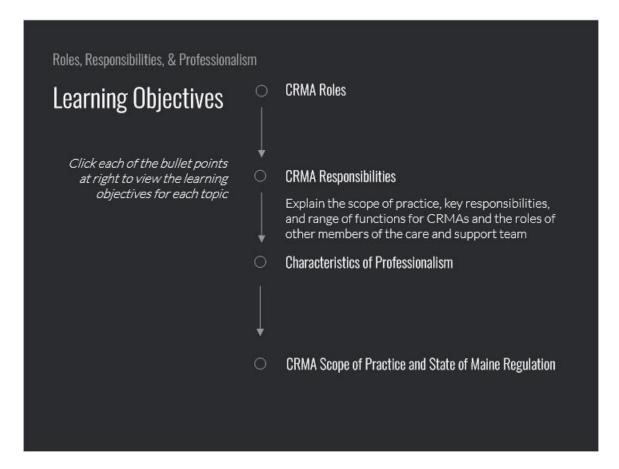
Objective 01: Roles del (Slide Layer)



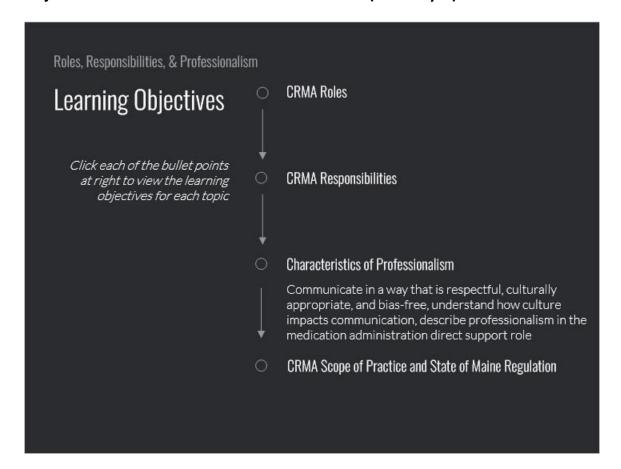
Objective 01: Roles (Slide Layer)



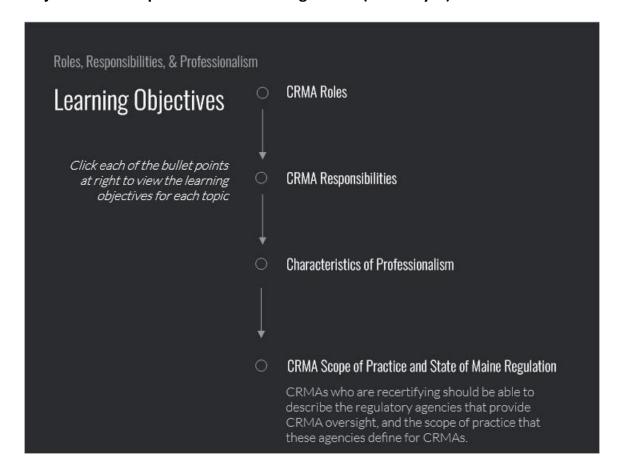
Objective 02: Responsibilities (Slide Layer)



Objective 03: Characteristics of Professionalism (Slide Layer)



Objective 04: Scope of Practice and Regulation (Slide Layer)



2.3 CRMA Key Activities



Notes:

ClAs a CRMA, you will engage in several key activities each day. You will fill and refill prescriptions for the people you support, receive and count medications, practice quality assurance procedures, administer meds and document them on the Medication Administration Record, take vital signs, check and record weights, and communicate with other healthcare providers on the care team. Let's take a closer look at each of these job functions:

Filling and Refilling Rx (Slide Layer)

Turn up your volume or use a headset to listen to the audio portion of this content

Filling and Refilling Prescriptions

An important part of the CRMA's roles and responsibilities is the ordering of medications. You will need to make sure that medications ordered by a licensed provider are available for the resident. Follow these steps:

- Make sure that there is at least a 5-day supply of the medication available for the person you support.
- If you have not ordered sufficient medication, this is a medication error. Notify your supervisor and determine how to get the person's meds in time to avoid missing a dose.
- When there is a 5-day supply remaining, you must order new medications. This includes all
 medications or treatments that they are receiving.
- Liquid medications should be reordered when there is a quarter of the bottle remaining.
- Medication in tubes such as creams and ointments should be reordered when there is a quarter of a tube remaining.
- Make sure you understand how many pills make up a one-day supply. For example, does the person
 take two tables twice daily, or one tablet twice daily?

Remember that mail order medications take time to refill, and plan accordingly.

Make sure you understand your facility's policy for communicating with the pharmacy. It could be by fax, phone, or direct communication with the EHR.

And remember that it is your responsibility to follow up with the pharmacy and ensure that the meds are in supply when needed.

Click HERE to Test Yourself on Filling and Refilling Prescriptions

Receiving and Counting Meds (Slide Layer)

Receiving and Counting Medications

Each facility will have its own policy regarding your role in receiving and counting medications.

Some things to keep in mind:

Verify the medication name, # of tablets, dosages, instructions, and original orders

Follow your facility policy for putting the medication away after you have received it

Know your facility's policy for backup supply storage (including OTC medications such as Tylenol, Ibuprofen)

Remember that controlled substances have special requirements

Know your medication count regulations and your facility's policies (i.e., daily counts, weekly counts)

Turn up your volume or use a headset to listen to the audio portion of this content click the image of the pills below to return to the previous slide

Quality Assurance Procedures (Slide Layer)

Quality Assurance

"Quality Assurance" means making sure that the job is being done right.

Factors that contribute to a CRMA's ability to provide quality assurance:

- Getting ongoing training whenever possible. This includes
 the required CRMA certificate renewal, any and all training
 related to professionalism, and any other trainings
 available through your employer and other sources.
 Increasing your knowledge of medication administration
 increases quality assurance.
- Knowing your facility's policies and knowing federal and State of Maine regulations related to medication administration.
- Complete, error-free documentation.
- Reporting any and all errors. Reporting errors is for resident well-being. It is not intended to get someone in trouble, it is intended to provide the best quality of care and support.
- Knowing the roles and responsibilities of all of the members of the team.
- Always following the Nine Rights.
- Refusing to allow distractions during medication administration.

Turn up your volume or use a headset to listen to the audio portion of this content

Click HERE

QA: Professionalism (Slide Layer)



QA: Personal Traits (Slide Layer)

Points to Ponder Quality Assurance: Traits of a CRMA

What character traits should a support worker have?

What character traits would not go well with a support role?

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to return to the Key Activities slide, then click Administering Medications and Documenting on the MAR

Know and Avoid Medication Errors (Slide Layer)

Major job function: Preventing Medication Errors



Listen to the audio, then click the **GREEN** spots above to learn more about preventing medication errors

Know and Avoid Medication Errors 2 (Slide Layer)

Major job function: Preventing Medication Errors



Click the GREEN spots above to learn more about preventing medication errors

Medication Errors are Preventable (Slide Layer)

Turn up your volume or use a headset to listen to the audio portion of this content

A medication error occurs when a preventable event happens during the administration process.

This typically arises when a CRMA does not follow the nine rights of safe medication administration.

This could include errors such as following the wrong med pass routine, giving expired medications, giving too little or skipping a dose of medication, overdose (i.e., giving too much medication), giving the medication at the wrong time or at the wrong rate.

> Click here to return to Medication Errors Slide

Unsure? Ask! (Slide Layer)

Turn up your volume or use a headset to listen to the audio portion of this content

Medication errors are preventable and can harm the person you support. Following the nine rights of safe medication administration will help prevent you from making a medication error.

And remember, if you are ever unsure about what to do in any medication situation, it is always ok to ask. Never feel like you don't want to ask because you should already know the answer, don't worry that you're asking a "stupid question", don't just guess what you should do – always ask if you are unsure. This will help prevent medication errors.

And make sure to avoid distractions – distractions are a leading cause of medication errors.

Click here to learn about your role in Medication Storage

Medication Storage (Slide Layer)

Medication Storage

- · How medication arrives at your facility
 - Delivered by pharmacy
 - · Picked up by program staff
- When receiving medications, check label against order
 - · Verify the amount received before signing any forms
- Residents who self-administer can keep meds in room (reg.7.3.1)
- Meds administered by staff must be stored in original containers in locked storage cabinet (reg. 7.3.2)
 - Cabinet must have separate cubicles, plainly labeled, for the storage of each resident's medication
 - Cabinet must be locked when not in use and key carried by person on duty in charge of medication administration
- · Meds for external use shall be kept separate from meds taken internally
- Refrigerated meds must be kept separate from food.
 - They can be in the same refrigerator, but must be in special tray or container
- Vaccines must be stored in a separate refrigerator that does not store food
- Refrigeration must be 41 degrees or less and thermometer must be in use to ensure proper temp

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about oral, sublingual, and buccal drugs

Oral, Sublingual, and Buccal Drugs (Slide Layer)

Oral, Sublingual, and Buccal Drugs

Oral Drugs

Oral = by mouth

- · Directly into GI tract
- · Benefits
 - Common route, easy to administer
 - Noninvasive
- Limitations
 - Slow absorption
 - · Might cause nausea
 - Can't be given in some situations
- · Order for oral drug
 - · PO, by mouth, orally



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about Oral Dose Forms

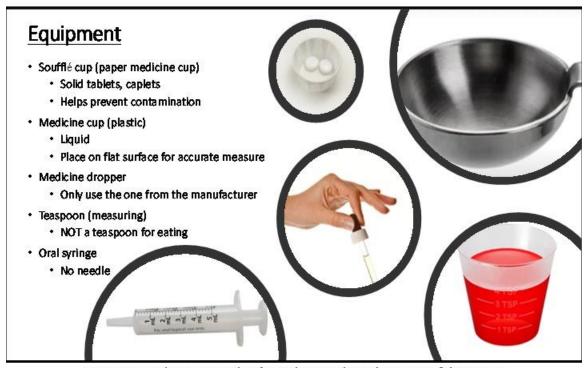
Oral Dose Forms (Slide Layer)

Oral Dose Forms Capsule Small cylindrical gelatin cap that holds powder, pellets, or liquid Tablet Dried, compressed powdered drug Sublingual strip Film that dissolves under tongue Lozenge Slow-release candy-like disc that dissolves slowly in the mouth

Turn up your volume or use a headset to listen to the audio portion of this content

Click here more about equipment used with oral dose forms

Oral Dose Form Equipment (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to read an important Medication Error Alert

Medication Error Alert (Slide Layer)



Medication Error Alert – Oral Syringes

- · Always use an oral syringe to give oral drugs by syringe
- Oral syringes cannot be connected to an N port or catheter
- Medication errors arise if a parenteral syringe is use for an oral drug
- If oral drug is in parenteral syringe, it could be delivered by IV
- AVOIDABLE ERROR

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to read more about oral drug administration

Oral Drug Administration (Slide Layer)



Oral Drug Administration

- Follow the Nine Rights of Medication
 Administration (see Medication Safety
 Module)
- Avoid distractions
- Prevent drug errors
- Prevent infection
- Follow the procedure outlined on the following slides

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn general rules for oral drug administration

Oral Drug Admin General Rules (Slide Layer)



Oral Drug Administration General Rules

- Give the most important medication first (i.e., antibiotics, heart-related medication)
- · Give solid drugs first, then liquid drugs
- · Do not mix solid drugs with liquid drugs
- Stay with the person while they selfadminister. Do not leave the drug at the bedside unless the doctor's order specifically says to do so
- Do not let the medication container touch any part of the administration equipment (the soufflé cup, medicine cup, or measuring spoon)
- Do not touch the inside of the medicine container or its cap, and set the cap down so that the inside of the cap is facing up to avoid contamination

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about Quality of Life considerations

Quality of Life (Slide Layer)

Dignity, Respect, and Quality of Life

- · Knock before entering the person's room
- · Address the person by name
- · Introduce yourself by name and title
- · Explain what you are about to do
- Protect the persons rights during the administration of medication
- · Handle the person gently
- · Remember the 9 Rights of Medication Administration
- · Ask your supervisor if you have any questions
- Perform hand hygiene
- · Collect the:
 - · MAR
 - · Water or other ordered liquid
 - · Drinking Straw
 - Equipment (soufflé cup, medicine cup, oral syringe, measuring teaspoon, etc.)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about solid form medication administration general rules

Solid Form Administration General Rules (Slide Layer)

Solid Form Drug Administration General Rules

- Use the same souffle or medicine cup for all of the person's tablets and capsules unless you have been instructed not to do so
- Use a separate cup for heart medication
- Use a separate cup for blood pressure medication
- If you are supporting a person who has trouble swallowing, verify that their medication can be crushed or cut or that their capsules can be opened
- To crush:
 - Wear gloves
 - Place in crusher and crush according to manufacturer instructions
 - · Wash the crusher to remove any medication residue

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about General Rules for Solid Form Medication Administration

Solid Form Administration General Rules Cont'd (Slide Layer)

Solid Form Drug Administration General Rules (cont'd)

- · To cut a scored tablet:
 - Wear gloves
 - Use a disposable pull cutter
 - . Labeled with person's name do not use the person's pill cutter to cut anyone else's pills
 - · Wash and dry the pill cutter to remove pill residue after use if it is not disposable
- Do not mix a drug into food or fluids unless ordered to do so
- Do not give a drug with food unless ordered to do so
- · Let the person drink a small amount of water before taking the drug
 - Makes swallowing easier
- · Remind the person to place the drug far back on the tongue
 - Wear gloves if assisting
- Give the person fluids to swallow the drug, encourage them to drink a full glass to help the drug reach the stomach and to reduce the risk of stomach irritation
- · Remind the person that lozenges should not be chewed

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about General Rules for Liquid Form Administration

Liquid Form General Rules (Slide Layer)



Liquid Form Drug Administration General Rules

- Do not dilute (do not add water or other fluid) unless ordered to do so
- Do not mix liquid drugs together. Pour each into a separate medicine cup or measuring spoon. If using an oral syringe, use a different syringe for each liquid
- Give cough syrup last if administering more than one liquid drug. Cough syrup coats and soothes the throat
- If you pour too much, do not pour the extra back into the bottle. Dispose of the drug according to agency policy

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about oral medication, safety, and comfort

Oral Meds Safety and Comfort (Slide Layer)



Oral Drug Administration: Safety and Comfort

Safety

• When crushed tablets or opened capsules are mixed with food, only mix it with a small amount of food. Use a teaspoon to give the drug (with food). The teaspoon should be about 1/3rd full with the food mixed with medicine (i.e., applesauce). This is a portion that is easy to swallow, although some people might need a smaller portion. The person must consume all of the food in order to get all of the drug that was mixed into it. If they don't eat all of the food that the drug was mixed with, they will receive a lower dose than what was ordered.

Comfort

 A crushed tablet or opened capsule does not have a pleasant taste. Mixing the drug with a small amount of food can help alleviate the discomfort of tasting an unpleasant medicine.

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about when NOT to give medications

When Not to Give Medication (Slide Layer)



No physician's order

No MAR

Pharmacy label is not legible. Follow supervisor directions or agency policy to ensure that the proper medication is being administered

Resident exhibits dramatic change in status

Any doubt about right resident, right drug, right dose, right time, or right route, get another staff member or notify administrator on-call

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn how to handle emergency situations

Emergency Situations (Slide Layer)

Emergency Situations

- · When should I call the ambulance?
- Emergency = a serious, unexpected situation that can be helped, but something must be done immediately or the situation will get worse
- · Examples:
 - Any respiratory condition where rate, rhythm, and depth of ventilations are too low
 - Any bleeding that cannot be controlled by direct pressure, elevation, ice, and immobilization. If pressure points or a tourniquet are necessary, a physician must evaluate the injury
 - Any seizure activity that is continuous or with short times between seizures
 - Any behavior that is harmful and/or dangerous to the resident, other residents, or staff
 - Ingestion of anything harmful, even if no symptoms are present

When in doubt, ship them out!

Turn up your volume or use a headset to listen to the audio portion of this content

Click learn about how to handle overdose and poisoning

Overdose and Poisoning (Slide Layer)



Overdose and Poisoning

- Maine Poison Control
 - · 1-800-222-1222
- · Be prepared to tell them
 - · What was taken
 - · How much was taken
 - · How long ago it was taken
 - Any symptoms you might be observing
- You can always call 911 first if you are unsure of what to do
- DO NOT INDUCE VOMITING unless directed to do so by a qualified health care professional



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about documentation

Documentation Basics (Slide Layer)



Documentation and Written Communication

- · Electronic Health Records (EHR)
- Facilitates communication across the health care and support teams
- · Services provided
- Observations
- Inadequate documentation can cause harm
- What other kinds of things do we communicate through documentation in the person's record? Why is this important?
- · More info in Documentation Unit

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to test yourself on Medication Administration

Taking Vitals (Slide Layer)

Turn up your volume or use a headset to listen to the audio portion of this content







Observations (Slide Layer)

Observations

Objective data (signs)

- Using the senses
 - See how the person appears (flushed/pale, swollen, how are they walking)
 - Hear how they breathe, talk, cough, their heartbeat
 - Feel the skin cold/hot, moist/dry
 - Smell odors related to breath, wounds, urine, bowel movement

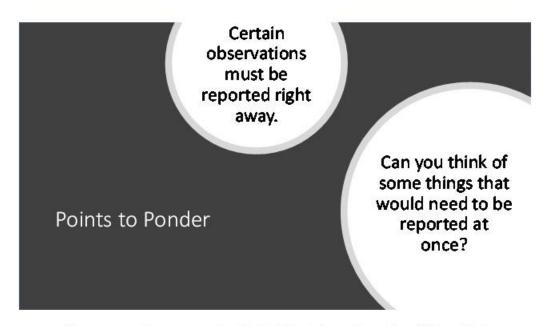
Subjective data (symptoms)

- What the person tells you that they are experiencing
- Things you cannot observe yourself with your senses
- The person says, "this medicine makes me nauseous"
- The person says, "it hurts right here"

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn the kinds of observations you should report at once

Report at Once - What do you think (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about things to report at once

Report at Once (Slide Layer)



Report At Once

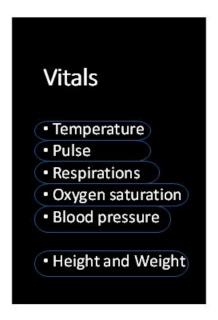
- Change
 - Appearance, functioning
 - · Ability to respond
 - Ability to move all or part of body
- Sudden, severe pain
- · Sore, reddened, or hot skin
- · Sudden vision change
- · Difficulty breathing
- Abnormal respirations
- · Difficulty swallowing
- Vomiting, bleeding, dizziness, diarrhea
- Vitals outside normal range

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to return to the Vitals Assessment slide, then click Temperature to begin your refresher on vitals assessment

Taking Vitals - 2 (Slide Layer)

Turn up your volume or use a headset to listen to the audio portion of this content





Click Temperature to learn about this vital sign

Temperature (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about the procedure for taking a temperature

Temperature Procedure (Slide Layer)



Taking Temperatures: Basic Procedure

First determine:

- What site oral, rectal, axillary, tympanic, temporal
- · Which thermometer
- How long to leave thermometer in place
- When to take temperatures
- Whether person is at risk for elevated temperature
- Which observations to report and record
 - Changed from last measurement
 - Outside of normal range
- · When to report observations
- Which specific resident concerns to report at once

Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn About Safety

Temperature Safety (Slide Layer)

Safety, Infection Control, and Comfort

Temperature-Taking Safety and Infection Control

- The rectum, ear, mouth, and axilla (underarm) contain microbes
- Some areas may contain blood
- Electronic thermometers should have a new probe cover for each use
- When taking rectal temperatures, your gloved hand may come in contact with feces
 - · Remove gloves and perform hand hygiene
 - Then note temperature on notepad or assignment sheet
 - Put on clean gloves to complete the procedure

Comfort

- Remove the thermometer in a timely manner
- Leaving it in place longer than necessary affects the person's comfort

Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn About Temporal Artery
Temperature

Temporal Artery Temperature (Slide Layer)

Vitals: Temporal Artery Temperature (Forehead)



- Non-invasive
- Choose the side of the head that is exposed
- Do not use the side covered by hair, a dressing, a hat, or any covering
- If the person was lying on their side, do not use the side that was on the pillow
- Place the thermometer at the side of the forehead between the hairline and eyebrows
- Slide the thermometer across the forehead
- Read temperature display

Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn About Oral
Temperature

Oral Temperature (Slide Layer)



Vitals: Oral Temperature (by mouth)

- Not used if person
 - Is unconscious
 - Has surgery or injury to face, neck, nose, or mouth
 - · Is receiving oxygen
 - · Breathes through the mouth
 - Has a nasogastric tube
 - Is delirious, restless, confused, or disoriented
 - Is paralyzed on one side of the body
 - · Has a sore mouth
 - · Has a seizure disorder
- Ask the person to open their mouth and raise their tongue
- Place the covered probe at the base of the tongue and to one side
- Ask the person to lower their tongue and close their mouth to hold the thermometer in place
- Remind them not to talk or bite down on the thermometer

Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn More About Axillary Temperature

Axillary Temperature (Slide Layer)



Vitals: Axillary Temperature (underarm)

- Less reliable, used when another site cannot be used
- Help person remove an arm from their gown or shirt – but do not expose them
- Dry the axilla with a towel
- Place the covered probe in the axilla (underarm)
- Place the person's arm over the chest to hold the thermometer in place. You may need to hold the thermometer and help them hold their arm in place
- Remove thermometer from axilla after reading
- Help the person put their garment back on
- Normal range is 96.6-98.6

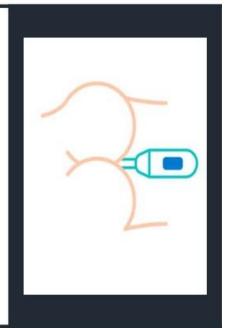
Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn More About Rectal Thermometer

Rectal Temperature (Slide Layer)

Vitals: Rectal Temperature

- Used when other sites are unavailable
- Rectal temperature should not be taken if the person has
 - Diarrhea
 - · Rectal surgery, disorder, or injury
 - Heart disease
 - · Is confused or agitated
- Have person lie on left side
- Apply gloves
- · Put a small amount of lubricant on a tissue
- · Lubricate the bulb end of the thermometer
- · Raise the upper buttock to expose the anal area
- Insert the electronic thermometer ½" into the rectum (1" for glass). Do not force the thermometer. Do not let go of it while it is in the rectum
- Hold the thermometer in place or until it displays the temperature
- Remove thermometer from rectum
- Wipe the anal area to remove excess lubricant and any feces.
 Discard used toilet tissue
- A rectal temp higher than 100.6 or lower than 98.6 would be out of the normal range



Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn More About Tympanic
Temperature

Tympanic Temperature (Slide Layer)



Vitals: Tympanic Membrane Temperature (ear)

- Used less often and typically on children
- You might not encounter this method in your work
- This site has fewer microbes than mouth or rectum, so risk of spreading infection is reduced
- Do not use if person has ear disorder or ear drainage
- Ask person to turn head so that ear is in front of you
- Pull up and back on ear to straighten ear canal
- Insert covered probe gently into ear canal
- Hold in place until temperature shows on display

Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to Learn More About Temperature
Post-Procedure

Post-Procedure (Slide Layer)



Vitals: Temperature-taking Post Procedure

- Provide for resident comfort and safety – complete safety check
- Un screen person
- Perform hand hygiene
- Report and record temperature as per agency policy
- Make sure to include temperature site when reporting and recording
- Report an abnormal temperature at once

Turn up your volume or use a headset to listen to the audio portion of this content

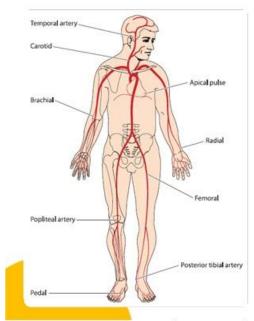
Click Here to Return to Vitals Assessment Then click Pulse to learn more about taking a pulse

Pulse (Slide Layer)



Click here to learn more about pulse

About Pulse (Slide Layer)



Vitals: Pulse



- · The pulse is the heartbeat
- There are 9 pulse sites
- · Radial (wrist) is used most often
- · Apical is used in some cases
- We will look at the procedure for taking a Radial and Apical pulse
- · Pulse rate = beats per minute
- Normal range 60-100 beats per minute
- Tachycardia = more than 100
- · Bradycardia = less than 60
- Irregular = beats are not in an even pattern and are not evenly spaced

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about taking a radial pulse

Pulse Pre-Procedure (Slide Layer)



Before Taking a Pulse

- · Know whether to use apical or radial
- · Know when to take pulse
- · Know what other vital signs to measure
- Know how long to count the pulse (30 seconds or 1 minute)
- Know whether the nurse or other provider has concerns about this resident
- · Know what to report and record
 - Pulse site
 - · Pulse rate
 - Report if less than 60 or more than 100
 - · Whether pulse is regular or irregular
 - Pulse force strong, full, bounding, weak, thready, or feeble
- · Know when to report pulse rate
- · Know what specific resident concerns to report at once

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about safety, infection control, and comfort

Safety, Infection Control, Comfort (Slide Layer)

Safety, Infection Control, and Comfort

Pulse-Taking Safety and Infection Control

- Do not use your thumb to take a pulse. The thumb has its own pulse. You could mistake the pulse in your thumb for the patient's pulse. Reporting and recording the wrong pulse could harm the patient.
- Use two or three fingers but not the thumb to take the patient's pulse.
- Stethoscopes are in contact with many residents and staff. To prevent infection, wipe the earpieces and diaphragm with antiseptic wipes before and after use.

Comfort

Stethoscopes can be cold. Make sure to warm the diaphragm in your hand before placing it on the resident's skin. A cold diaphragm can startle the resident and can be very uncomfortable.

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about taking a radial pulse

Radial Pulse Procedure (Slide Layer)



Radial Pulse

- Used for routine vital signs
- Place the first 2 or 3 fingers of one hand gently against the radial artery in the wrist
- Radial artery is on thumb side of wrist
- Count pulse for 30 seconds and multiply the number of beats by 2 to get beats per minute
- If heartbeat is irregular, count for full 60 seconds
- Follow agency policy your employer might require you to always count for 60 seconds
- Note resident name and pulse rate on your notepad or assignment sheet

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about taking an apical pulse

Apical Pulse (Slide Layer)



Apical Pulse

- · Left side of chest slightly below nipple
 - · 2-3 inches left of sternum (breastbone)
- · Used if resident:
 - · Has heart disease
 - Has irregular heart rhythm
 - · Takes drugs that affect the heart
- Expose the are of the chest below the left nipple. Do not expose a woman's breasts.
- Clean the earpieces and diaphragm with antiseptic wipes
- · Warm the diaphragm in your palm
- · Place the earpieces in your ears
- Find the apical pulse . Place the diaphragm 2-3 inches to the left of the breastbone and below the left nipple
- Count the pulse for 1 minute. Note whether pulse is regular or irregular
- · Cover person and remove earpieces
- Note resident name and pulse rate on your notepad or assignment sheet

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about Pulse Post-Procedure

Pulse Post-Procedure (Slide Layer)



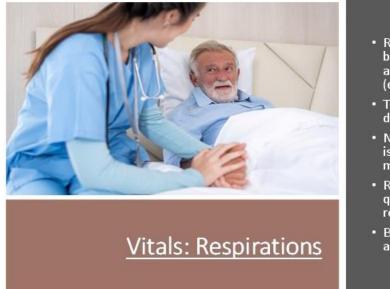
Vitals: Pulse-taking Post <u>Procedure</u>

- Provide for resident comfort and safety – complete safety check
- Unscreen person
- Clean the earpieces and diaphragm of the stethoscope with antiseptic wipes
- Return the stethoscope to its proper place
- Perform hand hygiene
- Report and record temperature as per agency policy
 - Record pulse rate and site
- Report an abnormal pulse rate at once

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to return to the Vitals slide. Then click Respirations to learn more.

Respirations (Slide Layer)



- Respiration means breathing in (inhalation) and breathing out (exhalation)
- The chest rises and falls during respiration
- Normal respiratory rate is 12-20 respirations per minute
- Respirations should be quiet, effortless, and regular
- Both sides should rise and fall equally

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about counting respirations

Counting Respirations (Slide Layer)



Vitals: Counting Respirations

- · Count when person is at rest
- Do not tell person you are counting their respirations, as people sometimes alter their breathing patterns when they know they are being counted
- Count respirations right after taking the pulse and keep your fingers or stethoscope over the pulse site so that the person assumes you are still taking their pulse
- · Watch the chest rise and fall for 30 seconds
- Multiply number of respirations times 2 to get number of respirations in one minute
- If an abnormal pattern is noted, count for one full minute
- Check your agency policy some employers require you to always count for a full minute, not 30 seconds multiplied by 2
- · Report abnormal respirations at once

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to return to the Vitals slide. Then click Oxygen Saturation to learn about pulse oximetry

Pulse Oximetry (Slide Layer)



Pulse Oximetry

- Measures oxygen saturation (SpO₂)
- Pain-free, non-invasive way of measuring oxygen in blood
- Used routinely
 - Before during and after surgery
 - · People on supplemental Oxygen
 - People on meds that reduce lung function
 - Assess lung function for people with conditions such as COPD
- Normal reading is 95%-100%
- Below 92% might be sign of hypoxia (not enough oxygen)
- · Below 88% report immediately

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to return to the Vitals slide. Then click Blood Pressure to learn more.

BP Intro (Slide Layer)



Vitals: Blood Pressure

Normal Range: 90/60 mm Hg - 120/80 mm Hg

- Measured in the brachial artery in the arm
- Two-step method requires a stethoscope and a blood pressure cuff
- Cuff wraps around upper arm
- Tube connects cuff to bulb and another tube connects to measuring device (manometer)
- Cuff inflates as bulb is squeezed
- Turn valve to deflate cuff,
- Use stethoscope to listen to sounds in artery
- If using an electronic BP monitor instead of two-step, only cuff is needed – no stethoscope

Turn up your volume or use a headset to listen to the audio portion of this content

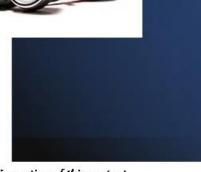
Click here to learn more about measuring blood pressure

Measuring Blood Pressure (Slide Layer)

Vitals: Measuring Blood Pressure

- Perform hand hygiene
- Collect sphygmomanometer, stethoscope, antiseptic wipes
- Identify person and provide privacy
- Do not take blood pressure on an arm:
 - · With an IV infusion
 - With a cast
 - With a dialysis access site
 - On the side of breast surgery
 - That is injured
- If unsure which arm to use, ask your supervisor
- Let the person rest for 10-20 minutes before measuring
- Person should be in sitting or lying position unless orders indicate standing position
- Apply cuff to bare upper arm clothing can affect measurement
- Make sure cuff is snug loose cuff can give inaccurate reading
- Use larger cuff is person is obese or has a large arm. Use a small cuff if person has small arm





Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about the two-step method

Two-step BP (Slide Layer)

- Wipe stethoscope earpieces and diaphragm with wipes.
- Warm diaphragm in your palm.
- Position person's arm level with heart with palm up.
- Stand no more than 3 feet from manometer.
- Expose the upper arm.
- Squeeze the cuff to expel any remaining air. Close the bulb valve.
- Find the brachial artery at the inner elbow with your fingertips.
- Place the arrow on the cuff over the brachial artery
- Wrap cuff evenly and snugly at least 1 inch above elbow



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about the difference between one-step and two-step methods

One-Step Two-Step Difference (Slide Layer)

Vitals: Two Methods of Measuring Blood Pressure

One-Step Method

- Place stethoscope earpieces in your ears
- Find radial or brachial artery
- Inflate cuff until you can no longer feel pulse
- · Note this point
- Inflate cuff 30 mm Hg beyond the point where you last felt the pulse

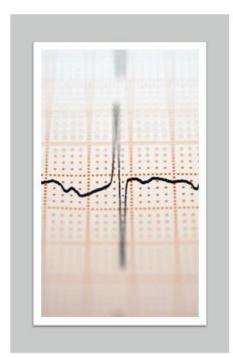
Two-Step Method

- · Find radial or brachial artery
- Inflate cuff until you can no longer feel the pulse
- Note this point
- Inflate cuff 30 mm Hg beyond the point where you last felt the pulse
- Deflate the cuff slowly. Note the point when you feel the pulse
- Wait 30 seconds
- · Place the stethoscope earpieces in your ears
- Inflate the cuff 30 mm Hg beyond the point where you felt the pulse return

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn how to complete the measurement

BP: Complete the Procedure (Slide Layer)



Vitals: Completing the Measurement

- After completing the steps in either the one-step method or the two-step method:
 - Place the diaphragm of the stethoscope over the brachial artery – not under the cuff
 - Deflate the cuff at an even rate of 2-4 mm per second by turning the valve counterclockwise
 - Note the point where you hear the first sound. This is the systolic (top number) reading
 - Continue to deflate the cuff. Note the point where the sound disappears. This is the diastolic (bottom number) reading
 - Deflate the cuff completely, remove it from the person's arm, and remove the stethoscope earpieces from your ears
 - Note the person's name and BP on your notepad or assignment sheet
 - · Return the cuff to the case or wall holder

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn the last steps to take in completing a blood pressure check

BP Last Steps (Slide Layer)



Click here to return to the Vitals slide, then click Height and Weight to learn more

Height and Weight (Slide Layer)

Measuring Height and Weight

Measuring Weight

- Place paper towels on scale platform for hygiene if agency policy says to
- Move the weights to zero. The pointer is in the middle
- Be sure the person is only wearing a gown or pajarnas. Remove other clothing and footwear. Assist as needed.
- Help the person stand in the center of the scale with their arms at the sides
- Move the weights until the balance pointer is in the middle
- · Note the weight on your notepad or assignment sheet
- · Adjust weights to zero if agency policy says to
- · Record weight
- Patient weights are measured frequently (typically daily, weekly, or monthly)

Measuring Height

- While person is still standing on scale platform, have them stand very straight
- Raise the height rod above the level of the person's head. Lower the height rod until it rests on top of person's head
- Note the height on your notepad or assignment sheet
- Raise the height rod and help the person step off the scale
- · Help the person back to bed
- · Lower the height rod
- Discard paper towel if they were used on scale platform
- · Record height
- Height is typically only measured on admission and very infrequently thereafter

Turn up your volume or use a headset to listen to the audio portion of this content

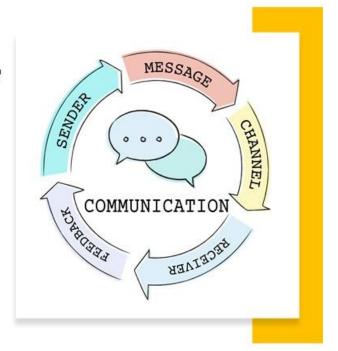
Click here to test yourself on Vitals Assessment

Communicating with the Team (Slide Layer)



What is Communication?

- Purpose
- · At least 2 people
- Sender
- Message
- Channel
- Receiver
- Feedback



Turn up your volume or use a headset to listen to the audio portion of this content

Click Here to learn tips to improve communication

Tips to Improve Communication (Slide Layer)

Tips to Improve the Communication Process

- · Simplify your message
- · Pause for response
- Know your audience
- · Be a good listener
- · Ask questions
- · Thoughtful feedback
- Attentive body language
- · Maintain eye contact (when appropriate)
- · Clarify as needed



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about verbal and nonverbal communication

Verbal and Nonverbal Communication Skills (Slide Layer)

Components of Communication

- · Verbal (words)
- Nonverbal (facial expression, tone of voice, body language
- Values
- Expectations
- Senses
- · Abilities to talk or vocalize
- · Personal history
- Environment
- · Communication knowledge

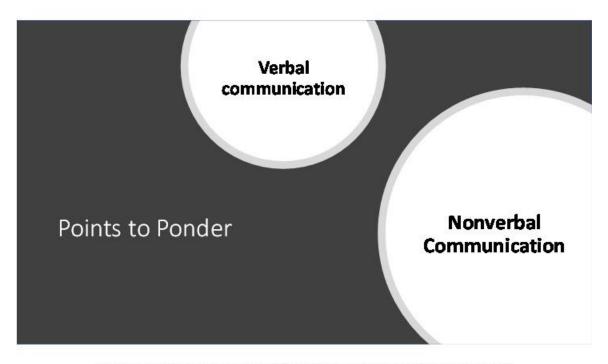
What non-verbal message is this person sending?



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about verbal and nonverbal communication

Verbal and Nonverbal Communication (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about communication challenges

Communication Challenges (Slide Layer)

Communication Challenges

- Hearing impairment
- Physical disability (i.e., cerebral palsy)
- Intellectual disabilities
- Dementia
- Autism Spectrum Disorder



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about ways of improving your communicating

Talking Tips (Slide Layer)

Talking Tips

- If the person doesn't understand you, rephrase with shorter, more direct sentences
- Be aware of your own communication style
- Convey respect, sensitivity, and dignity
- Use communication to empower by giving choices and avoiding negative words, signs, or gestures
- Be sensitive to communication challenges
- Speak in your normal tone of voice.
 Don't talk down or shout.
- Do not talk over, interrupt, or finish their sentences
- Be patient, given them time to respond
- Be conversational



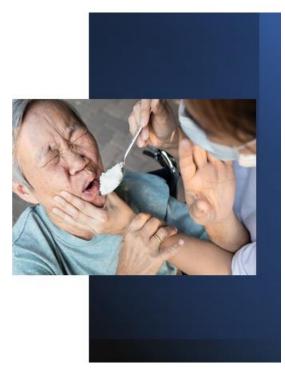
Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about responsive communication

Responsive Communication (Slide Layer)

Responsive Communication

- Empowering through choice
- Active listening skills
 - Be aware of the person's
 - Nonverbal communication
 - Tone and inflection
 - Seek to understand their meaning
 - All behavior communicates
 - Give them your full attention
 - Summarize your conversation
- Right to express emotions
 - Especially in their own living space
 - Be patient with difficult emotions
- What is the person in this image trying to communicate? Is the support person responding appropriately?



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about Communication Roadblocks

Communication Roadblocks (Slide Layer)



Communication Roadblocks

- Your language and behavior choices can get in the way of trust and rapport
 - Giving orders
 - Giving warnings or threatening consequences
 - Giving commands
 - Physical posturing
- Instead, empower person to make choices and decisions
- Patience with emotions

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn more about communicating with your coworkers

Team Communication (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to take a closer look at who is on the team

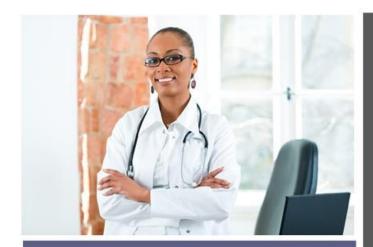
Who Is On The Team? (Slide Layer)



Take a moment to think about all of the people on the care and support team. How many roles on the team can you think of?

Then click here to review the role of the Administrator

The Administrator (Slide Layer)



Administrator

- Runs the "business" of healthcare
- Might or might not have clinical experience
- Might be your direct supervisor
- Key decision maker, problem solver
- Needs to know about incident reports, medication errors, medication refusals, any safety issues

Turn up your volume or use a headset to listen to the audio portion of this content

Next, let's take a look at the role of the Director

The Director (Slide Layer)



Director

- · Administrative director
- Coordinates day-to-day services
- In charge of scheduling
- Coordinates external service providers (dentist, doctor, etc.)
- Arranges transportation and external services from other agencies
- · Assigns duties to other staff

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to review the role of Care and Support Staff

Care and Support Staff (Slide Layer)



Care and Support Staff

- Provide direct care to residents or patients
- RN, LPN, CNA, CNA-M, etc.
- Depending on credentials they might:
 - Provide and oversee all aspects of resident care
 - Supervise other employees
 - Oversee some aspects of operations

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to review the role of the Pharmacist

Pharmacist (Slide Layer)



Pharmacist

- Work as part of the care team
- Provide medication, treatment, equipment
- Evaluate and monitor patients
- Educate and counsel patients and caregivers
- Document and report

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to review the role of the Nurse Consultant

Nurse Consultant (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to review the role of Facilities Staff

Facilities Staff (Slide Layer)



Facilities Staff

- Food services
- Maintenance
- Custodial
- Records management

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to review the role of CRMAs on the team

CRMAs (Slide Layer)



Certified Residential Medication Aide

- What is your role on the health care and support team?
- Support selfadministration
- Administer Medication
- Document and communicate
- Other roles?
- Stay within scope of practice!

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to review Communicating with Coworkers

Communicating With Coworkers (Slide Layer)



Communicating with Coworkers

- The person you support is at the center of the team
- Communicating with coworkers
- Communicating with employer and supervisor

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn how to communicate across the health care team

Communicating Across the Team (Slide Layer)



Communicating Across the Care and Support Teams

- · Communicating with the health care team
 - ISBARR
 - Introduce yourself, where you are calling from
 - Situation person's name, why you are calling
 - Background relevant history, diagnosis
 - Assessment NOT a clinical assessment, just your observations and concerns
 - Request what are you asking for? What needs to happen?
 - Repeat back recap what the plan is to address the person's need
- Communicating with the person's support network

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to role play using the ISBARR Method of communicating information

Role Play Scenario (Slide Layer)



Role Play

- · You work for Down East Direct Service
- You are providing support for Alex Rodriguez
- When you arrived today, you noticed some things that were concerning
- Alex is restless, irritable, agitated, and pacing. This behavior is not normal for Alex
- You tried asking Alex questions to see if something upsetting happened, but Alex didn't provide coherent answers
- Alex had a medication change a few days ago, but you don't know if this is the problem
- Role play calling Alex's healthcare provider using the ISBARR method

Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about communicating across cultures

Communicating in a Cultural Context (Slide Layer)

Communicating in a Cultural Context

- Cultural humility
 - Recognize that you have more to learn
 - Personal reflection on your own biases and assumptions
 - Work to gain a deeper understanding of and respect for cultural differences
- Ethical and inclusive
- Everyone will make mistakes
 - Recognize them, learn, adapt
 - Builds trust and communication



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to learn about eye contact across cultures

Eye Contact Across Cultures (Slide Layer)



Eye Contact

- When you are talking with someone about something important, do you prefer that they make eye contact with you?
- Do you expect eye contact?
- If they don't make eye contact, what message do you think this sends?
- How much eye contact is too much?
- · How does this vary across cultures?
- How will cultural difference is the use and interpretation of eye contact impact your role in direct support?
- How might a trauma survivor experience eye contact?

Turn up your volume or use a headset to listen to the audio portion of this content

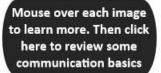
Click here to learn more about communication across different people and cultures

What do you think? (Slide Layer)













Too loud (Slide Layer)

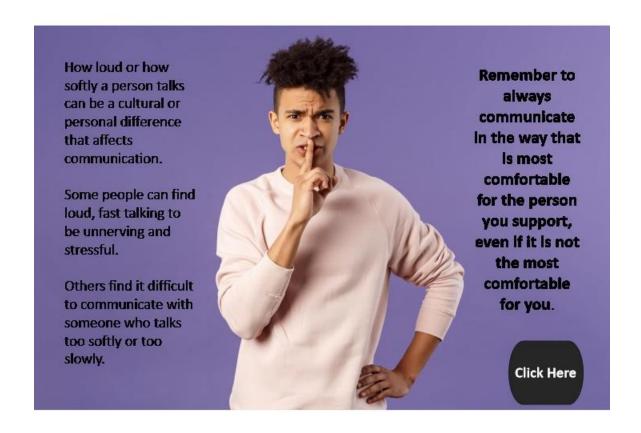


Table Manners (Slide Layer)



Close talker (Slide Layer)

How close together, or how far apart, a person should stand when talking to another person affects communication. This is is a cultural and person difference that affects a person's comfort during communication. Some cultures stand very close together when talking. Other cultures prefer to have personal space around them when talking.

Click Here

Some people make physical contact while communicating, and other people prefer not to be touched.

Trauma survivors often prefer to have physical space around them, and prefer not to be touched.

Remember to communicate in the way that is comfortable for the person you support, even if it isn't the most comfortable for you.

Personal Space (Slide Layer)

Your physical space, how close you stand to someone you know, and how close you stand to strangers are things that affect your communication.

Comfort with people in your space, whether they are strangers or people you know, is something that varies across cultures and individual preferences.

Some people are comfortable with a lot of people in their personal space.

Some people need a lot of space around them.

Some people are comfortable in a loud, busy environment. Some people can't communicate in an environment that is loud and chaotic.

Be sensitive to the personal space needs of the person you administer medications to.

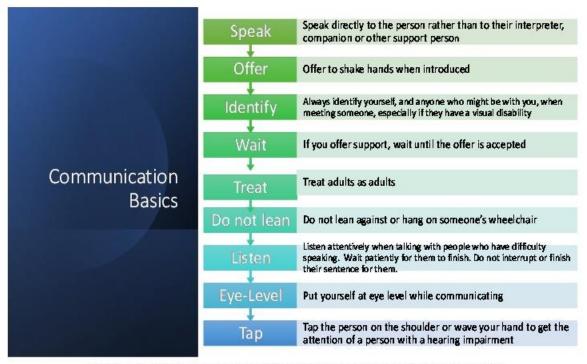
Here

Trauma Survivor (Slide Layer)



A trauma survivor has communication needs that are different from someone who hasn't experienced trauma. A trauma survivor will need you to communicate in a way that is slow and calm. They might be more tuned in to your nonverbal communication and body language than someone who hasn't experienced trauma. It will be important for you to move slowly, keep your hands visible, and speak in a calm, neutral tone of voice. Check in with them as you are communicating. Check to make sure they understand you. **Building trust and rapport with a** trauma survivor might take longer than it does with, Click someone who hasn't Here experienced trauma.

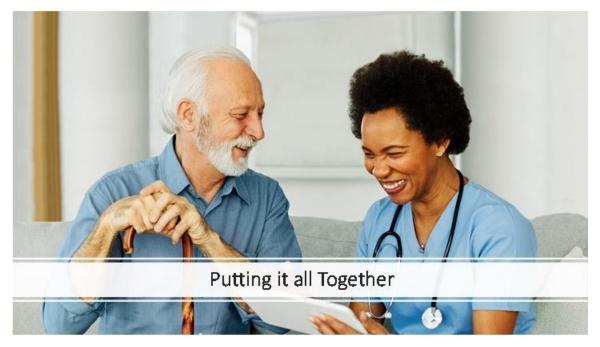
Communication Basics (Slide Layer)



Turn up your volume or use a headset to listen to the audio portion of this content

Click here to test yourself on communication skills

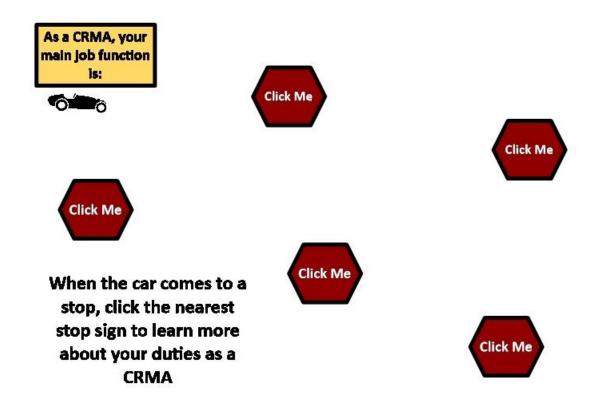
Putting it All Together (Slide Layer)



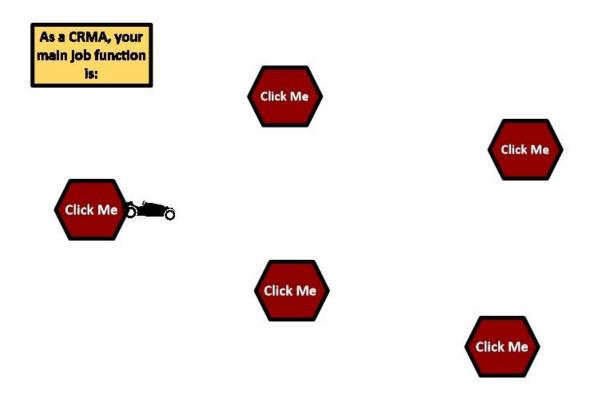
Turn up your volume or use a headset to listen to the audio portion of this content

Click here to begin Unit 2

Administering Meds and Documenting in MAR (Slide Layer)

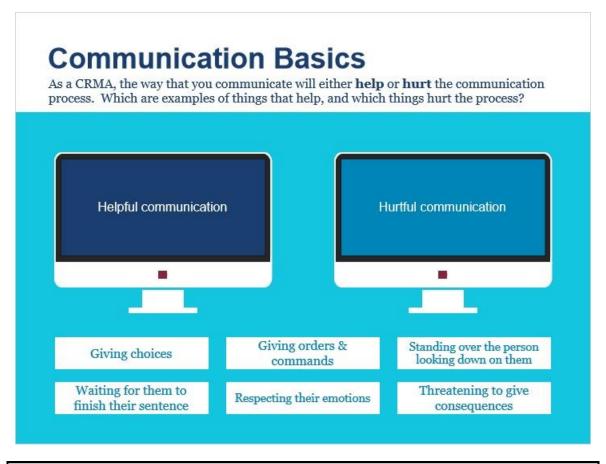


Administering Meds and Documenting in MAR2 (Slide Layer)



2.4 Communication Basics

(Drag and Drop, 10 points, 2 attempts permitted)



Drag Item	Drop Target
Giving choices	Computer Left
Giving orders & commands	Computer Right
Standing over the person looking down on them	Computer Right
Waiting for them to finish their sentence	Computer Left
Respecting their emotions	Computer Left
Threatening to give consequences	Computer Right

Drag and drop properties

Return item to start point if dropped outside the correct drop target

Snap dropped items to drop target (Free)

Delay item drop states until interaction is submitted

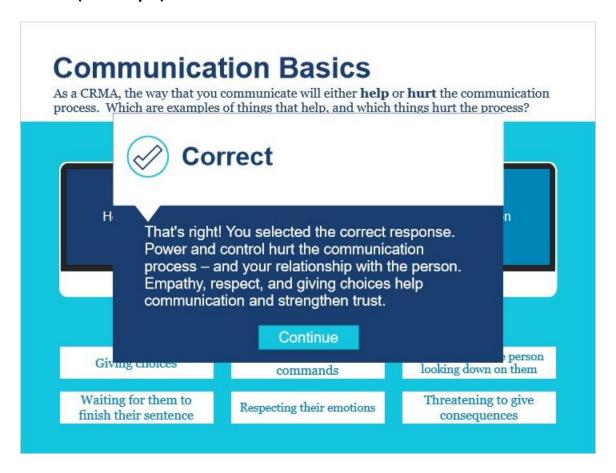
Feedback when correct:

That's right! You selected the correct response. Power and control hurt the communication process – and your relationship with the person. Empathy, respect, and giving choices help communication and strengthen trust.

Feedback when incorrect:

You did not select the correct response. Remember that demonstrations of power and control are damaging to communication and are damaging to your relationships. Empathy, respect, and giving choices help communication and build relationships.

Correct (Slide Layer)



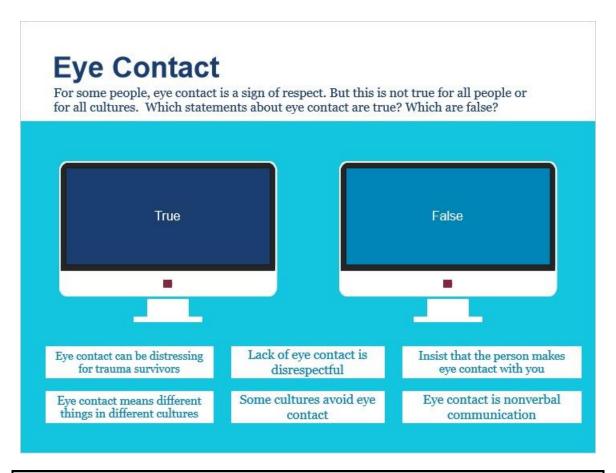
Incorrect (Slide Layer)





2.5 Eye Contact

(Drag and Drop, 10 points, 2 attempts permitted)



Drag Item	Drop Target
Eye contact can be distressing for trauma survivors	Computer Left
Lack of eye contact is disrespectful	Computer Right
Insist that the person makes eye contact with you	Computer Right
Eye contact means different things in different cultures	Computer Left
Some cultures avoid eye contact	Computer Left
Eye contact is nonverbal communication	Computer Left

Drag and drop properties

Return item to start point if dropped outside the correct drop target

Snap dropped items to drop target (Free)

Delay item drop states until interaction is submitted

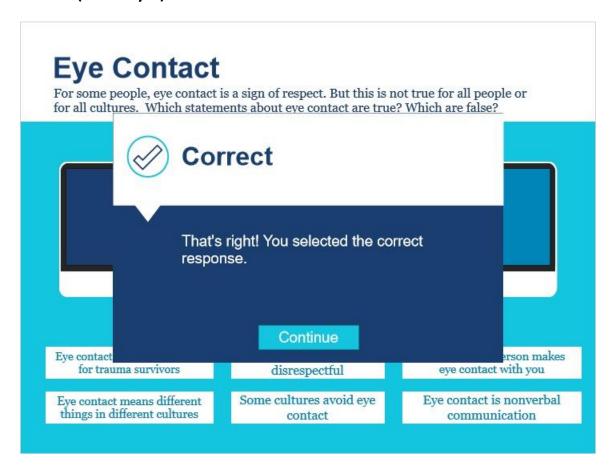
Feedback when correct:

That's right! You selected the correct response.

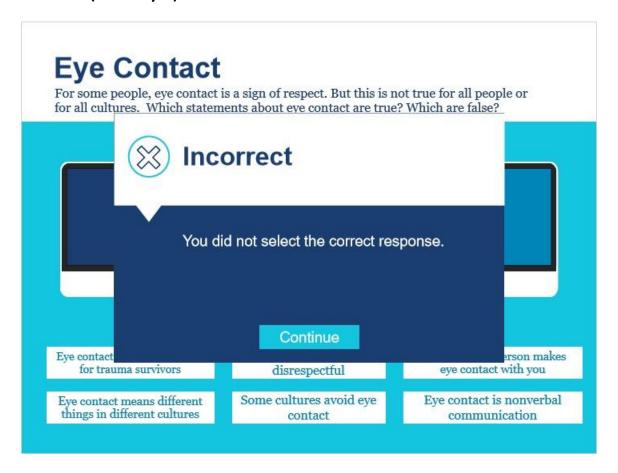
Feedback when incorrect:

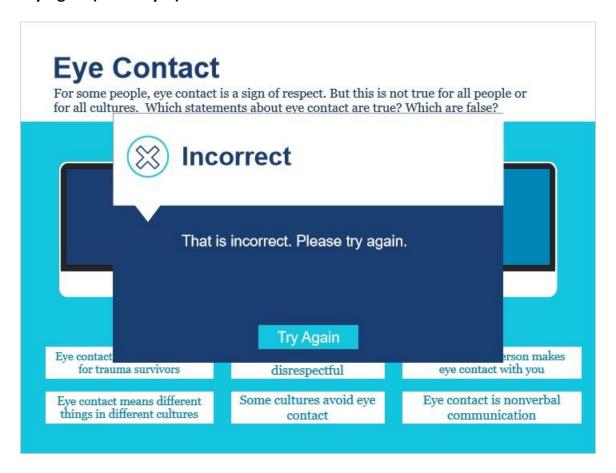
You did not select the correct response.

Correct (Slide Layer)



Incorrect (Slide Layer)





2.6 Pick Many

(Pick Many, 10 points, 2 attempts permitted)

Cultural Humility

Cultural humility is more than cultural awareness. A sense of cultural humility is essential for anyone working with people, especially vulnerable populations. What are some of the characteristics of cultural humility?





Cultural humility is self-reflection about your own background and biases.



When you practice cultural humility, you recognize that you are assuming things about other people.



You recognize that you do not know and understand another person's experiences.



You recognize that a person is an expert in their own culture and their own experience.

Correct	Choice
Х	Item 01
Х	Item 02
Х	Item 03
Х	Item 04

Feedback when correct:

Your answer is correct.

Feedback when incorrect:

Your answer is incorrect.

Congrats! (Slide Layer)



Cultural humility is more than cultural awareness. A sense of cultural humility is essential for anyone working with people, especially vulnerable populations. What are some of the characteristics of cultural humility?





Cultural humility is self-reflection about your own background and biases.



When you practice cultural humility, you recognize that you are assuming things about other people.

Congrats!

Your answer is correct.

Continue

We can – and should – always seek to learn more and understand more in a way that respects and honors others' history and culture.

Sorry! (Slide Layer)

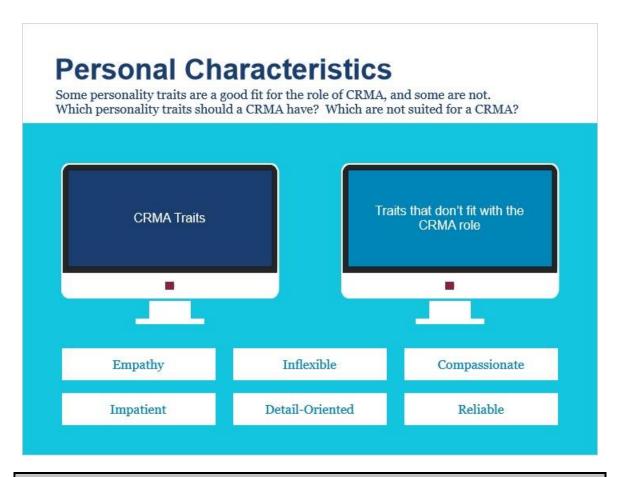


culture.



2.7 Personal Characteristics

(Drag and Drop, 10 points, 2 attempts permitted)



Drag Item	Drop Target
Empathy	Computer Left
Inflexible	Computer Right
Compassionate	Computer Left
Impatient	Computer Right
Detail-Oriented	Computer Left
Reliable	Computer Left

Drag and drop properties Return item to start point if dropped outside the correct drop target Snap dropped items to drop target (Free) Delay item drop states until interaction is submitted

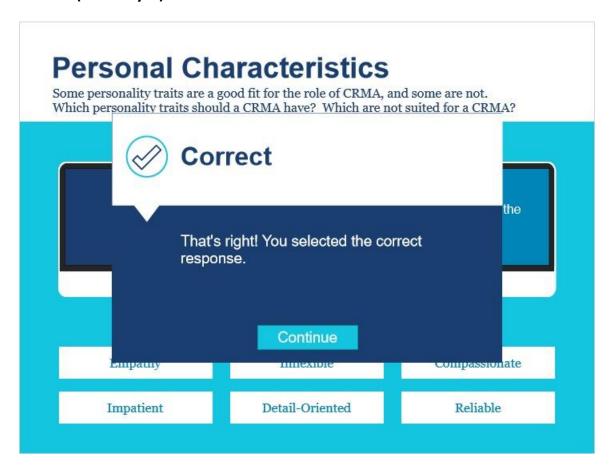
Feedback when correct:

That's right! You selected the correct response.

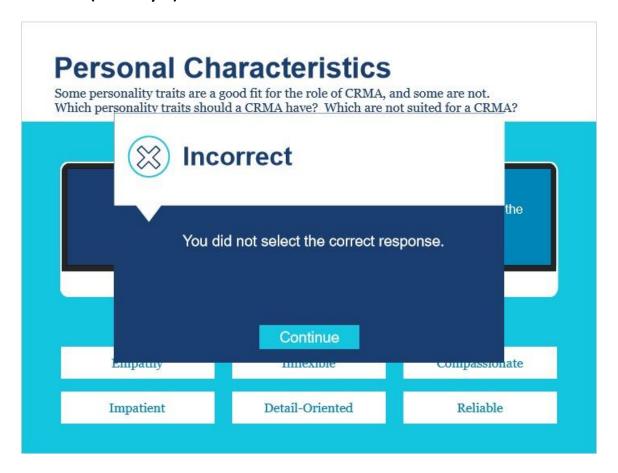
Feedback when incorrect:

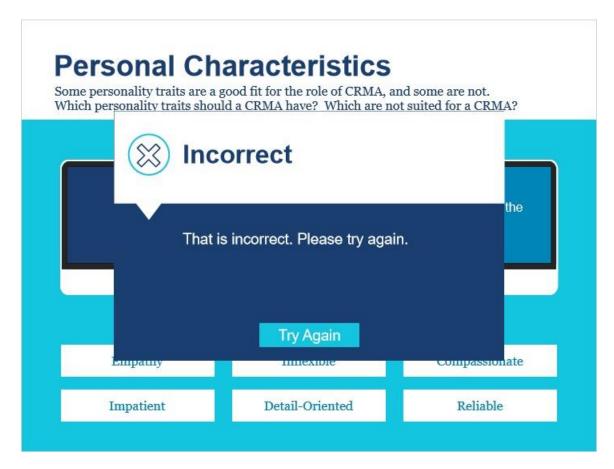
You did not select the correct response.

Correct (Slide Layer)



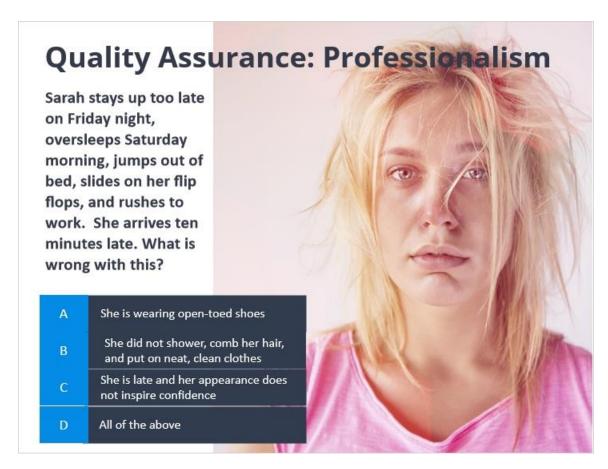
Incorrect (Slide Layer)





2.8 Quality Assurance: Professionalism

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
	Choice A
	Choice B
	Choice C
Х	Choice D

Feedback when correct:

That's right! You selected the correct response. Click Continue to return to the Key Activities slide.

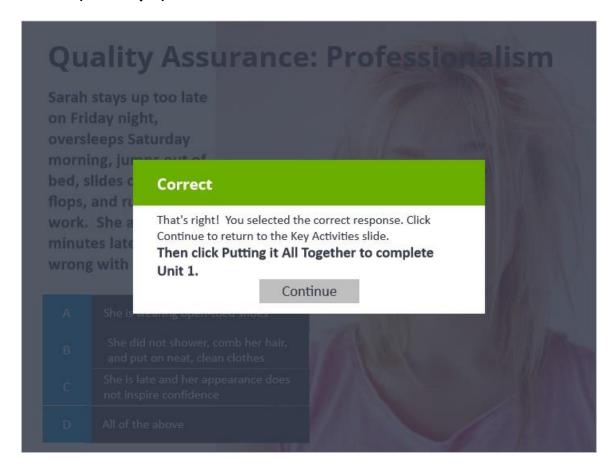
Then click Putting it All Together to complete Unit 1.

Feedback when incorrect:

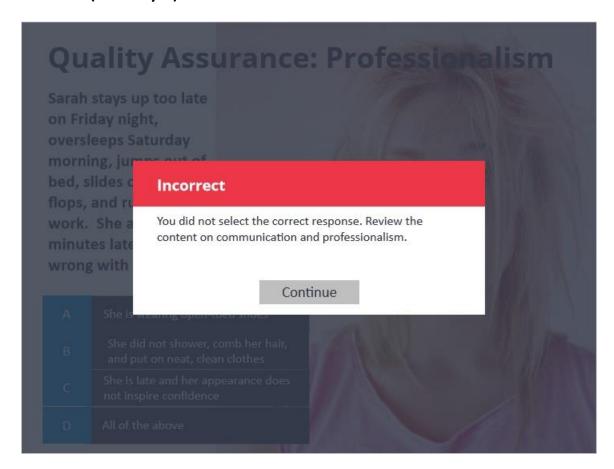
You did not select the correct response. Review the content on communication and professionalism.

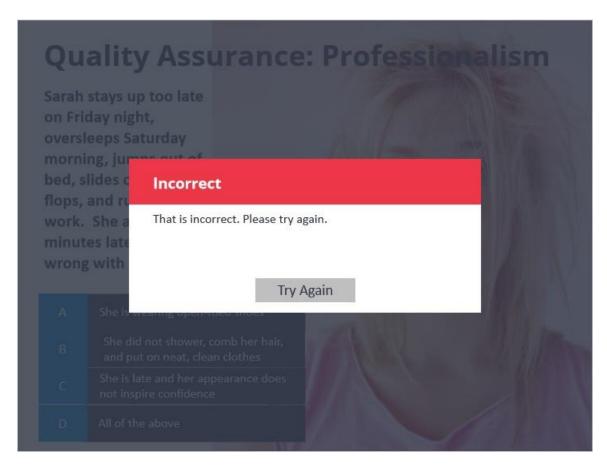
Notes:

Correct (Slide Layer)



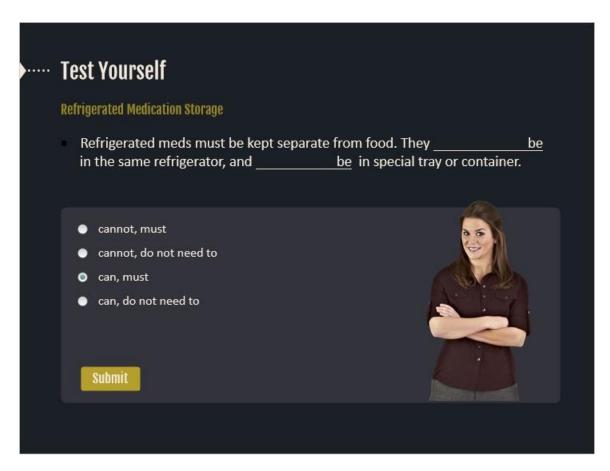
Incorrect (Slide Layer)





2.9 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)



Correct	Choice
	cannot, must
	cannot, do not need to
Х	can, must
	can, do not need to

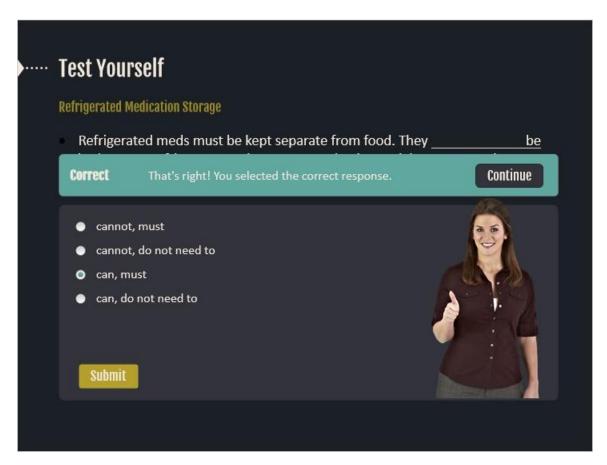
Feedback when correct:

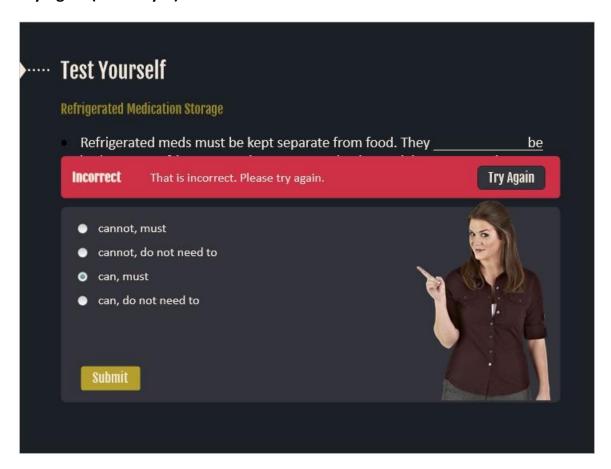
That's right! You selected the correct response.

Feedback when incorrect:

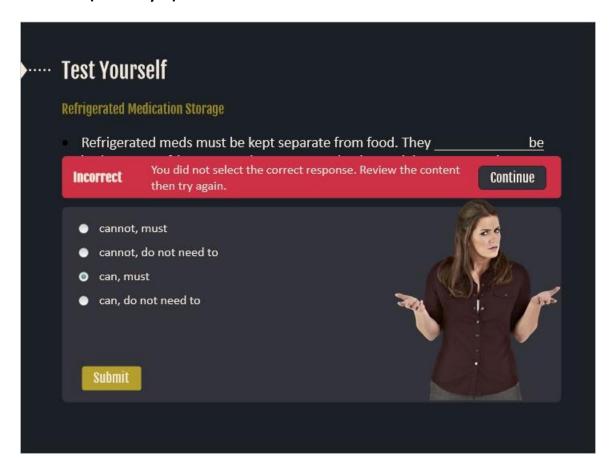
You did not select the correct response. Review the content then try again.

Correct (Slide Layer)



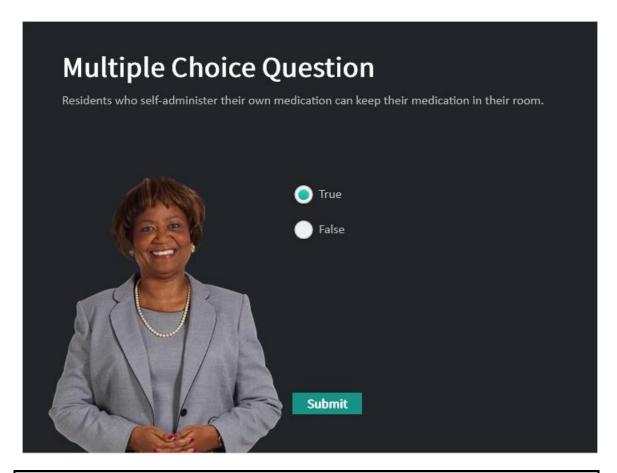


Incorrect (Slide Layer)



2.10 Multiple Choice

(Multiple Choice, 10 points, 2 attempts permitted)



Correct	Choice
Х	True
	False

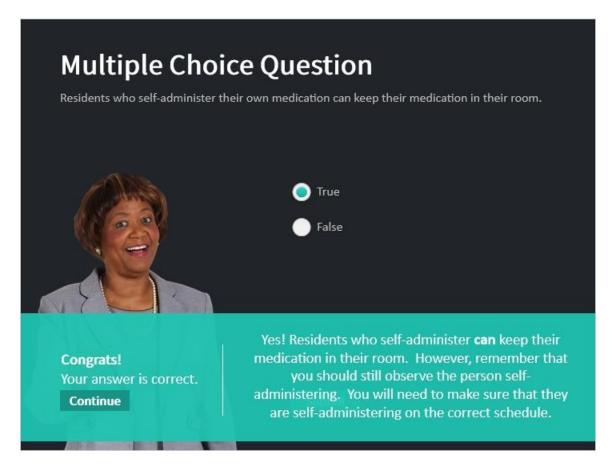
Feedback when correct:

Your answer is correct.

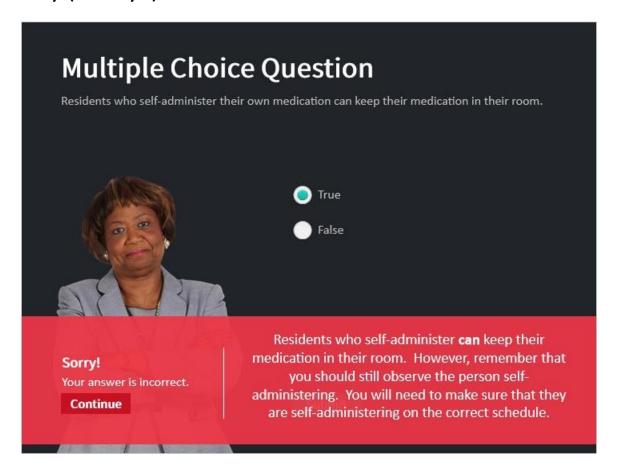
Feedback when incorrect:

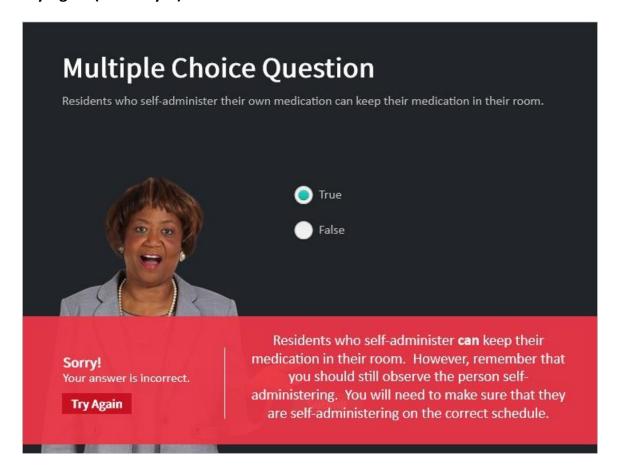
Your answer is incorrect.

Congrats! (Slide Layer)



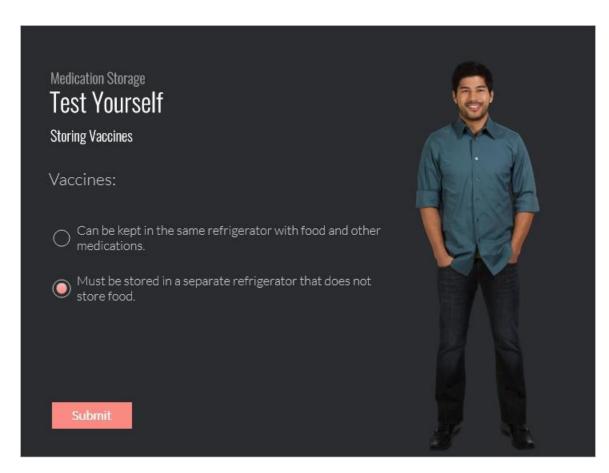
Sorry! (Slide Layer)





2.11 MULTIPLE CHOICE QUESTION

(Multiple Choice, 10 points, 2 attempts permitted)



Correct	Choice
	Can be kept in the same refrigerator with food and other medications.
Х	Must be stored in a separate refrigerator that does not store food.

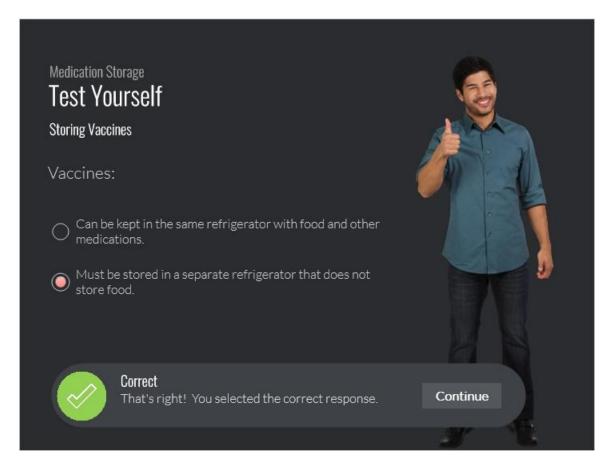
Feedback when correct:

That's right! You selected the correct response.

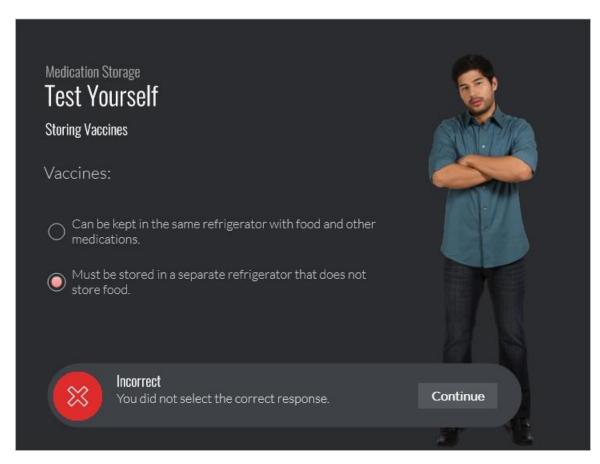
Feedback when incorrect:

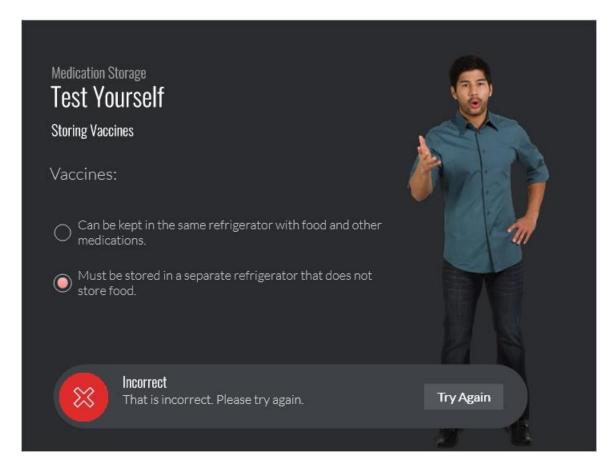
You did not select the correct response.

Correct (Slide Layer)

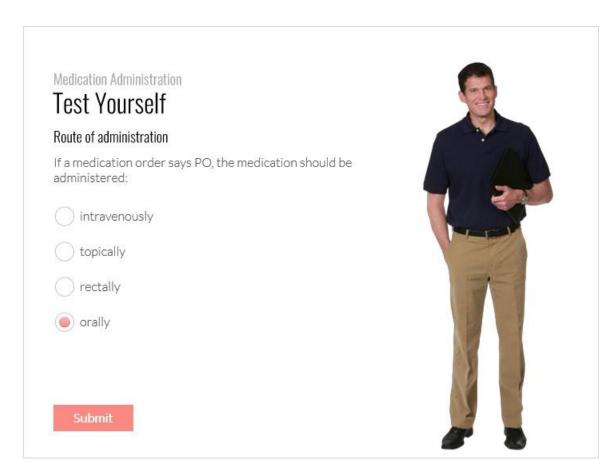


Incorrect (Slide Layer)





2.12 MULTIPLE CHOICE QUESTION



Correct	Choice
	intravenously
	topically
	rectally
Х	orally

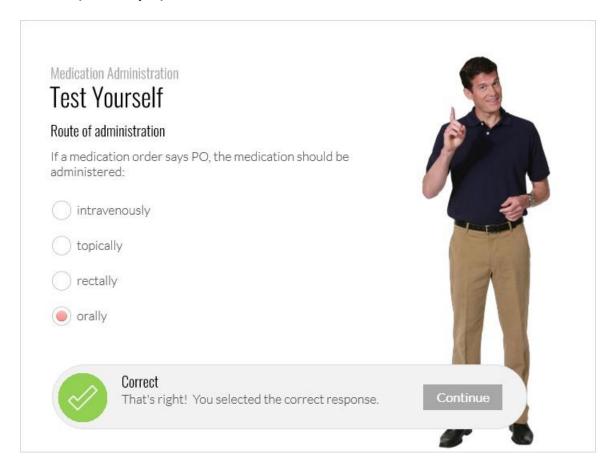
That's right! You selected the correct response.

Feedback when incorrect:

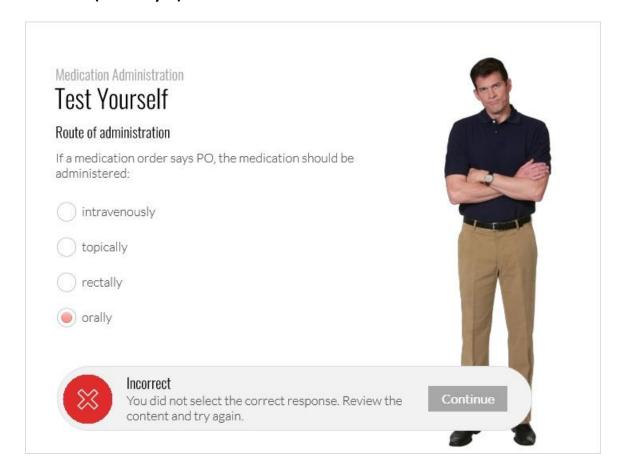
You did not select the correct response. Review the content and try again.

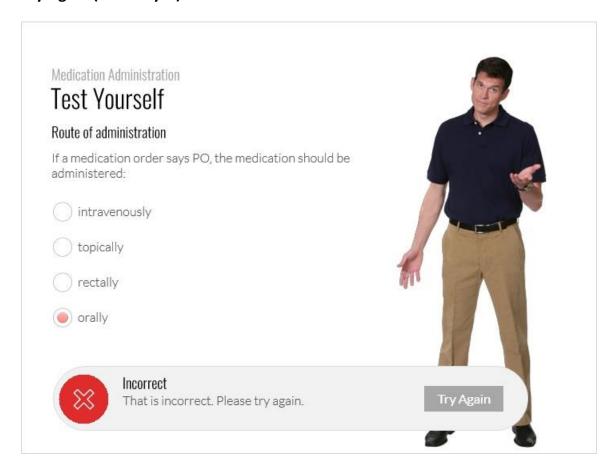
Notes:

Correct (Slide Layer)

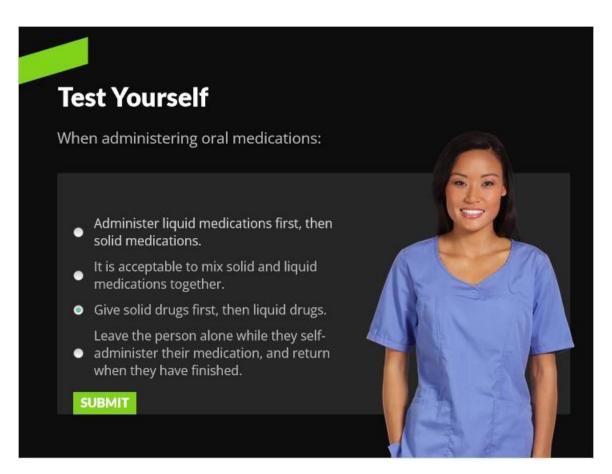


Incorrect (Slide Layer)





2.13 MULTIPLE CHOICE



Correct	Choice
	Administer liquid medications first, then solid medications.
	It is acceptable to mix solid and liquid medications together.
Х	Give solid drugs first, then liquid drugs.
	Leave the person alone while they self-administer their medication, and return when they have finished.

That's right! You selected the correct response.

Feedback when incorrect:

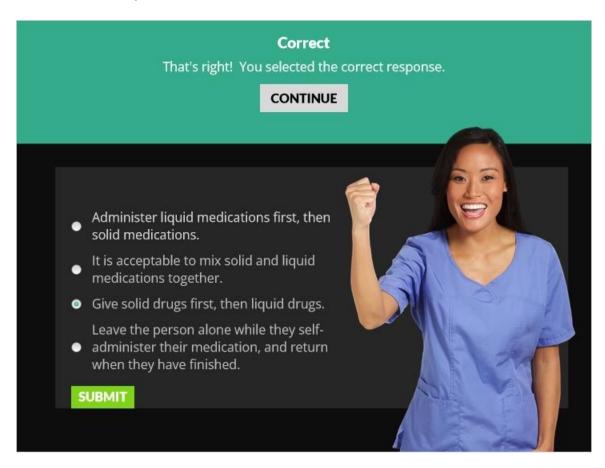
You did not select the correct response.

Stay with the person while they self-administer.

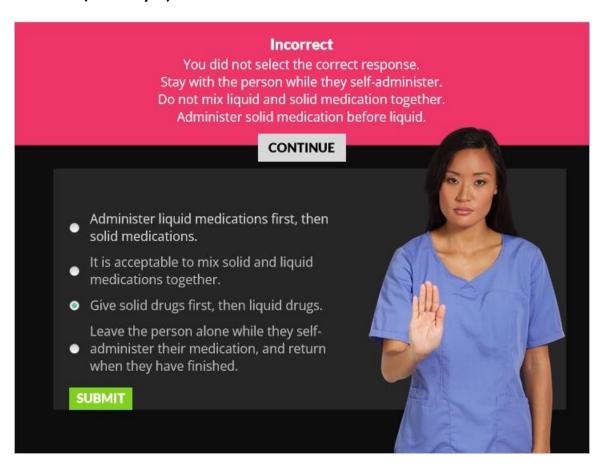
Do not mix liquid and solid medication together.

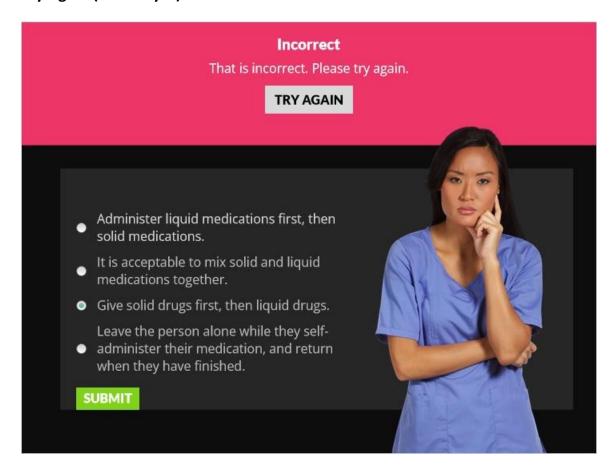
Administer solid medication before liquid.

Correct (Slide Layer)

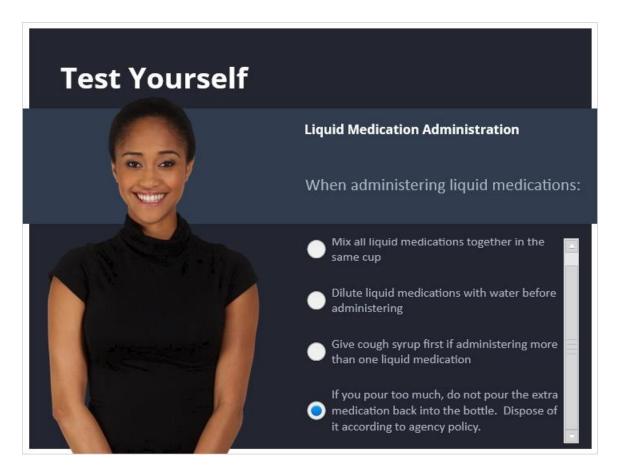


Incorrect (Slide Layer)





2.14 Multiple Choice



Correct	Choice
	Mix all liquid medications together in the same cup
	Dilute liquid medications with water before administering
	Give cough syrup first if administering more than one liquid medication
Х	If you pour too much, do not pour the extra medication back into the bottle. Dispose of it according to agency policy.

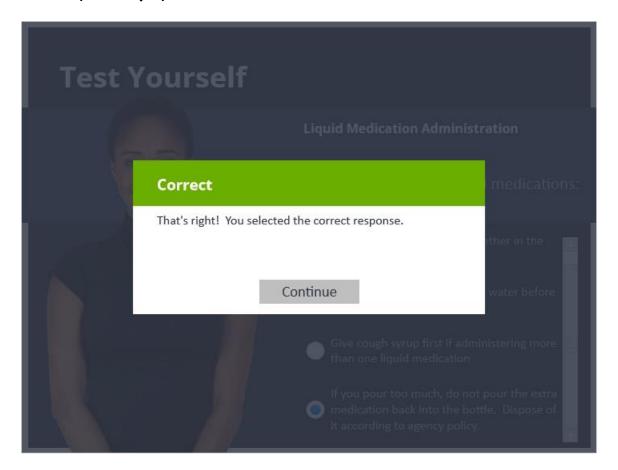
That's right! You selected the correct response.

Feedback when incorrect:

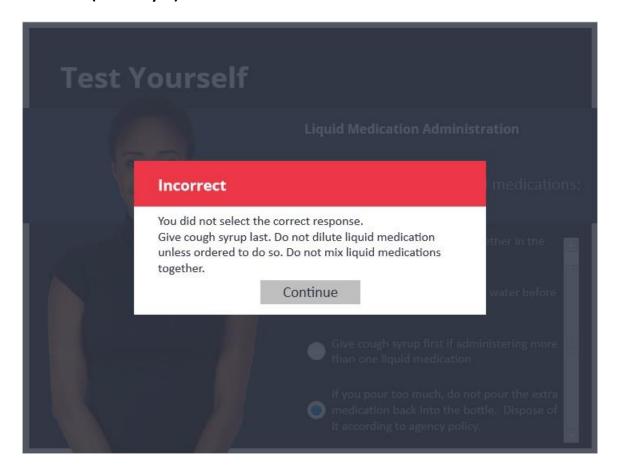
You did not select the correct response.

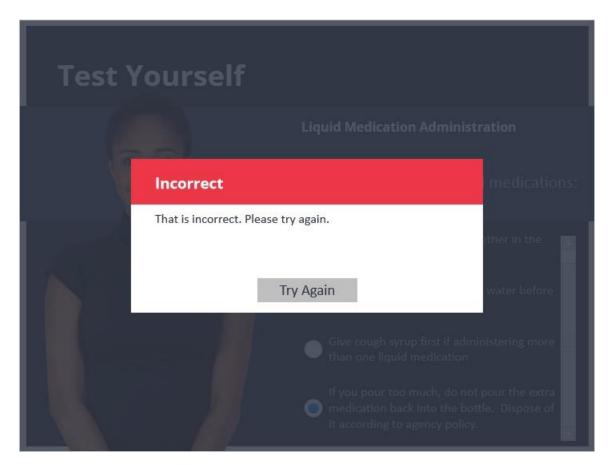
Give cough syrup last. Do not dilute liquid medication unless ordered to do so. Do not mix liquid medications together.

Correct (Slide Layer)

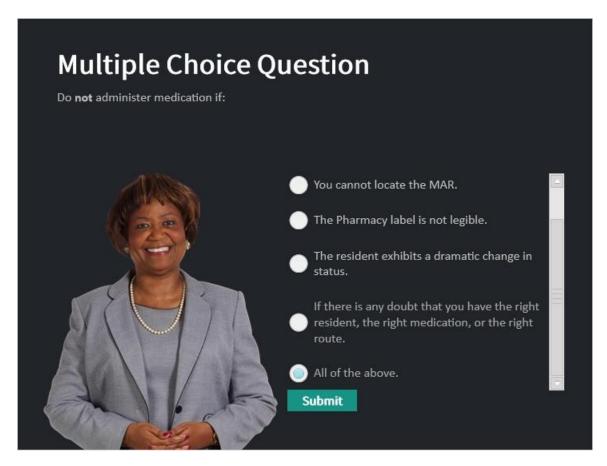


Incorrect (Slide Layer)





2.15 Multiple Choice

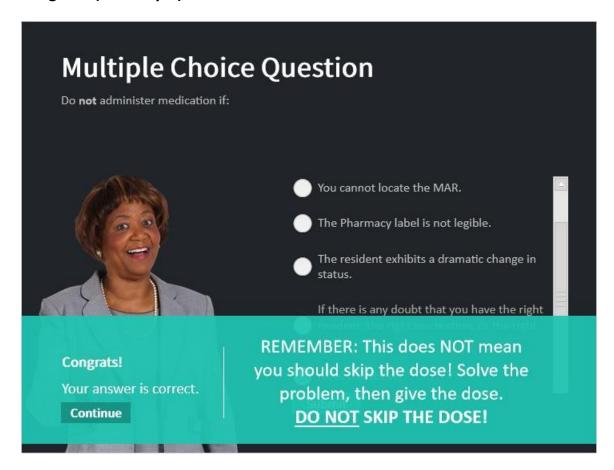


Correct	Choice
	There is no physician's order.
	You cannot locate the MAR.
	The Pharmacy label is not legible.
	The resident exhibits a dramatic change in status.
	If there is any doubt that you have the right resident, the right medication, or the right route.
Х	All of the above.

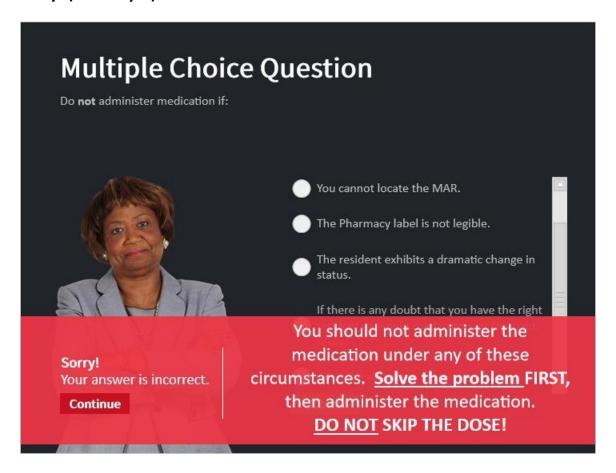
Your answer is correct.

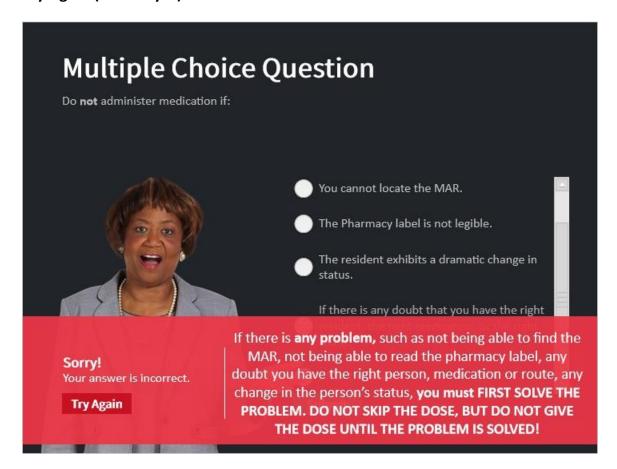
Your answer is incorrect.

Congrats! (Slide Layer)



Sorry! (Slide Layer)





2.16 Pick Many

(Pick Many, 10 points, 2 attempts permitted)

Calling for Help

When to call an ambulance can be a difficult decision. If there is an emergency, call for help. What is an emergency? An emergency is a *serious*, *unexpected* situation that *can be helped*, but something must be done *immediately* or the situation *will get worse*. Which of the following are *emergencies*?





Any respiratory condition where rate, rhythm, and depth of ventilations are too low



Any bleeding that cannot be controlled by direct pressure, elevation, ice, and immobilization



Any seizure activity that is continuous or with short times between seizures



Ingestion of anything harmful, even if no symptoms are present

Correct	Choice
Х	Item 01
Х	Item 02
Х	Item 03
Х	Item 04

Feedback when correct:

Your answer is correct.

Feedback when incorrect:

Your answer is incorrect.

Congrats! (Slide Layer)



When to call an ambulance can be a difficult decision. If there is an emergency, call for help. What is an emergency? An emergency is a **serious**, **unexpected** situation that **can be helped**, but something must be done **immediately** or the situation **will get worse**. **Which of the following are emergencies?**





Any respiratory condition where rate, rhythm, and depth of ventilations are too low

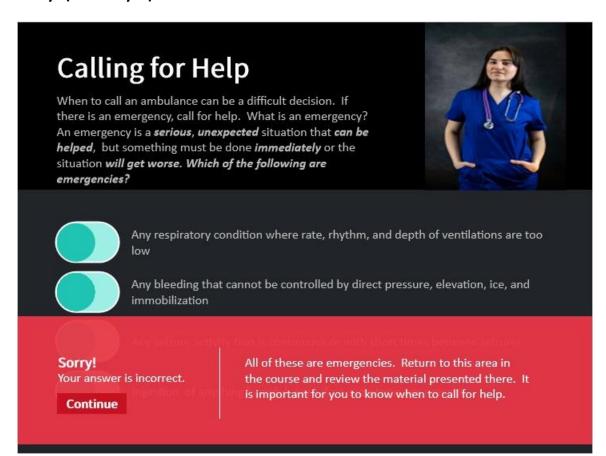


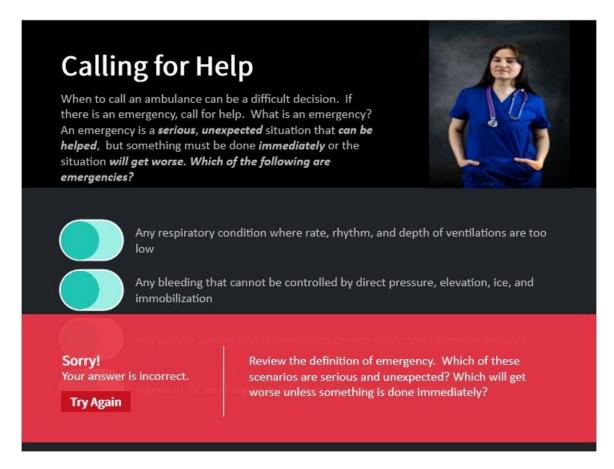
Any bleeding that cannot be controlled by direct pressure, elevation, ice, and immobilization

Congrats!
Your answer is correct.
Continue

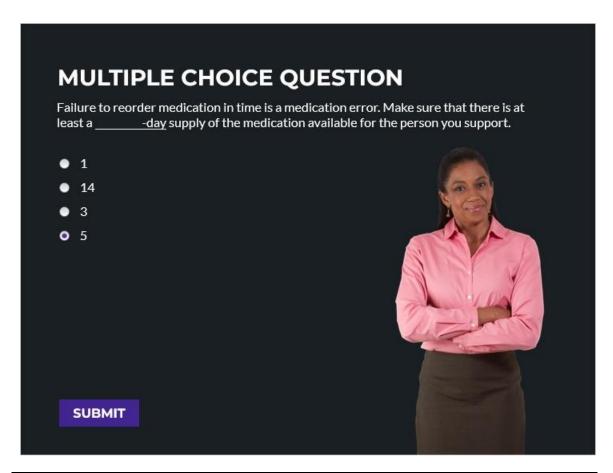
Remember:
When in doubt, ship them out!
Next, click the Taking Vital Signs
button to review vitals assessment.

Sorry! (Slide Layer)





2.17 MULTIPLE CHOICE



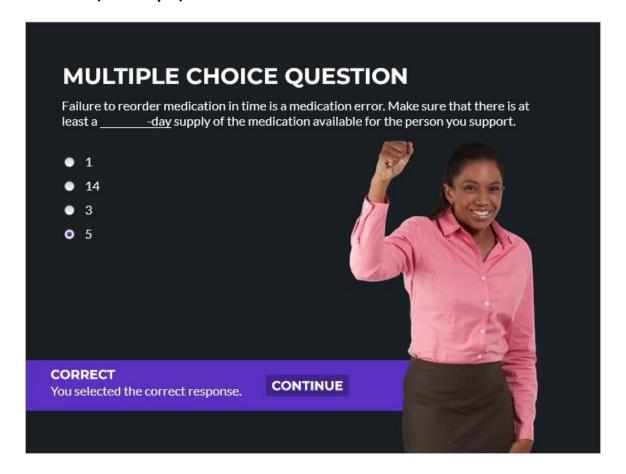
Correct	Choice
	1
	14
	3
Х	5

You selected the correct response.

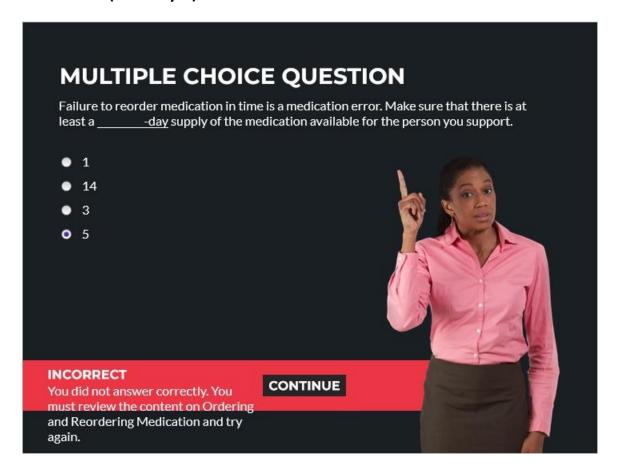
Feedback when incorrect:

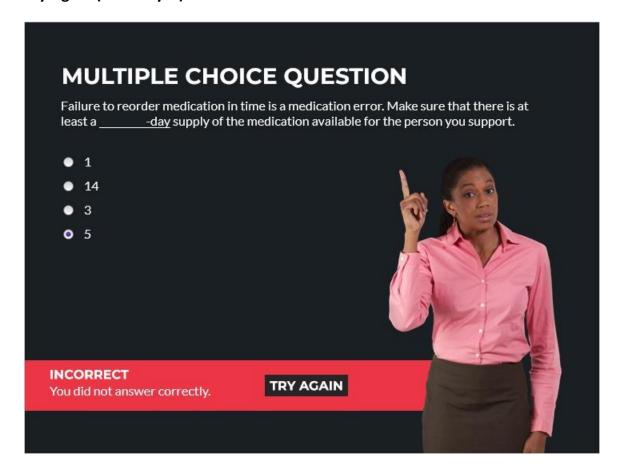
You did not answer correctly. You must review the content on Ordering and Reordering Medication and try again.

CORRECT (Slide Layer)

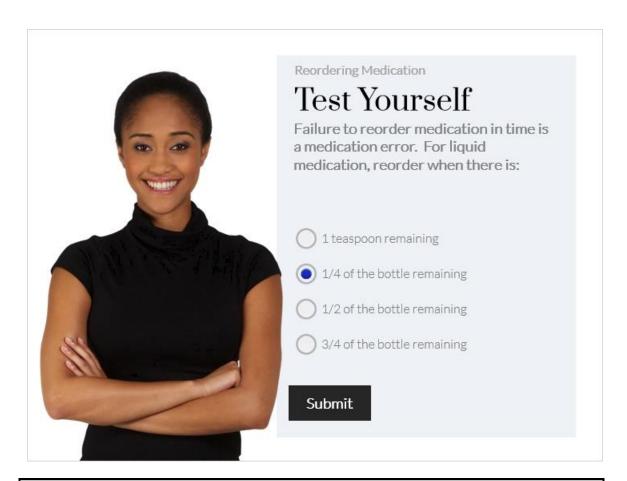


INCORRECT (Slide Layer)





2.18 Multiple Choice Question



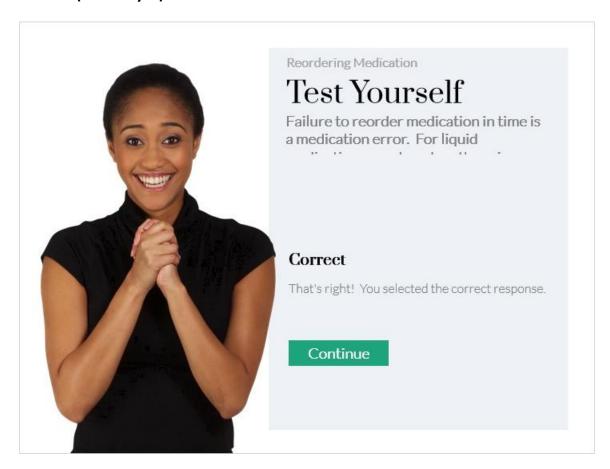
Correct	Choice
	1 teaspoon remaining
Х	1/4 of the bottle remaining
	1/2 of the bottle remaining
	3/4 of the bottle remaining

That's right! You selected the correct response.

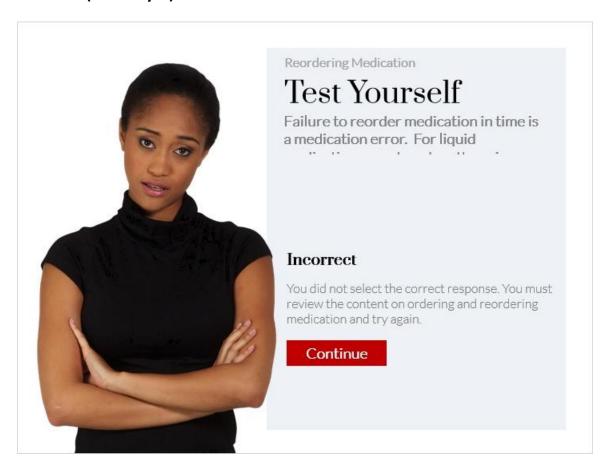
Feedback when incorrect:

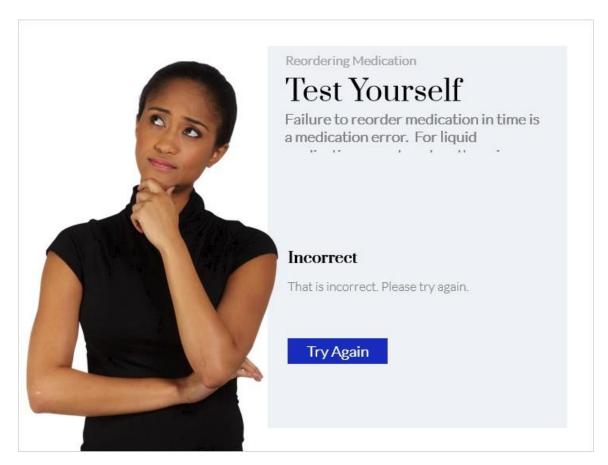
You did not select the correct response. You must review the content on ordering and reordering medication and try again.

Correct (Slide Layer)

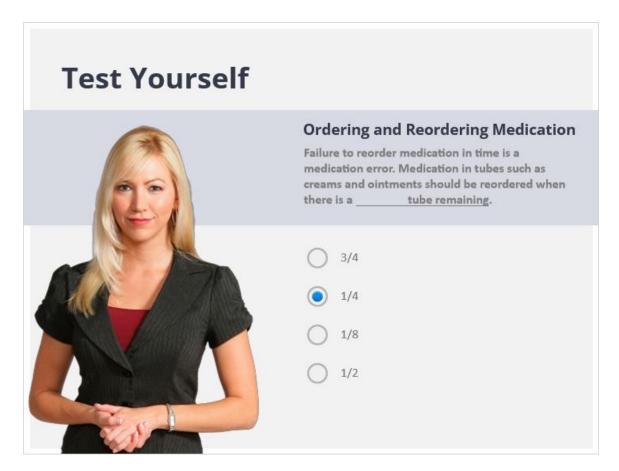


Incorrect (Slide Layer)





2.19 Multiple Choice



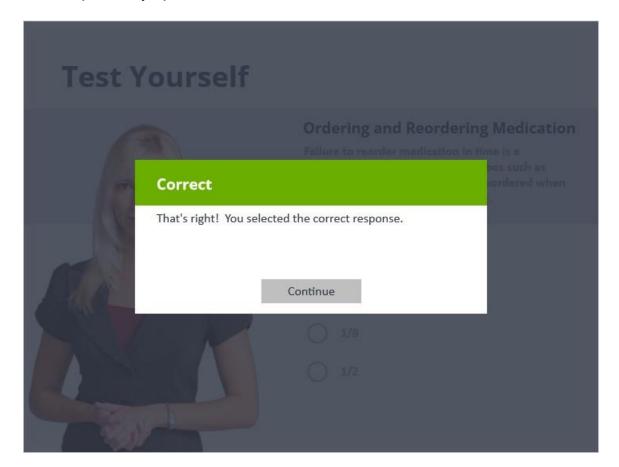
Correct	Choice
	3/4
Х	1/4
	1/8
	1/2

That's right! You selected the correct response.

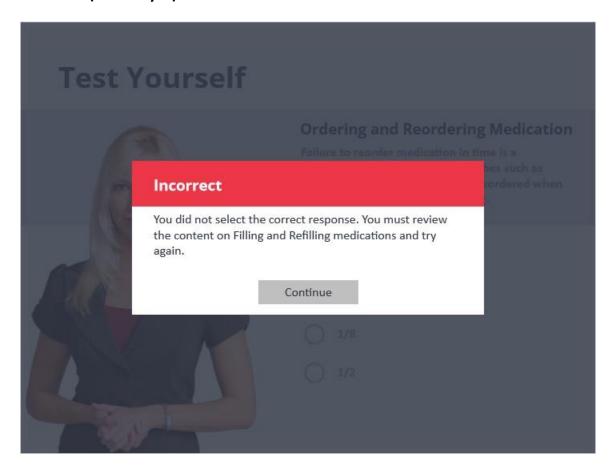
Feedback when incorrect:

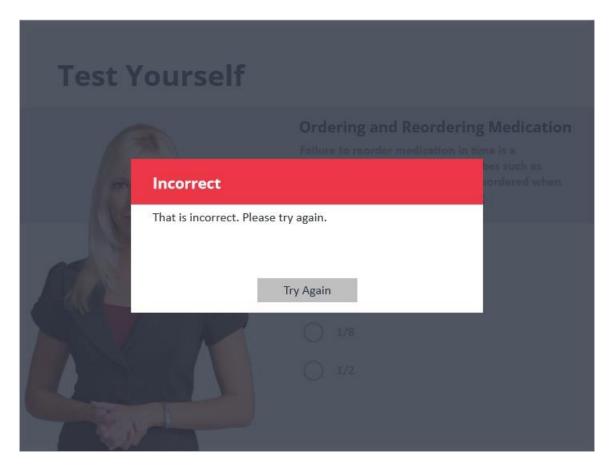
You did not select the correct response. You must review the content on Filling and Refilling medications and try again.

Correct (Slide Layer)

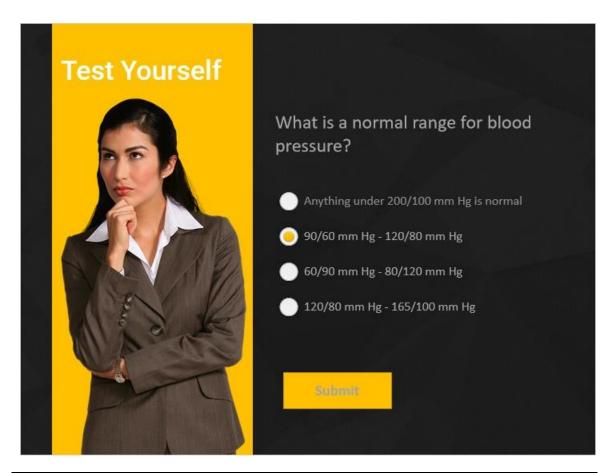


Incorrect (Slide Layer)





2.20 Multiple Choice

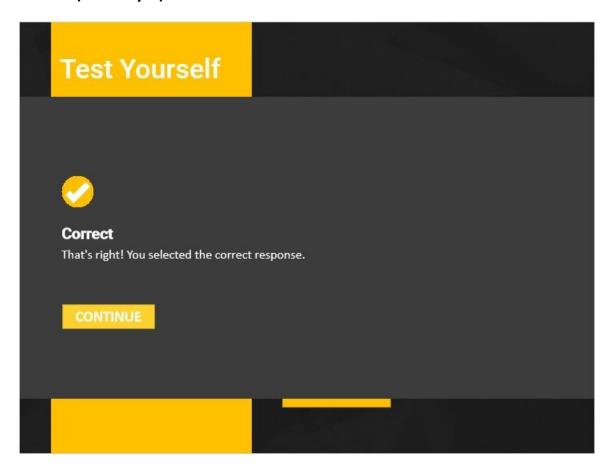


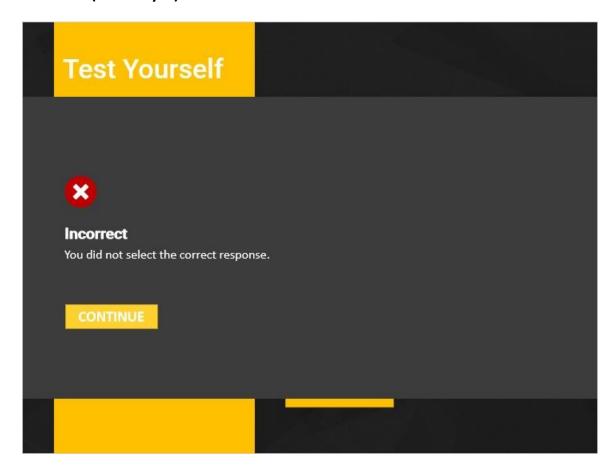
Correct	Choice
	Anything under 200/100 mm Hg is normal
Х	90/60 mm Hg - 120/80 mm Hg
	60/90 mm Hg - 80/120 mm Hg
	120/80 mm Hg - 165/100 mm Hg

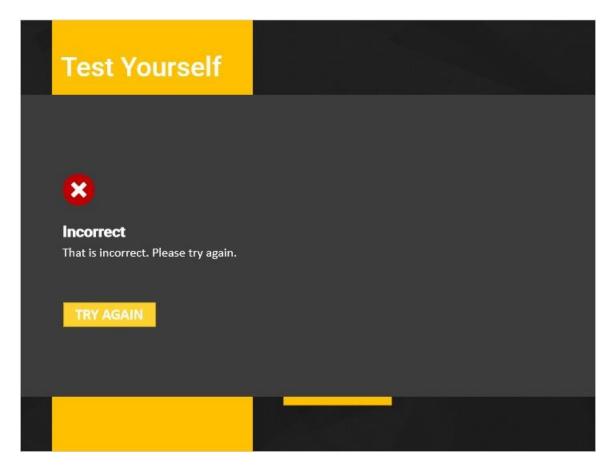
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.

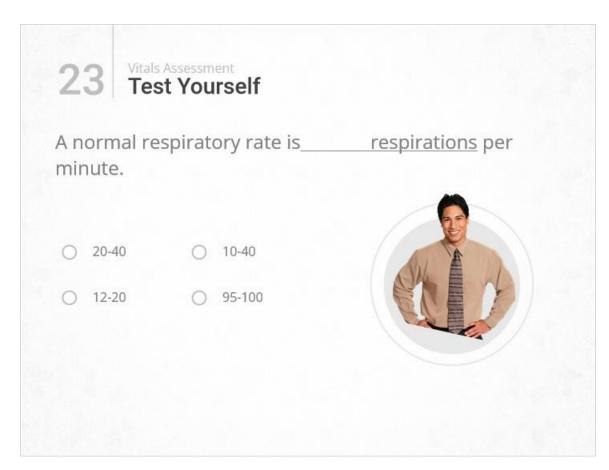






2.21 Test Yourself

(Pick One, 10 points, 2 attempts permitted)



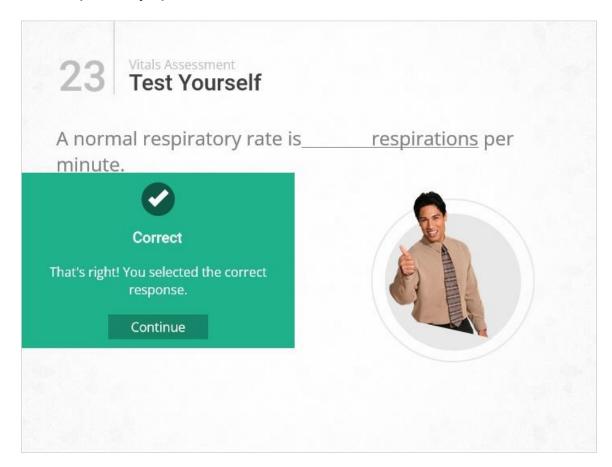
Correct	Choice
	Item 01
	Item 02
Х	Item 03
	Item 04

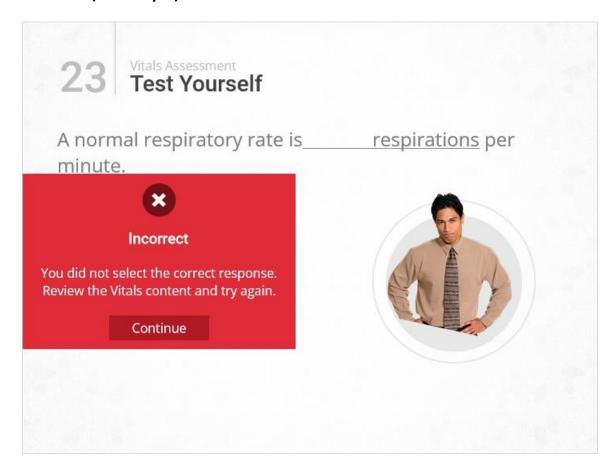
Feedback when correct:

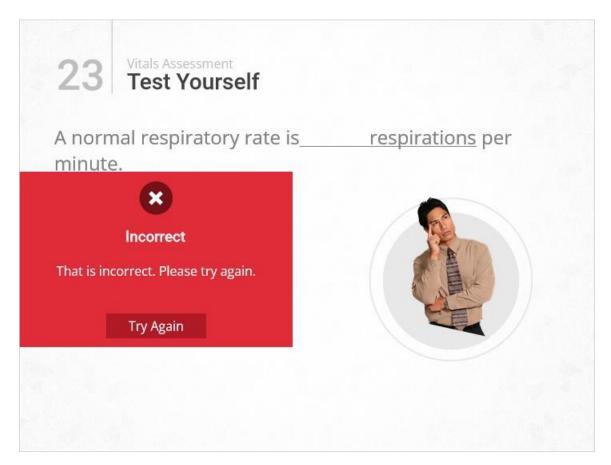
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. Review the Vitals content and try again.

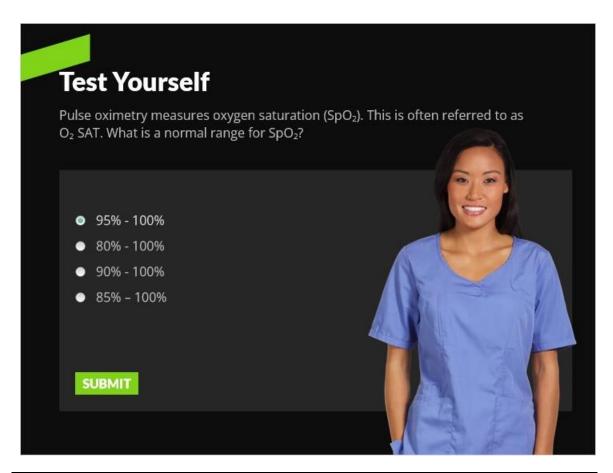






2.22 MULTIPLE CHOICE

(Multiple Choice, 10 points, 2 attempts permitted)



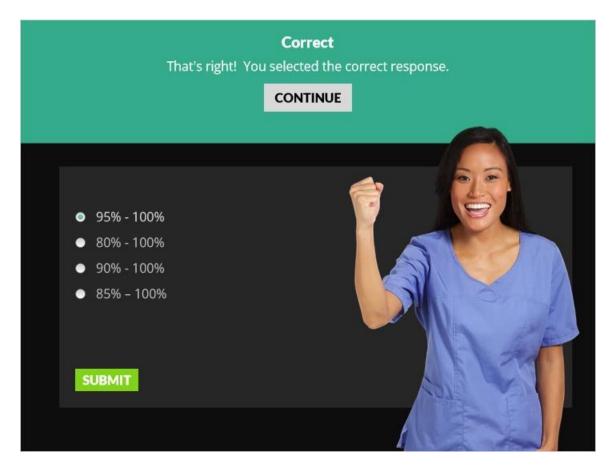
Correct	Choice
Х	95% - 100%
	80% - 100%
	90% - 100%
	85% – 100%

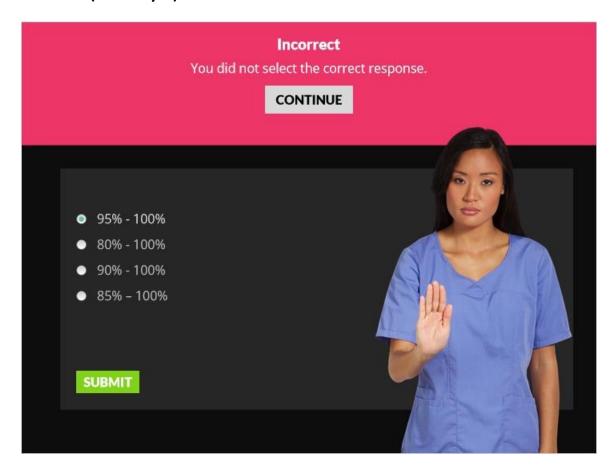
Feedback when correct:

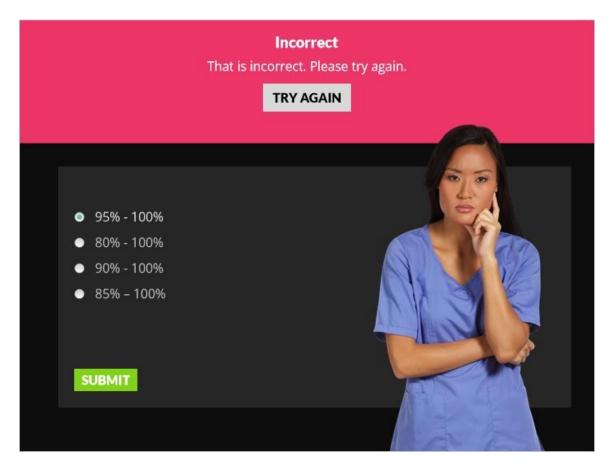
That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response.







2.23 MULTIPLE CHOICE QUESTION

(Multiple Choice, 10 points, 2 attempts permitted)

Test Yourself

Pulse Rate

What is a normal range for pulse rate?

- 75-125 beats per minute
- 60-100 beats per minute
- 40-80 beats per minute
- 60-130 beats per minute



Submit

Correct	Choice
	75-125 beats per minute
Х	60-100 beats per minute
	40-80 beats per minute
	60-130 beats per minute

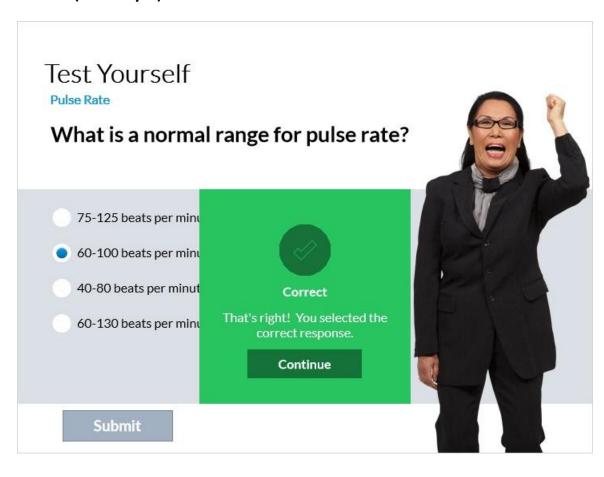
Feedback when correct:

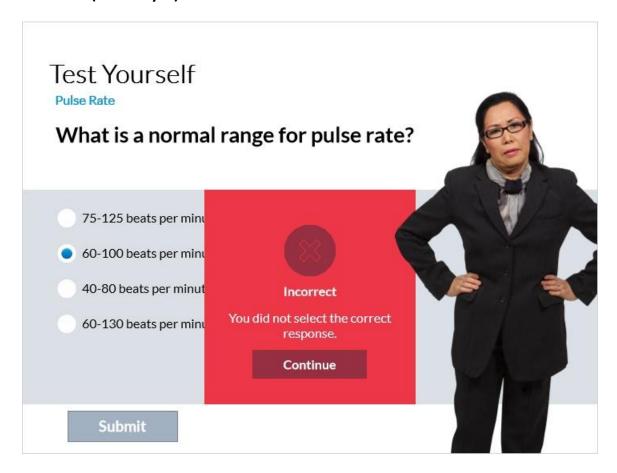
That's right! You selected the correct response.

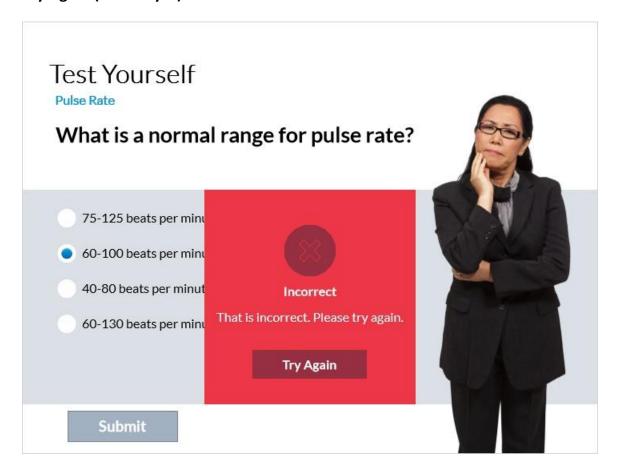
Feedback when incorrect:

You did not select the correct response.

Notes:







2.24 Pick Many

(Pick Many, 10 points, 2 attempts permitted)

Report at Once

As a CRMA, a big part of your job is making observations. You observe signs, and make note of the person's reported symptoms. Which signs and symptoms should you report right away?





Change in appearance, functioning, ability to respond, or ability to move any part of body



Sudden severe pain, sudden change in vision, difficulty swallowing, difficulty breathing, or abnormal breathing



Vomiting, dizziness, bleeding, diarrhea, or skin that is sore, reddened or hot



Any vitals outside of the normal range

Correct	Choice
Х	Item 01
Х	Item 02
Х	Item 03
Х	Item 04

Feedback when correct:

Your answer is correct.

Feedback when incorrect:

Your answer is incorrect.

Congrats! (Slide Layer)

Report at Once

As a CRMA, a big part of your job is making observations. You observe signs, and make note of the person's reported symptoms. Which signs and symptoms should you report right away?





Change in appearance, functioning, ability to respond, or ability to move any part of body



Sudden severe pain, sudden change in vision, difficulty swallowing, difficulty breathing, or abnormal breathing

Congrats! Your answer is correct.

Continue

All of these are things that should be reported right away.

Sorry! (Slide Layer)

Report at Once

As a CRMA, a big part of your job is making observations. You observe signs, and make note of the person's reported symptoms. Which signs and symptoms should you report right away?





Change in appearance, functioning, ability to respond, or ability to move any part of body



Sudden severe pain, sudden change in vision, difficulty swallowing, difficulty breathing, or abnormal breathing

Sorry!

Your answer is incorrect.

Continue

Think carefully about each one and determine whether they represent a **change in patient status**, which should be reported right away.



2.25 Vitals Assessment: Pulse Rate

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
Х	Choice A
	Choice B
	Choice C
	Choice D

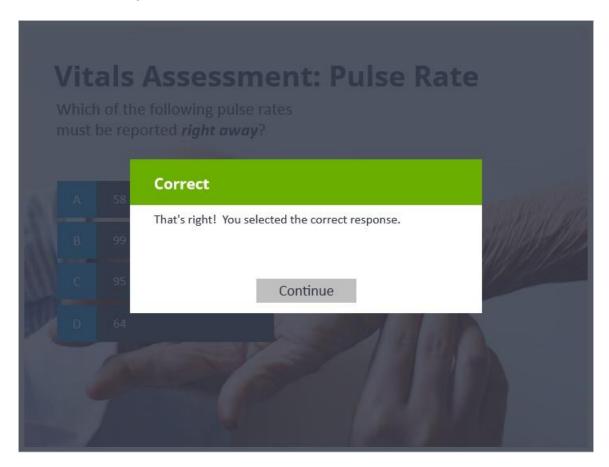
Feedback when correct:

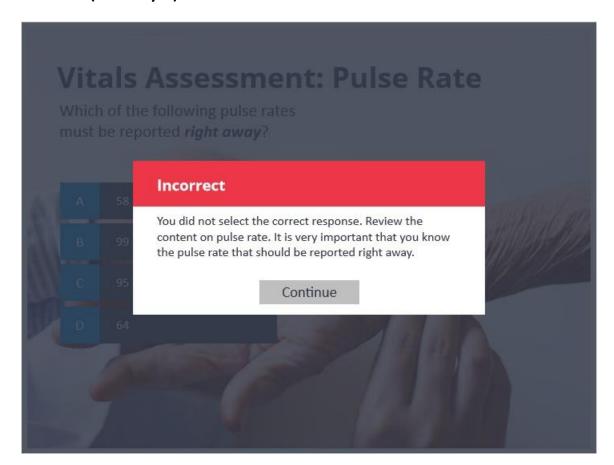
That's right! You selected the correct response.

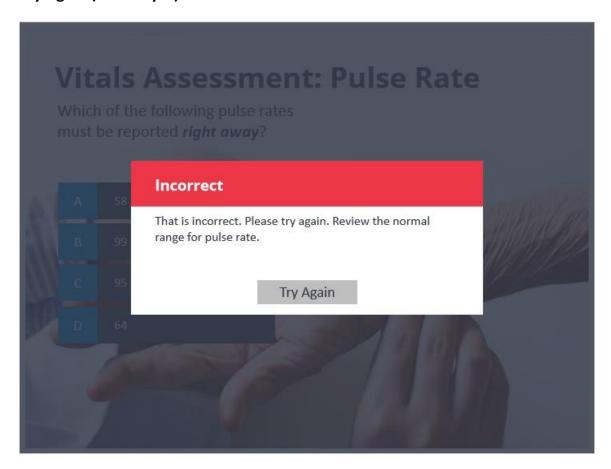
Feedback when incorrect:

You did not select the correct response. Review the content on pulse rate. It is very important that you know the pulse rate that should be reported right away.

Notes:

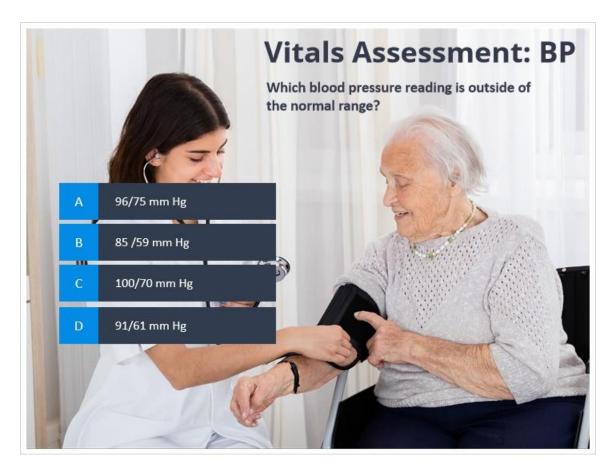






2.26 Vitals Assessment: BP

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
	Choice A
Х	Choice B
	Choice C
	Choice D

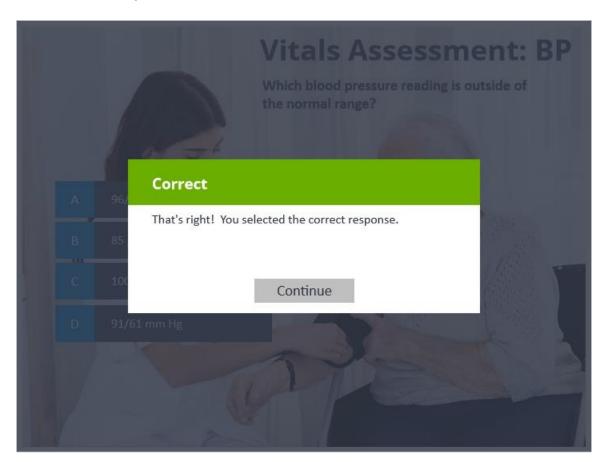
Feedback when correct:

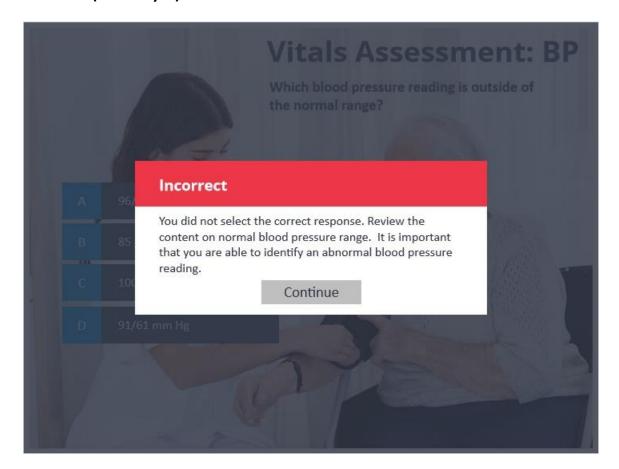
That's right! You selected the correct response.

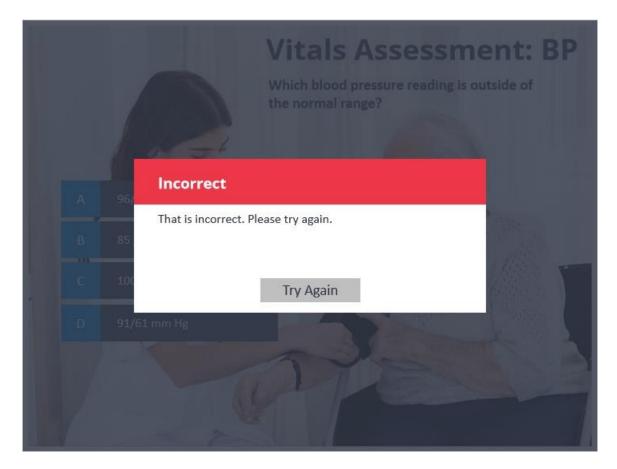
Feedback when incorrect:

You did not select the correct response. Review the content on normal blood pressure range. It is important that you are able to identify an abnormal blood pressure reading.

Notes:

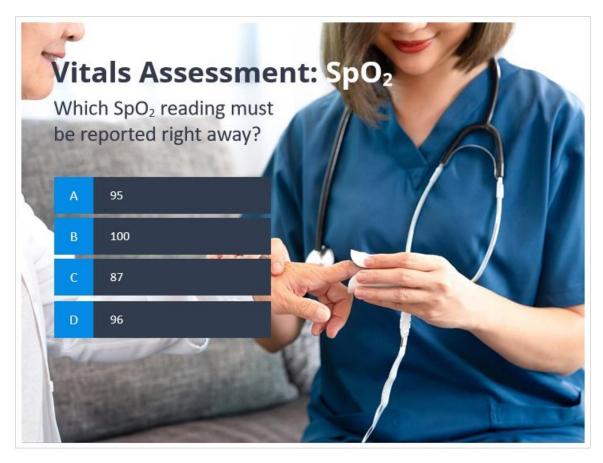






2.27 Vitals Assessment: SpO2

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
	Choice A
	Choice B
Х	Choice C
	Choice D

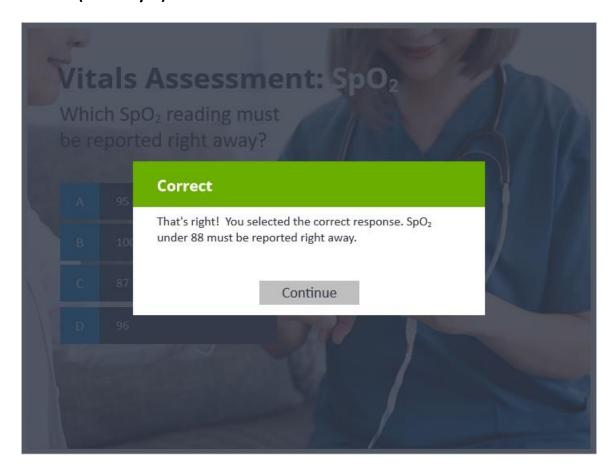
Feedback when correct:

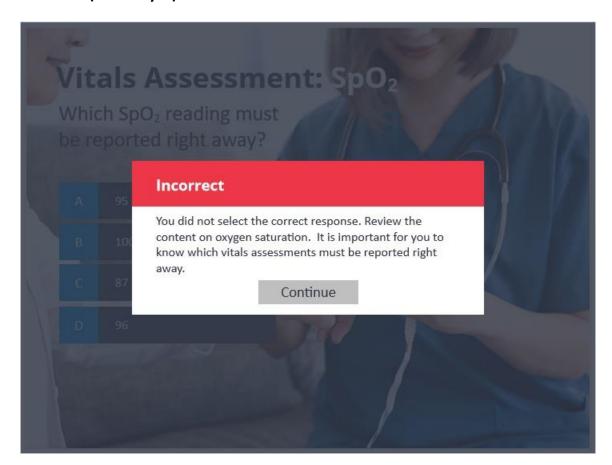
That's right! You selected the correct response. SpO2 under 88 must be reported right away.

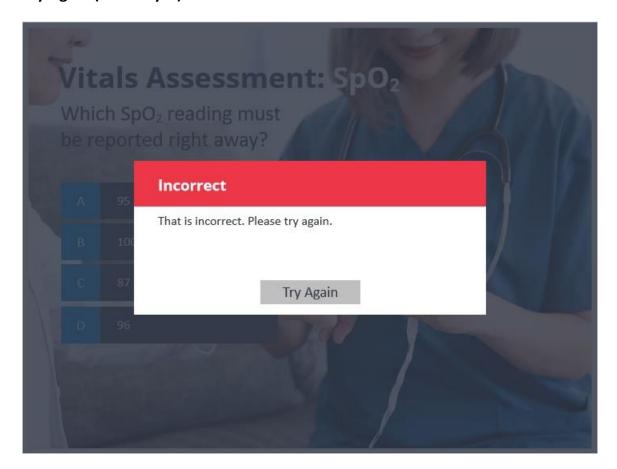
Feedback when incorrect:

You did not select the correct response. Review the content on oxygen saturation. It is important for you to know which vitals assessments must be reported right away.

Notes:







2.28 Vitals Assessment: Respiration

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
	Choice A
Х	Choice B
	Choice C
	Choice D

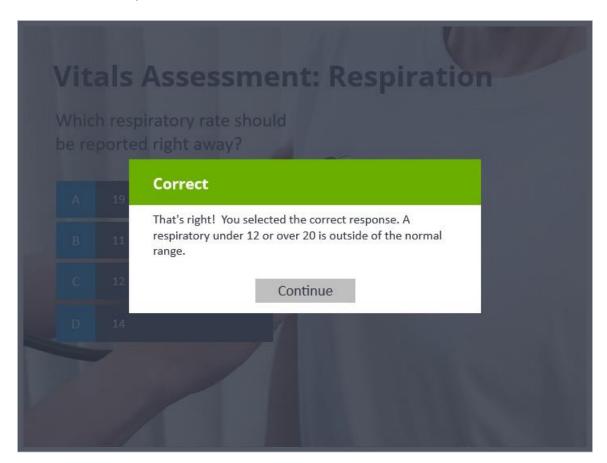
Feedback when correct:

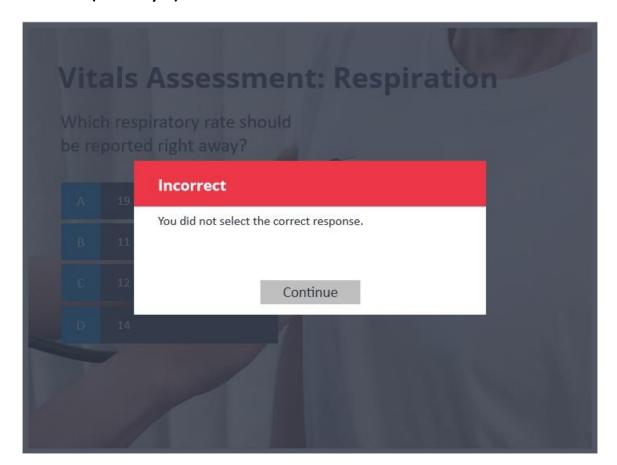
That's right! You selected the correct response. A respiratory under 12 or over 20 is outside of the normal range.

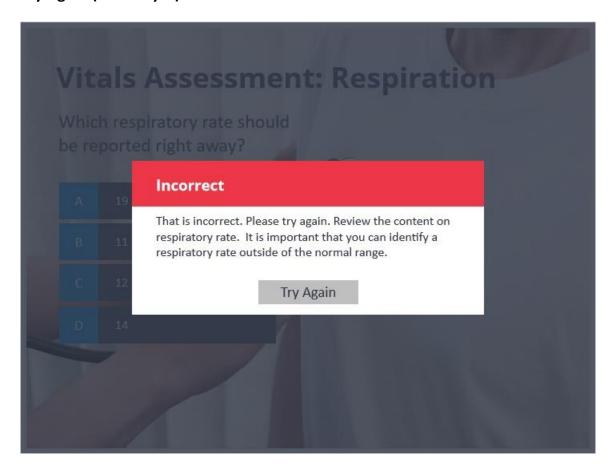
Feedback when incorrect:

You did not select the correct response.

Notes:

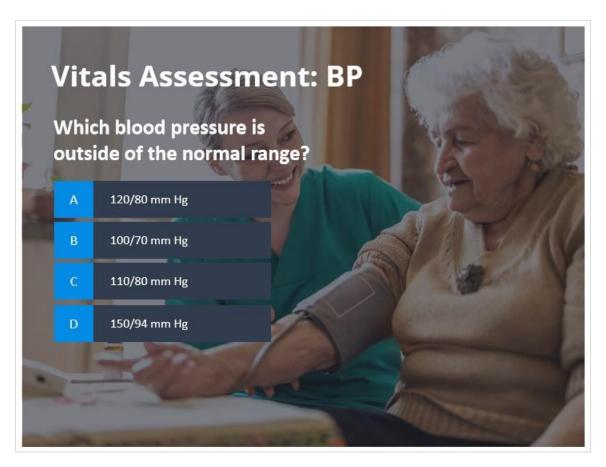






2.29 Vitals Assessment: BP

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
	Choice A
	Choice B
	Choice C
Х	Choice D

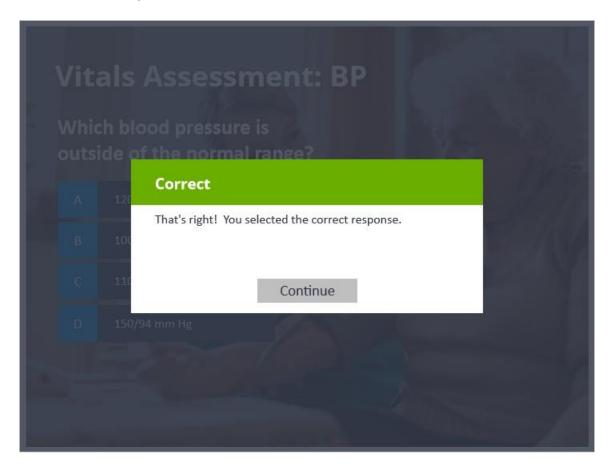
Feedback when correct:

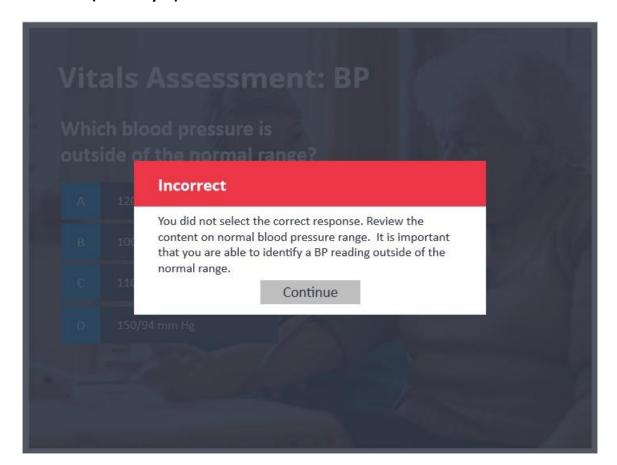
That's right! You selected the correct response.

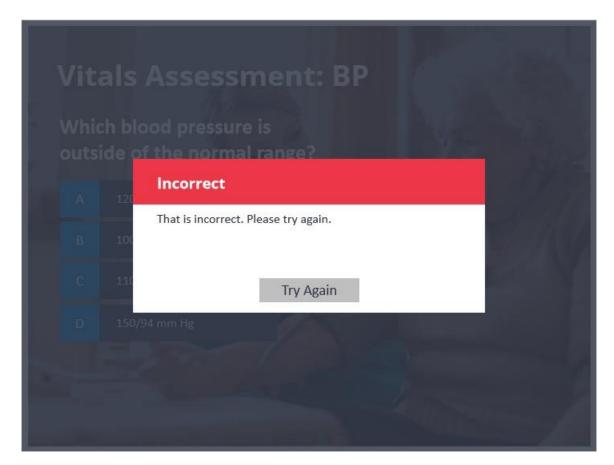
Feedback when incorrect:

You did not select the correct response. Review the content on normal blood pressure range. It is important that you are able to identify a BP reading outside of the normal range.

Notes:

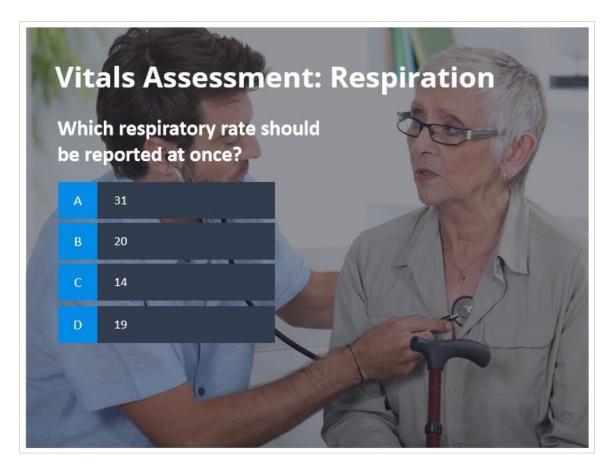






2.30 Vitals Assessment: Respiration

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
Х	Choice A
	Choice B
	Choice C
	Choice D

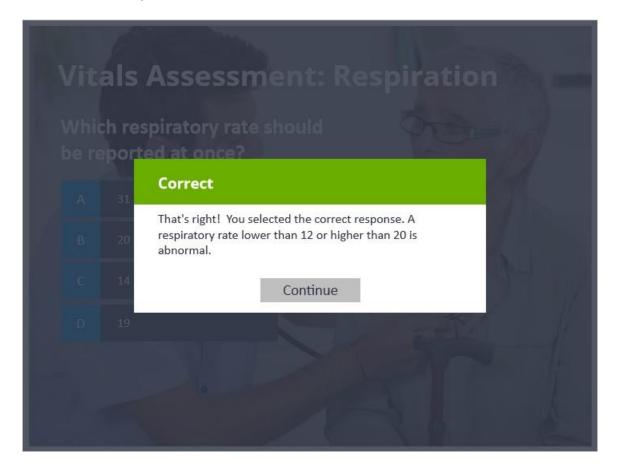
Feedback when correct:

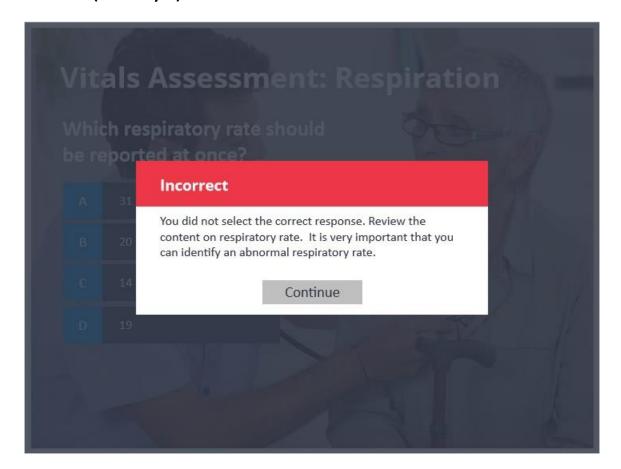
That's right! You selected the correct response. A respiratory rate lower than 12 or higher than 20 is abnormal.

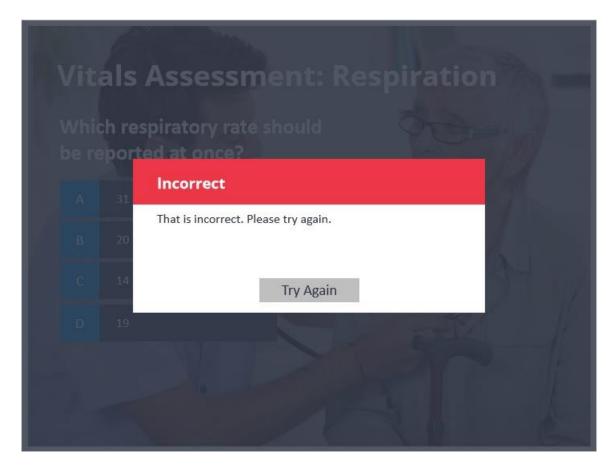
Feedback when incorrect:

You did not select the correct response. Review the content on respiratory rate. It is very important that you can identify an abnormal respiratory rate.

Notes:

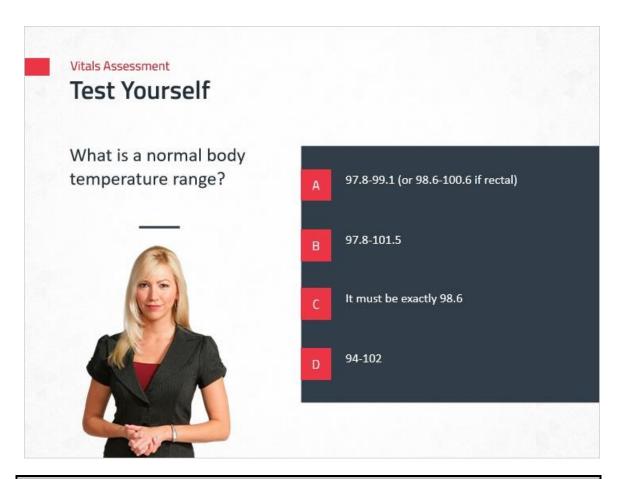






2.31 Test Yourself

(Pick One, 10 points, 2 attempts permitted)



Correct	Choice
Х	Choice A
	Choice B
	Choice C
	Choice D

Feedback when correct:

That's right! You selected the correct response.

Feedback when incorrect:

You did not select the correct response. Return to the Vitals section and review the material.

Notes:

