



NURSE AIDE EMERGENCY RULE

TRAINING EXCEPTION APPLICATION (limited to Emergency Rule only)

(h) Unlicensed health professionals under this section seeking certification may, at any time, but not later than 120 days following the lifting of the declaration of emergency, submit a training exception request and sit for the competency examination pursuant to OAC 310:677-1-3(c).

Please check the type of certification you are requesting. If approved, you are eligible to test for placement on the Nurse Aide Registry. (To test for CMA, you must be currently certified as a LTCA, HHA, or DDCA, and meet the eligibility requirements. Please sign the appropriate Affirmation, which is attached.)

- | | |
|---|--|
| <input type="checkbox"/> LTC = Long Term Care Aide (No Fee Required) | <input type="checkbox"/> ADC = Adult Day Care Aide \$15 fee |
| <input type="checkbox"/> HHA = Home Health Aide \$15 fee | <input type="checkbox"/> RCA = Residential Care Aide \$15 fee |
| <input type="checkbox"/> DDCA = Developmentally Disabled Direct Care Aide \$15 fee | <input type="checkbox"/> CMA = Certified Medication Aide \$15 fee |

Please include the following:

- LTC ONLY** – Skills Performance Checklist, Affirmation of 16 hours of Training, and 10 hours of Alzheimer’s disease training
- CMA ONLY** (*Must first have LTC, HHA, or DDCA*) – Medication Skills Performance Checklist (Signed & Dated) and Medication Pass Worksheet
- HHA, DDCA, ADC, and RCA** – Skills Performance Checklist (Signed & Dated) and documentation of any additional training (i.e. Alzheimer’s disease Training, Oklahoma Core Curriculum, etc.)
- A **Non-Refundable** \$15.00 processing fee for HHA, DDCA, ADCA, RCA, and CMA **OAC 310:677-1-3(f)(3)**

Name (Please Print): _____ SSN: ____/____/____ Date of Birth: _____

Address: _____
City State Zip

Signature: _____ Date: _____

E-mail Address: _____

Affirmation

To be eligible to test for a training exception for placement on the Oklahoma Nurse Aide Registry as a Medication Aide, you must have a current nurse aide certification in Long Term Care Nurse, Home Health, and/or Developmentally Disabled Direct Care.

I affirm the information on this form to be true and correct to the best of my knowledge.

X _____ / / _____
Signature of Nurse Aide Date

***Please attach this completed form with the requested documents and the \$15.00 Non-refundable processing fee (No fee for LTC), and mail to the Oklahoma State Health Department at the above address.**

MEDICATION SKILLS CHECKLIST

Facility Name: _____ **City, Town:** _____

Student/Trainee Printed Name: _____

Student/Trainee Signature: _____ **Trainee Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

Instructor Printed Name: _____ **License #** _____

Instructor Signature: _____ **Instructor Initials:** _____

SKILLS	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Infection Control			
Handwashing			
Gloving/On - Off			
Vital Signs			
Blood pressure			
Apical pulse			
Radial pulse			
Respirations			
Temperature			
Medication Routes			
Eye Medication			
Ointment			
Drops			
Ear Medication			
Nasal Medication			
Spray***			
Drops			

MEDICATION SKILLS CHECKLIST

SKILLS	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Oral Medication			
Tablet/Capsule			
Liquid			
Topical Medication			
Creams			
Ointments			
Patches			
Vaginal Medication			
Cream			
Suppository			
Rectal Medication			
Cream			
Suppository			

ADMINISTERING MEDICATIONS THROUGH NASOGASTRIC/GASTROSTOMY TUBES WHEN NOT ON CONTINUOUS FEEDINGS			
Use proper feeding techniques/Hygiene for resident			
Washes hands with soap and water			
Assembles equipment			
Identifies individual, introduces self, provides for privacy			
Verifies the 7 rights. (Individual, medication, dose, route, form, time and date)			
Puts gloves on			
Checking for Residual:			
Attaches a 60 cc or larger syringe to the tube. Gently pulls back on the plunger of the syringe, to obtain gastric contents			
Measures the amount of residual by looking at the numbers on the side of the syringe. Documents as ordered/required			
Checking for Placement:			
Elevates head of bed 30 degrees.			
Confirmed with Registered Nurse that placement was verified			
Flushing Tube:			
Flushes the feeding tube with 30 - 60 cc's of water before giving the medications. (Or follows the facility's policy and procedure)			
Administering Medication:			
Measures the prescribed amount of liquid medication into a measured medication cup. If not in liquid form, crushes pill (if physician ordered) and adds to 15 cc's of water to make it into a liquid form. (Or follows the facility's policy and procedure)			
Removes the plunger from the 60 cc or larger syringe and reattaches to end of tube			
Pours the medication into the syringe and allows it to flow in by gravity. Pours 15 cc's or more of water into the cup to rinse out all of the medication and pours it in to the syringe. (Or follows the facility's policy and procedure)			

MEDICATION SKILLS CHECKLIST

	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Flushes the tube with 30 - 60 cc's of water after all medication is given. (Or follows the facility's policy and procedure)			
Removes and disposes of gloves. Washes hands			
Correctly documents the medication on the appropriate form			

ADMINISTERING BOLUS FEEDINGS THROUGH NASOGASTRIC/GASTROSTOMY TUBES			
Washes hands with soap and water			
Assembles equipment			
Verifies physician's order			
Identifies individual, introduces self, provides for privacy			
Checks to see if individual has a fluid restriction order			
Puts on gloves			
Checking for Residual:			
Attaches a 60 cc or larger syringe to the tube. Gently pulls back on the plunger of the syringe, to obtain gastric content			
Measures the amount of residual by looking at the numbers on the side of the syringe. Documents as ordered/required			
Holds feeding if gastric contents greater than 100 cc's or as physician ordered. (Or follows facility's policy and procedure)			
Documents as ordered/required. Notifies licensed nurse			
Checking for Placement:			
Elevates head of bed 30 degrees			
Confirmed with Registered Nurse that placement was verified			
Flushing Tube:			
Flushes the tube with 30 - 60 cc's of water to clear tube			
Administering Bolus Feeding:			
Measures the correct amount of nutritional feeding supplement in measured container			
Pours the correct amount of nutritional feeding supplement into tube allowing it to flow in by gravity			
Flushes the tube with 30 - 60 cc's of water after bolus feeding is completed. (Or follows the facility's policy and procedure)			
Disposes of opened containers			
Removes and disposes of gloves. Washes hands			
Correctly documents the feeding on the appropriate form			

ADMINISTERING MEDICATIONS THROUGH NASOGASTRIC/GASTROSTOMY TUBES WHILE RECEIVING CONTINUOUS FEEDINGS			
Washes hands with soap and water			
Assembles equipment			
Identifies individual, introduces self, provides for privacy			
Verifies the 7 rights. (Individual, medication, dose, route, form, time and date)			
Puts gloves on			
Elevates head of bed 30 degrees			

MEDICATION SKILLS CHECKLIST

	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Prepares medication. If medication is not in liquid form, crushes pill (if physician ordered) and adds to 15 cc's of water to make it into a liquid form. (Or follows facility's policy and procedure)			
Turns off feeding machine. Disconnects feeding tube from gastrostomy tube. Attaches cap to feeding tube end and hangs securely on feeding pump stand. Is careful not to contaminate the end of the tubing			
Attaches a 60 cc or larger syringe to the gastrostomy tube and flushes with 30 - 60 cc's of water. (Or follows facility's policy and procedure)			
Pours the medication into the syringe that is attached to the gastrostomy tube and allows it to flow in by gravity			
Pours 30 - 60 cc's of water into medication cup and pours into gastrostomy tube to flush. (Or follows facility's policy and procedure)			
Reconnects feeding tube to gastrostomy tube and restarts the continuous feeding pump			
Removes and disposes of gloves. Washes hands			
Notifies licensed nurse to verify feeding pump is set correctly			
Correctly documents the medication on the appropriate form			

RESPIRATORY/NEBULIZERS SKILLS:

Washes hands with soap and water			
Assembles equipment			
Identifies individual, introduces self, provides for privacy			
Verifies the 7 rights. (Individual, medication, dose, route, form, time and date)			
Assists individual to sit in a comfortable, upright position.			
Opens plastic vial. Takes top off the nebulizer cup and squeezes the contents into the nebulizer cup and puts cap back on cup			
Connects the nebulizer cap and tubing to mouthpiece or mask			
Connects the tubing to the port on the compressor			
Verbalizes knowledge that a licensed nurse assessed lung sounds. (Or follow facility's policy and procedure)			
Takes radial pulse before nebulizer treatment. (Or follows facility's policy and procedure)			
Places mouth piece in individual's hand and instructs individual to put the mouthpiece between their teeth and close their lips around the mouthpiece			
If using a mask, assists individual to properly put on the mask			
Instructs the individual to gently breathe out, and as the mist starts, inhale slowly and deeply through their mouth, taking over three (3) to five (5) seconds for each breath			
Instructs individual to continue the breathing until all medication is gone from the cup			
Takes radial pulse after nebulizer treatment. (Or follows facility's policy and procedure)			
Washes hands upon completion of treatment			
Correctly documents the medication on the appropriate form			

MEDICATION SKILLS CHECKLIST

	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Metered Dose Inhalers			
Washes hands with soap and water			
Assembles equipment			
Identifies individual, introduces self, provides for privacy			
Verifies the 7 rights. (Individual, medication, dose, route, form, time and date)			
Self-Administration of Medication: (Individual holds inhaler)			
Removes the cap from the inhaler			
Gives individual the following instructions on use of inhaler			
Instructs individual to shake the inhaler before each inhalation			
Instructs individual to hold mouthpiece 1 ½ - 2 inches in front of mouth			
Instructs individual to tilt head back slightly, open mouth wide and gently breathe out			
Instructs individual to press the inhaler and at the same time begin a slow, deep breath and continue to breathe in slowly and deeply over 3 - 5 seconds			
Instructs individual to hold breath for up to ten (10) seconds			
Instructs individual to wait one (1) minute between puffs			
Administering the Medication: (Trainee holds inhaler)			
Removes the cap from the inhaler			
Shakes the inhaler before each inhalation			
Holds inhaler 1½ - 2 inches in front of individual's month			
Instructs individual to tilt head back slightly, open mouth wide and gently breathe out			
Presses the inhaler and at the same time instructs individual to begin a slow, deep breath and continue to breathe in slowly and deeply over 3 - 5 seconds			
Instructs individual to hold breath for up to ten (10) seconds			
Instructs individual to wait one (1) minute between puffs			
Removes inhaler and instructs individual to resume normal breathing			
Washes hands upon completion of treatment			
Correctly documents the medication on the appropriate form			
Verbally identifies the different injection sites			

BLOOD GLUCOSE MONITORING			
Demonstrates reading physician orders regarding procedure			
Demonstrates a quality control check on the glucose monitoring equipment			
Demonstrates proper hand-washing			
Demonstrates how to use blood glucose testing equipment			
Demonstrates how to clean the glucometer			
Demonstrates safe handling of glucometer equipment, lancing devices, lancets, and test strips			
Demonstrates accurate documentation of results			
Demonstrates accuracy with a minimum of 10 tests per type of testing glucometer used in the training program			

MEDICATION SKILLS CHECKLIST

	Date Satisfactorily Performed	Student Trainee Initials	Instructor Initials
Glucometer Name and Model Number (Copy and use for each Glucometer Model)			
Insulin Preparation (Minimum of 10 demonstrations)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Insulin Preparation and Insulin Administration			
Demonstrates reading physician orders regarding procedure			
Demonstrates proper hand-washing			
Demonstrates mixing the insulin with gentle rotation			
Demonstrates cleaning top of insulin vial			
Demonstrates correct procedure of inserting air into vial			
Demonstrates drawing up correct dose of insulin			
Demonstrates a minimum of ten tests the accurate measurement and correct technique for preparation of a single and a mixed dose of insulin			

Insulin Preparation (Minimum of 10 demonstrations)			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Insulin Administration			
Verbally identifies the different injection sites			

MEDICATION SKILLS CHECKLIST

SKILLS PROFICIENCY COMPLETION STATEMENT

I verify that the skills performance checklist has been completed in accordance with safe guidelines set forth. I further affirm the above named trainee/employee has satisfactorily performed all skills on the skills performance checklist and has been determined proficient in those skills.

Instructor/Nurse Supervisor Signature: _____ Date: _____

Student Trainee Signature: _____ Date: _____

Per 310:677-3-4, Trainees shall not perform services for which they have not been trained and found proficient by the instructor.

Health Certification Project MEDICATION PASS RECORD

DIRECTIONS:

- Medication passes must be evaluated by an R.N., L.P.N., or Pharmacist – C.M.A.'s may not evaluate medication passes for students.
- Medication passes on this record must be evaluated after the student has completed a minimum of 40 hours of training through an OSDH-Approved Program
- Students must pass medications to 20 individuals with 100% accuracy. All questions for all medications administered during a medication pass must be answered "Yes". For all "No" responses, the evaluator must indicate the error(s) that occurred while passing the medication.

Facility Where Med Passes Were Performed:						City Where Facility is Located:							
Student Name:				Evaluator's Name/Signature:						Result: PASS		FAIL	
Date/Time Medication Passed	Client Identifier <small>*do not use full patient name</small>	Name of Drug, Dosage of Drug, and Form of Drug Passed	Was client identification verified?		Was correct drug passed?		Was drug dosage correct?		Was the correct form of the drug passed?		Was the drug passed and documented correctly on the MAR?		I observed this medication pass. (Evaluator's Initials)
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	

Student Name:

Documentation of Errors Observed on Medication Passes

Date/Time of Medication Pass	Client Identifier	Name of Medication Passed Incorrectly	Describe the error(s) made by the student:	Describe action taken: