

Practice Tests for CMA Training Program

This document contains practice tests that students can use to help prepare for the state examination.

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Section 1

1. The CMA administering medications in Assisted Living Communities or nursing homes has to demonstrate certain skill with administering medications and be checked off or validated by a GA state R.N. or registered pharmacist.

True False

2. Unlicensed staff may administer medications through the intravenous route.

True False

3. A scope of practice in each state defines the tasks that healthcare providers are legally allowed to do as permitted by state or federal law.

True False

4. As a medication aide I may accept a delegated task as soon as the nurse tells me to.

True False

5. State law may determine the length and type of _____ a medication aide must have.

- a. lanyard
- b. scrubs
- c. medication cart
- d. Training

6. As long as a physician tells me it is ok, I can do a task outside of my scope of practice

True False

7. CMAs may work in the following types of facilities: (circle all that apply)

- a. assisted living facilities
- b. doctor offices
- c. hospitals
- d. Nursing homes

8. CMAs may perform the following tasks: (circle all that apply)

- a. administering oral medications
- b. assessing why a resident has a new complaint of pain
- c. prescribing oral medications
- d. administering medications through the vaginal or rectal route

9. As a CMA you will not have any responsibility when it comes to storing medications

True False

10. CMAs are required to have the following number of in-service hours annually

- a. 8
- b. 12
- c. 16
- d. 20

11. When should a CMA refuse a task?

- a. when it is something that he is not trained to do or that is outside of his scope of practice
- b. when he sees that the resident does not need the drug that he is assigned to administer
- c. When he is not sure he can complete all assigned tasks that day
- d. When it is assigned by a nurse he does not like

Section 2

1. You are legally responsible for any medication or treatment that you administer as a CMA

True False

2. Ethics are designed to guide behaviors so that people have a knowledge of right and wrong.

True False

3. The following are tasks that cannot be delegated to a medication aide: (circle all that apply)

- a. calculating or converting medication doses.
- b. administering medications when a nurse is not available to monitor the resident's response.
- c. administering medications by the intravenous route.
- d. administering an enema once you have been checked off on the skill.

4. Abuse is the failure to provide needed care that results in physical, mental, or emotional harm to a person.

True False

5. It is the responsibility of the nurse to report suspected abuse.

True False

6. A CMA can be found guilty of fraud if he/she documents that they administered a medication when they did not do so.

True False

7. Not shaking a liquid medication that requires shaking is an example of:

- a. Diversion
- b. Physical Abuse
- c. Negligence
- d. Fraud

8. Which of the following is an example of respecting a resident's right to participate in her own care

- a. making sure the resident takes every medication on the MAR no matter what.
- b. respecting the resident's right to refuse a medication.
- c. giving a resident privacy when she has visitors.
- d. promptly reporting any medication errors.

9. With whom can a medication aide share information about a resident's medications?

- a. With the resident's son or daughter, whether or not the resident approves.
- b. with anyone who works in a healthcare setting.
- c. with the resident and members of the health care team.
- d. with any trusted person.

10. The following is true regarding controlled substances: (circle all that apply)

- a. drugs are ranked with a schedule based on how addictive they are.
- b. controlled substances may be stored following a single lock procedure.
- c. any trained medical professional may administer a Schedule 2 drug.
- d. the amount of Schedule 2 drugs on hand must be verified each shift.

11. Which of the following responses by a CMA to a resident refusal of a medication is appropriate?

- a. Your doctor will be really mad if you don't take this medication, so please take it.
- b. If you don't take this medication, I might get in trouble.
- c. Can you tell me more about why you don't want to take this medication?
- d. Could you please take this medication? Your son will be really disappointed to hear you're refusing it.

12. Regulations for the accountability of controlled substances differ from the regulations of non-controlled medications.

True False

13. Residents have a right to refuse medications

True False

Section 3

1. The following statements are true regarding pharmacology: (circle all that apply)

- a. Pharmacology is the branch of medicine that studies the uses and effects of drugs.
- b. Pharmacology helps discover new medicines to help fight disease.
- c. Pharmacology does not help us understand drug addiction.
- d. Pharmacology helps to reduce unwanted side effects caused by medications.

2. A syrup is an extract, usually made of plant material dissolved in alcohol.

True False

3. A spray is a liquid pushed through the air in tiny drops.

True False

4. Caplets are formed by pressing powdered ingredients tightly together to make a hard pill.

True False

5. A sublingual tablet is placed under the tongue to dissolve.

True False

6. An ointment is fairly thick and greasy, providing protective and lubricating effects.

True False

7. This is the name of the drug that is usually longer and is related to the chemical or the active ingredient that makes the drug work.

- a. Brand name
- b. Trade name
- c. Generic name
- d. Preferred name

8. The doctor's order states to administer the medication via the buccal route, therefore I will administer the medication between the gums and the cheek.

True False

9. If I am told to administer a medication ac, I will give it after meals.

True False

10. The doctor's order states to give a medication T.I.D. I will administer the medication:

- a. Once daily
- b. Tuesday's
- c. Thursday's
- d. Three times a day

11. A medication to be given by the otic route is placed in the eye.

True False

12. The transdermal route means that a medication comes in patch form.

True False

13. Name the most common food that can have an effect on how the body uses medication: _____.

14. If you are not sure of an abbreviation, it is ok to guess.

True False

15. A nebulizer does this to a drug so that it may be inhaled and reach the lungs;

- a. Aerosolizes it
- b. Dissolves it
- c. Concentrates it
- d. Injects it

16. Which of these is a topical medication?

- a. A powder that is stirred into liquid and swallowed
- b. A liquid that is emptied into a machine and made into a mist to be inhaled
- c. A fine spray that is administered through the nostrils
- d. An ointment that is applied to the skin

17. A type of liquid medication that contains drug particles that are not completely dissolved is a

- a. Syrup
- b. Elixir
- c. Solution
- d. Suspension

18. A _____ medication is administered through the application of a patch to the skin

- a. Nebulized
- b. Intravenous
- c. Buccal
- d. Transdermal

19. Medications administered to the eye may be called ophthalmic, optic, or _____ medications.

- a. Otic
- b. Intranasal
- c. Parenteral
- d. Ocular

20. A controlled medication usually has a _____ that affects how it's processed in the body.

- a. Coating
- b. Scoring
- c. Color
- d. Shape

21. You receive an order for Nitroglycerin to be given sublingually. It would be given:

- a. Under the tongue
- b. By mouth
- c. Instilled in the ear
- d. Applied to the skin

22. The following abbreviations are for drug routes, except

- a. PO
- b. IM
- c. PD
- d. SL

23. It is important to know the policy on approved abbreviations for your facility.

True False

24. When a resident has difficulty swallowing, the resident is at risk for:

- a. Asthma
- b. Aspiration
- c. Arrhythmia
- d. Arthritis

Section 4

1. Which of the following are true statements about allergies and medications?

- a. Allergic reactions include rashes, swelling, and itching.
- b. Allergic reactions can be life-threatening.
- c. Allergic reactions or suspected reactions should be reported promptly to your supervisor, nurse, physician, or pharmacist according to facility policy.
- d. All allergies should be documented in the resident's file and on the MAR, if the resident does not have allergies, NKA should be documented.
- e. All of the above.

2. A CMA is not permitted to accept a physician's telephone or verbal order having to do with starting, stopping, or changing medication for a resident

True False

3. A medication must have all of the following information EXCEPT:

- a. date ordered.
- b. resident's name.
- c. room number.
- d. medication name and strength.

4. You take a resident's pulse and the rate you obtain is 55 beats. Based on your understanding of normal pulse ranges, this pulse rate is normal.

True False

5. A drug's indication is the _____ it is taken.

- a. route by which
- b. time
- c. reason
- d. number of days

6. Objective information is based on _____ and subjective information is based on _____.

- a. observed facts; reported experiences.
- b. reported experiences; observed facts.
- c. opinions; data.
- d. measurements; research.

7. An allergic reaction may also be called

- a. hypersensitivity
- b. oral candidiasis
- c. paradoxical reaction
- d. hypertension

8. In which case might a CMA need to measure and document vital signs
- before administering a pain killer such as acetaminophen.
 - before administering a medication that can cause headaches.
 - before administering a medication that affects pulse or blood pressure.
 - before administering a medication for indigestion.
9. Which of these reactions must always be observed for when a resident takes an antibiotic?
- hypertensive emergency
 - anaphylaxis
 - headache
 - lower resistance to infection
10. Hypertensive emergency involves a systolic blood pressure over _____, or a diastolic blood pressure over _____.
- 100,60
 - 120,80
 - 140, 90
 - 180, 120
11. A telephone or verbal order for medications and treatments must be signed by the person who prescribed the medications within:
- 15 days from the date the order is given.
 - 30 days from the date the order is given.
 - 20 days from the date the order is given.
 - none of the above.
12. The resident's physician or prescribing practitioner is to be contacted about the resident's medication orders:
- If it is not dated and signed within 24 hours of admission to the facility.
 - when the medication orders and discharge summary do not match.
 - if a medication order is incomplete or unclear.
 - all of the above.
13. The facility is required to maintain or keep all medication orders for a resident:
- in the resident's record in the facility.
 - at the pharmacy.
 - in any type of notebook or record, as long as the order is in the facility.
 - in the resident's room.
14. You have to document on MAR when a medication is:
- administered.
 - refused.
 - omitted.
 - all of the above.

15. When should medications be signed off on the MAR?

- a. after a resident has been observed to actually take the medication.
- b. after all the residents have been administered their medications and observed to actually, take the medications.
- c. after the medication label is checked with the MAR.
- d. before the county or state visits the home.

16. When new orders are received, the MAR is changed to reflect the new orders.

True False

17. Ambien 5 mg po as needed for sleep

- a. is a complete medication order.
- b. is an incomplete order.

Section 5

1. The following are abbreviations for dosages or strengths of medications except

- a. mg
- b. ml
- c. gm
- d. pd

2. A milliliter is the same as a milligram

True False

3. If you question a dosage, give the medication, then call the pharmacy.

True False

4. When measuring liquids, which of the following statements is false:

- a. A teaspoon or tablespoon from the kitchen may be used.
- b. A calibrated syringe or dropper is often necessary for measuring amounts less than 5 ml and unequal or odd amounts.
- c. When using a medication cup, it should be placed on a flat surface and measured at eye level.
- d. you never approximate or guess the amount of medication to administer.

5. The physician orders Haldol solution 2mg at bedtime. Which of the measuring devices would you use to measure 2 mg of Haldol?

- a. Medication cup
- b. tablespoon
- c. oral syringe
- d. oral dropper
- e. none of the above

6. The physician orders Potassium Chloride 1 tablespoonful with water or juice every morning. Which of the measuring devices would you use to measure 1 tablespoon of Potassium Chloride?

- a. Medication cup
- b. Tablespoon
- c. Both a and b are ok to use.

7. An order for Mellaril 10 mg every morning. The physician ordered Mellaril liquid since the resident is not able to swallow tablets or capsules. Which of the measuring devices below would you use to measure 10mg of Mellaril?

- a. medication cup
- b. Tablespoon
- c. Oral Syringe
- d. Oral dropper
- e. None of the above devices should be used.

8. The physician ordered Dilantin suspension 4ml by mouth 3 times daily for a resident. Which measuring device should be used to measure 4 ml of Dilantin?

- a. medication cup
- b. Tablespoon
- c. Oral syringe
- d. oral dropper
- e. both a medication cup and d oral dropper

Using the metric system conversions, answer the following questions:

9. the physician's order is for Milk of Magnesia 2 tbsp. by mouth at bedtime. How much would you give?

- a. 30ml
- b. 45ml
- c. 10ml
- d. 60ml

10. The physician's order is for Lactulose 2 tsp. by mouth at bedtime. How much would you give?

- a. 10ml
- b. 15ml
- c. 20ml
- d. 30ml

11. The physician's order is for Riopan liquid 2 every 4 hours as needed for heartburn. How much would you give?

- a. 1 ml
- b. 2 teaspoons
- c. 2 tablespoons
- d. can't tell how much to give from this order.

12. The physician's order is for Haldol liquid concentrate 2 ml every 8 hours. How much would you give?

- a. 1 milligram
- b. 2 milligrams
- c. 5 milligrams
- d. none of the above

13. If you have to calculate dosages, it is best to:

- a. ask the resident for the correct dosage.
- b. do your best calculations and administer the medications.
- c. ask the supervisor, nurse, or pharmacist to calculate the dosage with you.

Section 6

1. Which of the following statements is NOT true about allergies and medications?

- a. An allergy is a reaction that occurs as the result of unusual sensitivity to a medication or other substance.
- b. Allergic reactions can include rashes, swelling, and itching but are never life-threatening.
- c. documenting all allergies in the resident's record or document "No Known Allergies", if the resident does not have any allergies.
- d. all allergic reactions or suspected reactions should be reported promptly to the supervisor, nurse, physician, or pharmacist according to facility policy.

2. You are with a resident at a doctor's appointment. The physician writes an order for Amoxicillin and you know the chart is flagged "Allergic to Amoxicillin". You should:

- a. Administer the medicine as ordered, the physician knows best.
- b. Remind the physician of the allergy warning.
- c. Pull the allergy label off the record.

3. A resident's allergies should be documented on the MAR and the resident's record

True False

4. A drug reference book is a helpful tool to identify or find information on medications, dosages, and side effects.

True False

5. Medication cannot cause a resident to be confused.

True False

6. The therapeutic dose of a medication is high enough to be _____ and low enough to avoid _____.

- a. toxic, effectiveness.
- b. effective, toxicity.
- c. tolerated, side effects.
- d. administered, anaphylaxis.

7. Which of the following factors seriously affects the way a drug is used in the body?

- a. whether it is a generic name or name brand drug.
- b. the age of the person taking the drug.
- c. the eye color of the person taking the drug.
- d. how long a person remains seated after taking the drug.

8. Which of the following foods is known to cause interactions with many different drugs?

- a. potato chips
- b. chicken
- c. grapefruit
- d. avocado

9. Medication side effects are mostly _____

- a. predictable.
- b. dangerous.
- c. preventable.
- d. imagined.

10. A resident who experiences excitement and hostility after taking a medication for anxiety may be experiencing

- a. hypersensitive reaction.
- b. anaphylactic reaction.
- c. paradoxical reaction.
- d. drug-disease interaction.

11. A resident with hypothyroidism has been taking iron supplements and levothyroxine at the same time. Her most recent blood tests show that her thyroid levels are too low. Which drug-drug interaction could be the cause of her low thyroid levels?

- a. addition.
- b. antagonism.
- c. potentiation.
- d. synergism.

12. When is a boxed warning issued for a medication?

- a. when it has a particularly bad taste.
- b. when it is toxic to pets.
- c. when it is toxic to children.
- d. when it may cause serious, potentially life-threatening effects.

13. Which of the following is an example of a contraindication for a drug?

- a. elderly people may be affected more strongly by sedative medications.
- b. people with ulcers may experience a higher risk of gastrointestinal bleeding if they take NSAIDs.
- c. children need a lower dose of ibuprofen than adults.
- d. resident dislikes swallowing a medication that is in the form of a large tablet.

14. Which of the following side effects is a systemic side effect?

- a. Injection site pain after a flu shot.
- b. rash after administration of an ointment.
- c. oral thrush after use of an inhaled corticosteroid.
- d. hypertension resulting from use of an inhaled corticosteroid.

Section 7

1. List the 6 rights of medication administration

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

2. When medications are stored in a refrigerator that is accessible to residents, the medications are to be:

- a. Stored in a separate container in the refrigerator.
- b. Stored in a separate locked container in the refrigerator.

3. You must identify a resident using a minimum of ___ identifiers.

- a. 1
- b. 2
- c. 3
- d. 4

4. Side effect of medications may include

- a. change in behavior
- b. rash
- c. change in swallowing
- d. change in mobility or walking
- e. all of the above

5. The following statements are about prescription labels. Which is false?

- a. Always read the label carefully
- b. If a label is not complete, tell the nurse at once
- c. Check the expiration date.
- d. You may give a drug after the expiration date.

6. If a prescription label becomes soiled or directions change, you should:

- a. Write the directions on the medication level so everyone can read the directions.
- b. Call the pharmacy for a new label and tape the new label over the soiled or incorrect label.
- c. Report it to the supervisor, nurse, or pharmacist.

7. _____ medications are the most likely to be kept at a facility in traditional packaging.

- a. over the counter stock.
- b. blood pressure.
- c. emergency.
- d. controlled.

8. When should medication administration be documented?

- a. Immediately after the medication is set up, right before the resident takes it.
- b. immediately before the medication is set up, when the CMA reaches the resident's room.
- c. immediately after the medication is administered to the resident.
- d. immediately before the CMA starts a medication pass.

9. If a medication classified as a controlled substance must be destroyed or disposed of; this task generally must be performed

- a. by the doctor who prescribed it.
- b. by the charge nurse.
- c. by a facility's administrator.
- d. with 2 staff members present.

10. Which of the following is true of medications that are past their expiration date?

- a. They should only be administered with a doctor's approval.
- b. They should only be administered if the expiration date was within the past week.
- c. They should not be administered.
- d. They should only be administered after the CMA checks that they do not have an unusual smell or appearance.

11. If medications are administered at a facility using a medication cart, which of the following is an important safety measure?

- a. The CMA should prepare medications for the next resident in the room of the resident who just received medications before wheeling the cart out.
- b. The CMA should prepare medications for every resident and have them organized on the top of the cart before starting a medication pass.
- c. The CMA should keep the cart locked anytime it is unattended.
- d. The CMA should wheel the cart back to the medication room between residents to prepare the next resident's medications.

12. Which of the following is true about anaphylaxis?

- a. It usually passes quickly and without harm.
- b. It can be life-threatening and requires immediate action.
- c. It can only happen in people who have had previous allergic reactions.
- d. If a resident has taken a medication before and did not experience anaphylaxis, that medication will never cause anaphylaxis for the resident.

13. Oral medications must be stored separately from topical or external medications

True False

14. The following statement about non-prescription medications is false:

- a. they may be kept in the original container with the manufacturer's label and expiration date.
- b. they may be packaged and labeled by a pharmacist.
- c. they may be administered to a resident without a physician's order.
- d. they can produce unwanted effects.

15. One of the best ways of identifying the correct resident is to:
- ask another staff member.
 - ask another resident.
 - ask residents to spell their names.
 - use photographs of the residents.
16. Checking the medication label against the MAR 3 times should always
- be done with each medication when administered to each resident.
 - be done by the new staff members.
 - be done if you do not know the resident.
 - be done if it is a new medication order.
17. If you are unable to read the physician's handwriting on a prescription or health services record or the directions for a medication are incomplete, you should:
- Leave the orders for the staff on the next shift.
 - Contact your supervisor, the pharmacist, or the physician.
 - Ask the resident or a family member.
 - Use your best "guess".
18. When administering medications, it is safe practice to:
- Rely only on the color of the medication.
 - Rely only on the shape of the medication.
 - Rely only on the location of the container.
 - Read the label and the MAR each time a medication is administered.
19. If a resident expresses concern about a medication you are about to administer:
- Give it anyway.
 - Walk away and document "refused".
 - Double check the medication and dosage information.
 - Give it to his roommate.
20. When a medication arrives from the pharmacy, and there is no order for the medication on the MAR, you should:
- Copy the directions on the medication label onto the MAR.
 - Administer the medication according to the directions on the medication label.
 - Look in the resident's record for an order and/or notify the supervisor, nurse, or pharmacist before administering the medication.
 - Omit the medication and write a note for the next shift to check it.

Section 8

1. All of the following are examples of medication errors EXCEPT one. Which one of the following is not a medication error?

- a. The omission of a prescribed medication.
- b. The refusal of a medication by a resident.
- c. Failing to perform any of the 6 rights of medication administration.
- d. Administering medications that have not been prescribed including OTC's or non-prescription medications.

2. All of the following are considered reasons for medication errors EXCEPT:

- a. transcribing information incorrectly onto the MAR.
- b. administering medications according to the directions on the medication label without using the MAR.
- c. Checking the medication label with the MAR when administering medications.
- d. Administering medications by memory.

3. Medication errors may:

- a. Interferes with how effective the medication will be.
- b. Produces bad reactions.
- c. Threatens the resident's life.
- d. All of the above.

4. Never administer medications that are

- a. Discolored.
- b. Outdated or expired.
- c. Both a and b.

5. The medication label and the MAR are compared:

- a. When selecting or removing the medication from the supply or storage area.
- b. Before pouring the medication.
- c. After pouring and before returning the medication to the supply or storage area.
- d. All of the above.

6. When new orders are received the MAR is changed to reflect the new orders.

True False

7. A delay in administering a medication may cause a life-threatening incident.

True False

8. When you are administering a medication and the order on the MAR does not match the directions on the medication label, you should:

- a. Administer the medication according to the MAR.
- b. Notify the supervisor, nurse, or pharmacist and/or look in the resident's record for the current medication order.
- c. Administer the medications according to the directions on the medication label.
- d. Omit the medication and leave a note for the next shift.

9. Which of the following medications may be very dangerous if discarded incorrectly?

- a. Fentanyl patch.
- b. Lansoprazole tablets.
- c. Scopolamine patch.
- d. Hydrocortisone suppository.

10. What is the purpose of reporting all medication errors, even if there is no harm to a resident?

- a. It allows the person who made the error to be punished appropriately.
- b. It alerts the residents and their families that the facility is not safe.
- c. It can help improve processes and increase safety.
- d. It is a city law in all American cities.

11. A resident tells the CMA that the tablet she is giving him is the wrong drug. The CMA insists that it is correct; and that the resident should take it. Later, it is discovered that the pharmacy provided the wrong medication. Which of the following causes of medication errors is involved most directly in this case?

- a. Failure to follow medication orders exactly.
- b. Failure to follow instructions for use of a medication.
- c. Failure to follow a facility's policy and procedures.
- d. Failure to follow a resident or family member's concerns.

12. A nurse determines that a resident should receive acetaminophen for a headache, as indicated on her MAR. The medication aide instead administers aspirin. Which of the following is true?

- a. This medication error is definitely not significant and does not need to be reported.
- b. The medication error is definitely not significant but does need to be reported.
- c. This medication error is definitely significant and needs to be reported.
- d. This medication error may be significant based on the resident, and needs to be reported.

13. When should a medication error be reported?

- a. As soon as it occurs.
- b. As soon as the CMA can determine what effects it may have had.
- c. As soon as the CMA completes the medications pass for all residents.
- d. At the end of the CMAs shift.

Section 9

1. When administering medications, it is o.k. to leave a resident's medication at the bedside if the resident is present.

True False

2. Medications should be given within one hour before or one hour after the prescribed or scheduled time of administration.

True False

3. Information or documentation on the MAR for prn medications that are administered includes:

- a. The amount or quantity of medication administered.
- b. The specific time of administration.
- c. The initials of the person administering the medication.
- d. The effectiveness of the medication.
- e. All of the above.

4. Mr. Jones, a resident in the facility, is going to visit his family for the week. The proper way to prepare Mr. Jones' prescription medications to take with him would be to:

- a. Remove the amount of medications needed for the week from the resident's supply of medication, place the medications in labeled containers and document the medications sent on the appropriate facility form.
- b. Send the medications in containers that have been filled and labeled by a pharmacist and document the medications sent on the appropriate facility form.

5. In order for a medication to be administered you must have:

- a. Permission from the family.
- b. A drug handout of information from the pharmacist
- c. A physician's order

6. As needed (prn) medications must be administered according to:

- a. The facility's administration time schedule for administration.
- b. The resident's choice of time and frequency.
- c. The reason and frequency of administration specified in the physician's order.
- d. The family's request on how often the medication can be given and for what reason.

7. You remove a resident's medications from the packages or containers and the resident refuses to take his 12 pm medications, you should:

- a. Put each medication back into the appropriate container or package that the medication came from.
- b. Leave the medications with the resident in case the resident decides to take the medications later.
- c. Dispose of the medications in accordance with the facility's policy and procedures.
- d. Both a and c are correct.

8. When applying a topical medication, you should wear:

- a. a waterproof gown.
- b. a mask.
- c. gloves.
- d. a mask and gloves.

9. An inhaler must be shaken:

- a. before and after each time you use it.
- b. after each and every time you use it.
- c. if the physician orders more than one puff to be administered to the resident.
- d. only if it becomes clogged.

10. After the resident has received nose drops, the resident should:

- a. Remain with his head tilted slightly back for about 60 minutes.
- b. Blow his nose.
- c. Remain with his head tilted slightly forward for a few minutes.
- d. Lie down with head lower than shoulders for a few minutes.

11. If a resident is using the bathroom, at the time you are to administer the resident's medications, it is acceptable to:

- a. Flag the MAR to remind you to return to that resident later in the medication pass to administer the medications.
- b. Omit the medications and record the medications that were not administered on the MAR.
- c. Administer the medications while the resident is using the bathroom.
- d. a and c.

12. How many minutes should a medication prescribed "before meals" be administered prior to eating?

- a. 15 minutes
- b. 5 minutes
- c. 30 minutes
- d. 60 minutes

13. When administering medications, the main concern with leaving medications at the bedside is that:

- a. the resident may never take the medications and someone else may.
- b. the medications may accumulate dust.
- c. it may increase confusion.
- d. a staff member may report you.

14. When a medication cannot be administered on time:

- a. Document the reason for the delay on the MAR.
- b. Call the resident's family.
- c. Don't worry about it and continue with your work.
- d. Tell the kitchen staff.

15. A resident returns from a home visit and the resident's mother brings an over-the counter medication that she purchased and asks you to administer it for cold symptoms, you should:

- a. Give the medication as requested.
- b. Refuse and throw the medication away.
- c. Explain to the mother that even over-the-counter medications require a physician's order.

16. When administering 2 or more different eye drops at the same time, which of the following apply:

- a. Wash your hands prior to and after administration of the eye drops.
- b. Wear gloves when there is redness, drainage, or possibility of infection.
- c. Allow a 3 -5-minute period between the administration of each eye medication.
- d. Sign/initial the MAR after the administration of each type of eye drop.
- e. All of the above.

17. Before administering a prn medication, you need to:

- a. Know the reason the medication is being requested and ask the resident when the medication was last administered.
- b. Know the reason the medication is being requested and look at the MAR to see when the medication was last administered.

18. Mrs. Smith has an order for Darvocet N-100 1 tablet every 4 hours as needed for pain. According to the MAR, she has been taking the Darvocet at 8am, 12pm, 4p, and 8pm every day for the past 2 months. Which of the following statements is correct?

- a. Schedule the Darvocet for 8am, 12pm, 4pm, and 8pm on the MAR.
- b. Just continue to administer the medication when Mrs. Smith requests the Darvocet.
- c. Mrs. Smith's physician should be contacted about how often Mrs. Smith takes the Darvocet.

19. You are assigned to administer 8 am medications today. It is am and the residents need to be at the workshop by 8am, the van is waiting. You should

- a. Pour the medications from memory.
- b. Get the untrained staff (no medication training) to assist you.
- c. Administer medications as you were trained, even if this means the residents will be late for the workshop.
- d. Tell the residents you will bring their medications to the workshop and administer them later.

20. Mr. Cook, an alert and oriented resident refuses all of his medications. He says the medications do not help and he doesn't need them. Your best response is to:

- a. Encourage the resident to take the medications by explaining the importance and purpose of the medications.
- b. Tell the resident "Your physician said that you must take this medication" And force him to take the medications.
- c. Hide the medication in the resident's food or drink.
- d. Leave the medications with the resident, in case he decides to take them later.

21. When administering medications this morning, Mrs. Walls is extremely difficult to wake up. She is having difficulty with swallowing her medications. You should:

- a. Crush her medications so she will be able to swallow the medications and then notify your supervisor, nurse or physician.
- b. Hold her medications at this time and immediately notify your supervisor, nurse, or physician.

22. You have a drug ready to be administered to Mrs. Johnson who refuses to take the drug. What should you do with the drug?

- a. Return it to the drug cart.
- b. Send it to the pharmacy.
- c. Leave it at the resident's bedside.
- d. Dispose of it following facility policy.

23. A used lancet or syringe should be discarded in

- a. the wastebasket in the resident's room.
- b. the kitchen wastebasket.
- c. a plastic bag.
- d. a leak-proof, puncture-resistant container.

24. Gloves should be worn:

- a. when inserting suppositories.
- b. when applying a transdermal patch such as nitroglycerin.
- c. when changing a dressing.
- d. all of the above.

25. When administering medications to a resident's eye you are to wash your hands:

- a. only after administering the eye medication.
- b. only before administering the eye medication.
- c. before and after administering the eye medication.

26. Handwashing with soap and water is one of the most important measures or ways to prevent the spread of germs or infection

True False

27. An antiseptic gel or product may be used for handwashing in place of soap and water when soap and water is not readily available

True False

28. When crushing medications, it is important to use procedures that prevent contamination of other medications crushed afterward.

True False

29. Gloves and supplies that are soiled may be discarded in a wastebasket in the resident' room

True False

30. It may not be necessary to change gloves between residents when administering drops or applying transdermal patches as nitroglycerin.

True False