
Medication Assistance Program (MAP)

Refresher Education for Unregulated Health Care Providers

February 1, 2023

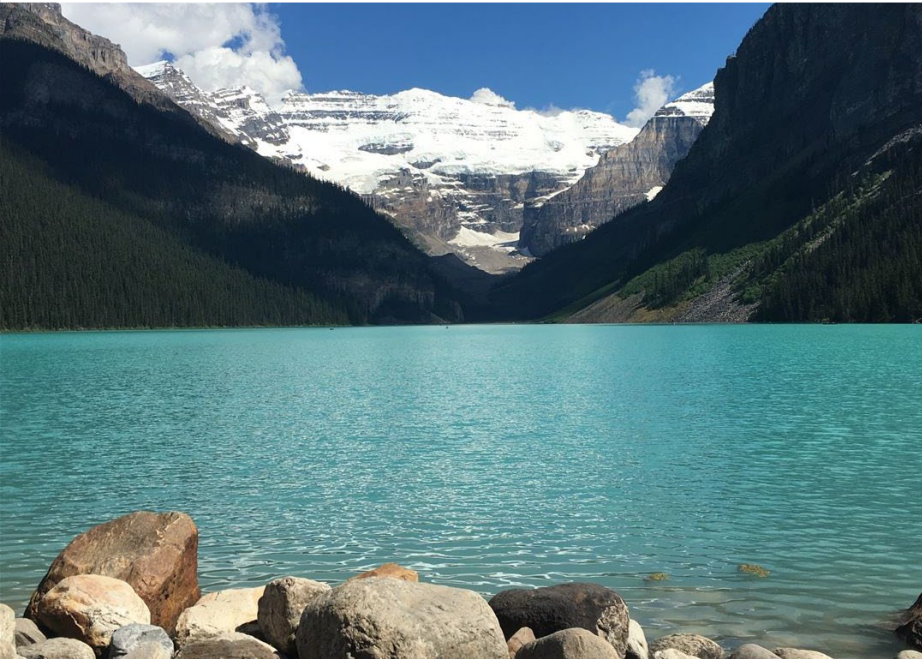


**Seniors Health &
Continuing Care**



Policy, Practice, Access
& Case Management

© 2019 Alberta Health – All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, or stored in a database and retrieval system, without the prior written permission of Alberta Health.



Land Acknowledgement

Provincial Seniors Health and Continuing Care would like to recognize that our work takes place on historical and contemporary Indigenous lands, including the territories of **Treaties 6, 7 & 8** and the homeland of the Métis.





This education is intended for unregulated health care providers who perform medication assistance activities in continuing care.





Learning Objectives

By the end of this session, the learner will:

- Complete required learning on:
 - four conditions of medication assistance
 - levels of medication assistance in the MAP
 - medication rights and safety checks
 - medication assistance activities
 - restricted activities
 - key points of medication assistance
 - common concerns & questions
- Successfully complete a post-quiz

What is the MAP?

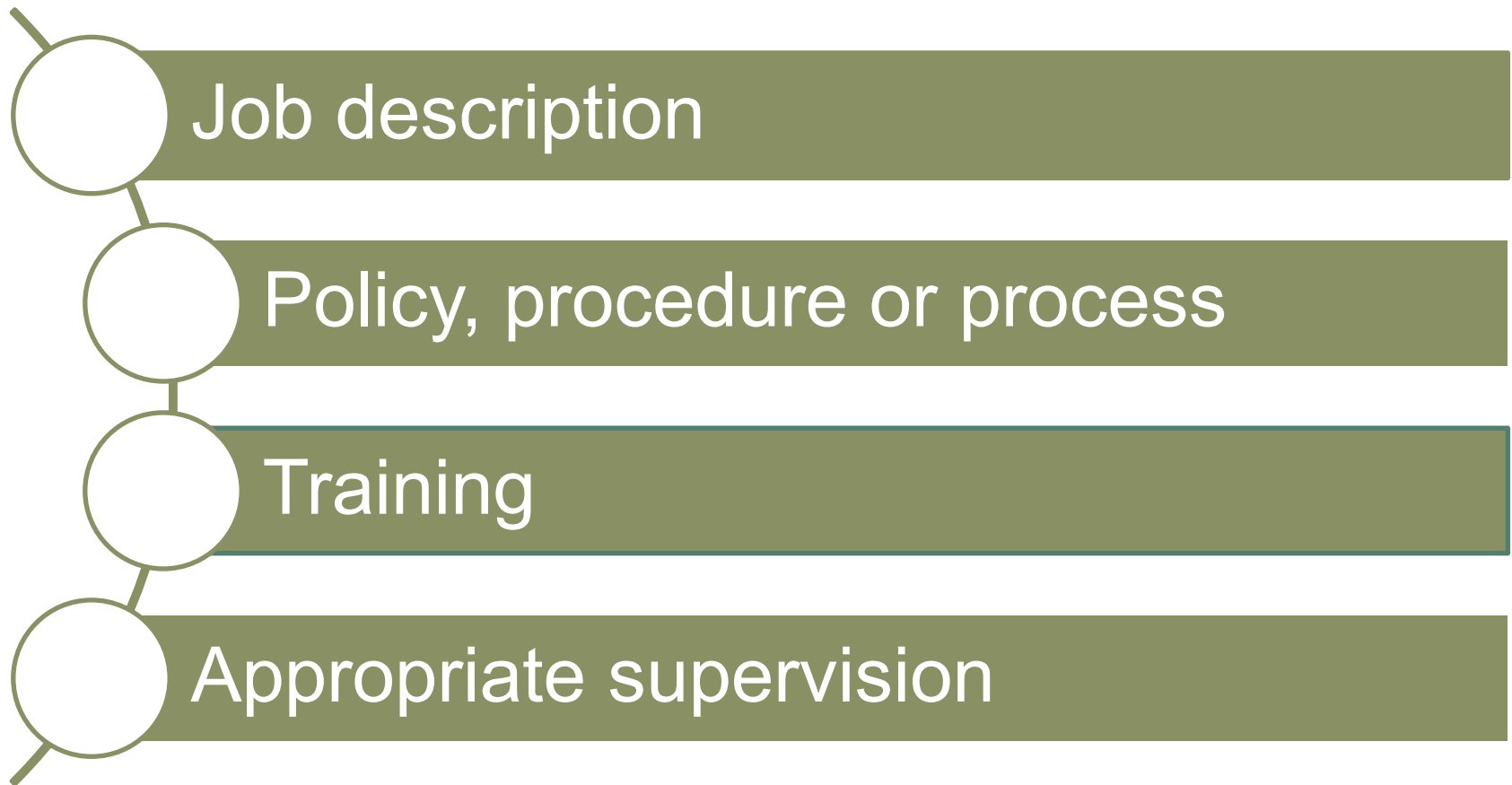
- MAP= Medication Assistance Program
- MAP promotes client independence and optimal level of functioning

Note: the term client also refers to a resident or patient.





Four conditions: Medication Assistance



Supervision



- Direct: at point of care
- Indirect: available in the care setting
- Indirect remote: available via technology (e.g., telephone)

You must know how to contact the supervisor



MAP Levels	Client Abilities & Support Needs
Level 1: Reminder	<ul style="list-style-type: none">• Client can self-administer medication with verbal reminder only.• Client knows what medication to take and self-directs PRN medication.• The need for controlled dosage system is determined by client assessment.<ul style="list-style-type: none">○ Client or family may prepare dosette or other medication for client to self-administer.• Client does not need to be supervised taking medication.
Level 2: Some/partial assistance	<ul style="list-style-type: none">• Client can self-administer own medications with minimal assistance, including PRN medication.• Client needs assistance in opening containers or stand-by/hands-on assistance.• Client does not need to be supervised taking medication.
Level 3: Full Assistance	<ul style="list-style-type: none">• Medication must be removed from packaging and/or prepared.• Client requires hands-on assistance to take medication, including PRN medication.• Client needs supervision to ensure medications are taken.



Medication Rights

Know the Medication Rights!

* **Note:** Unregulated health care providers are not required to know the “right reason” for the medication when providing medication assistance; directions on the care plan are followed.

Medication Rights

when providing Level 2 or 3 medication assistance or medication administration



Right Medication



Right Route



Right Client



Right Reason*



Right Dose



Right Documentation



Right Time



Right to Refuse



Medication Safety Checks

First Safety Check: done by the regulated health care provider (e.g., dispensing pharmacy or nurse) who verifies the completeness and appropriateness of the prescriber's order.

Second Safety Check: done just before preparing the medication, while it is still in the package.

- medication label is verified with the care plan or medication record
- expiry date and beyond-use date is checked
- medication rights are reviewed

Third Safety Check: done just before medication assistance is provided.

- medication is prepared according to instructions (e.g., crush and mix with applesauce)
- medication rights are reviewed



Medication Assistance Activities

- oral medication (e.g., solid, liquid, powder)
 - sublingual and buccal medication (e.g., solid, spray, liquid)
- transdermal medication (e.g., medicated patches)
- topical medication including lotion, cream, rinses, ointment and powders
- ophthalmic medications (e.g., drops, ointment)
- otic medication (e.g., drops, ointment)
- nasal medication (e.g., drops, spray)
- inhaled medication (e.g., Metered Dose Inhaler [MDI], dry powder, nebulized)
- assisting the client with self-administration of prepared insulin



Restricted Activities

- Regulated health services that by law can only be performed by individuals authorized to perform them

Health care aides (HCAs) may be assigned the following two restricted activities*:

- **Rectal medication**
- **Vaginal medication**



[Alberta Health \(2019\) Health Professions Act Handbook](#)

**Decision-Making Standards for Nurses in the Supervision of Health Care Aides (2010)*

Medication Assistance Key Points

- Privacy & confidentiality
- Client identification
- Medication times
- Client positioning
- Infection, prevention and control (IPC) practices
- Client outings (pass medication)





Questions & Concerns

- Timing between medication doses
- Assisting with prepared insulin
- Recognizing hypoglycemia & hyperglycemia
- Medication storage & security
- PRN medication
- Observing & reporting
- Documentation
- Strategies to reduce errors

Timing between Medication Doses

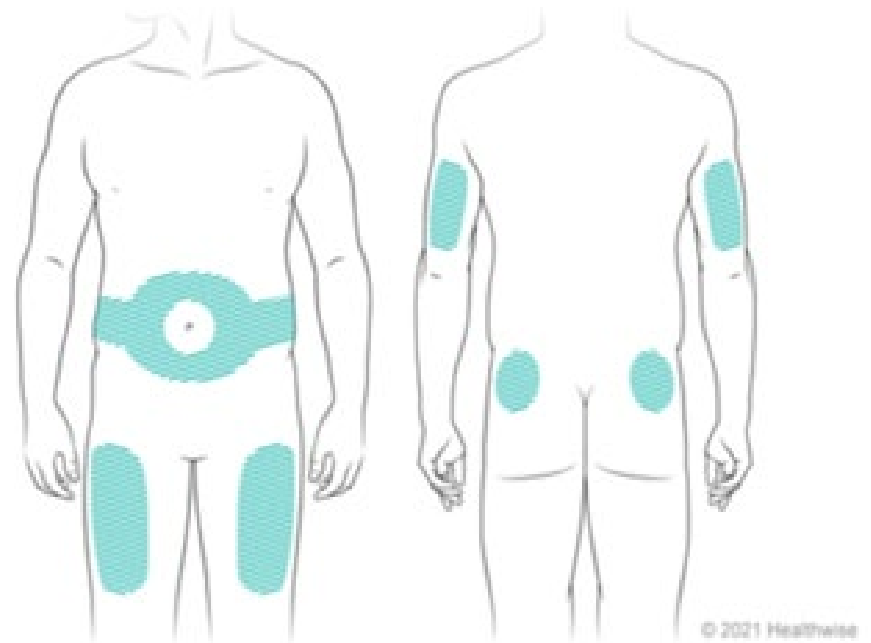
- Allow the required time between doses so medication is absorbed properly
- Always check the care plan and/or medication record for instructions
- Report observations and/or concerns
- Document



Assisting with Prepared Insulin

- Always check the care plan and/or medication record for instructions
- Report observations and/or concerns
- Document


Common insulin injection sites



Healthwise (2021). [Insulin injection areas \(alberta.ca\)](https://www.healthwise.com/insulin-injection-areas)


Hypoglycemia & Hyperglycemia

Hypoglycemia

- **Low** blood sugar 
- Caused by:
 - Eating less than needed or later than usual
 - Too much medication
 - Activity level
 - Effect of alcohol

Hypoglycemia can happen quickly, so it is important it be treated right away

Hyperglycemia

- **High** blood sugar 
- Caused by:
 - Eating more than needed or close to the blood glucose testing time
 - Not enough medication
 - Illness or stress

Hypoglycemia ↓

Signs include:

- shaky, light-headed, nauseated
- nervous, irritable, anxious
- hungry, confused, weak
- sweaty, headachy, drowsy

<https://guidelines.diabetes.ca/docs/patient-resources/hypoglycemia-low-blood-sugar-in-adults.pdf>

Hyperglycemia ↑

Signs include:

- thirsty
- urinate more often than usual, especially at night
- feeling tired
- dizziness

[low-and-high-blood-sugar-levels.pdf](https://guidelines.diabetes.ca/docs/patient-resources/low-and-high-blood-sugar-levels.pdf)



Hypoglycemia & Hyperglycemia: What do I do?

- Observe
- Report
- Follow instructions on care plan or from the supervisor
- Document



PRN Medication

Associated with individual client assessment and is **non-transferrable**

Medication Assistance Program Manual: Quick Reference for Assigning Assistance with PRN Medication (Appendix 4)

Client must:

- be able to self-direct and/or display an observable indication
- be in stable health
- have predictable outcomes from medication

Medication Storage & Security

Pharmacy storage instructions



Secure storage to reduce risk to others:

- Recommended when client is independent in home and supportive living
- Required in all other settings

Medication Effects

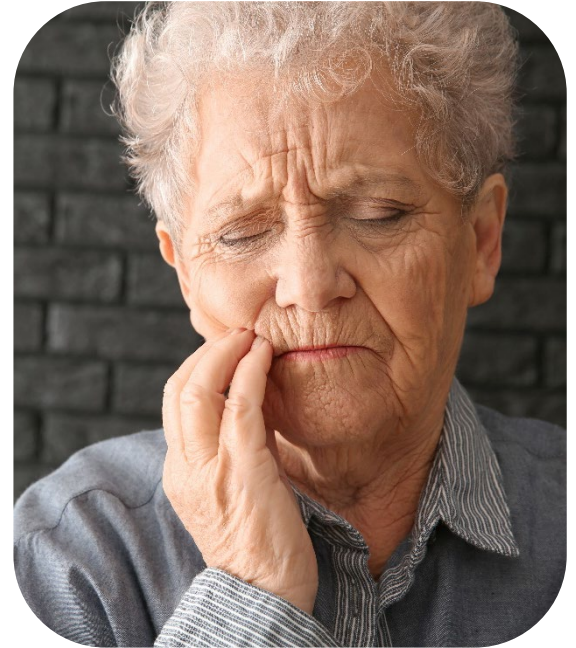
Therapeutic effect: the intended or predicted response to the medication

- Example: blood pressure reduced to normal range

Side effect: unintended effect ranging from mild to life-threatening reaction

Examples: nausea, bleeding, hives, difficulty breathing

Observing & Reporting





Observing & Reporting

- Observe and report as directed in the care plan
- Communicate client concerns or changes in client status or function
- Report medication issues
- Request help when needed and discuss when assignment of care exceeds competence or ability
- Immediately report urgent or emergent concerns and clinical adverse events

Documentation Basics

- Keep records private and secure
- Records available for safety checks
- Document at point of care and time of care
- Health care provider performing activity documents
- Document clear, factual descriptions and any client statements

In accordance with Clinical Documentation Directive & Clinical Documentation Process Directive



Strategies to Reduce Errors

- Eliminate/reduce distractions
- One client at a time
- Complete medication safety checks
- Be organized & plan ahead
- Only do what you are assigned and trained to do
- Ask for help when needed

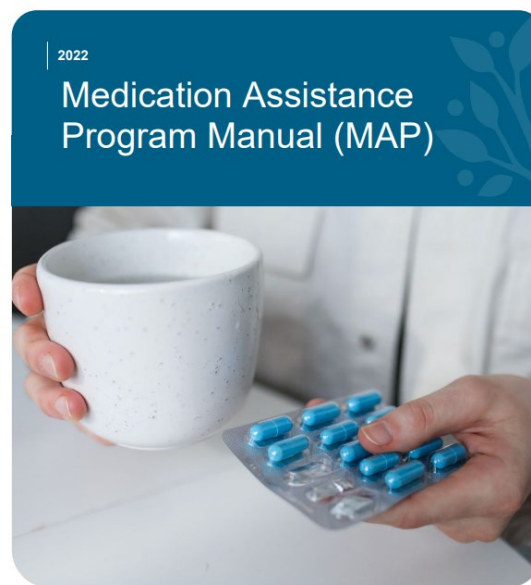


MAP Education & Resources

- MAP Videos
- Medication Assistance Activity Sheets
- Optional:
 - MAP Training Record
 - MAP Competency Record

<https://www.albertahealthservices.ca/info/Page10406.aspx>

MAP Manual:



For more information
continuingcare@ahs.ca



Knowledge Check





What are the Medication Rights?

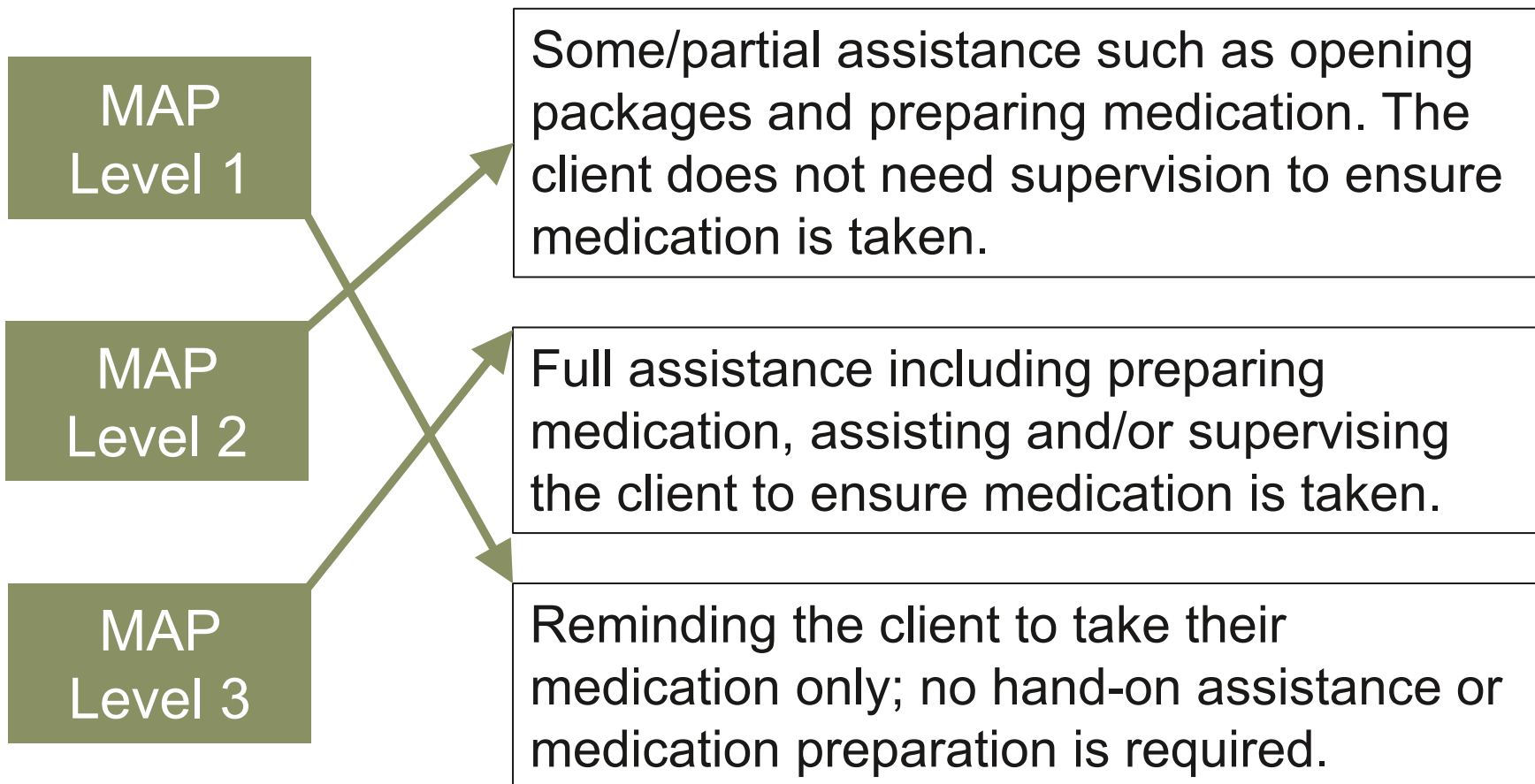
Choose all that apply

- Right medication
- Right to leave
- Right client
- Right dose
- Right to choose
- Right time
- Right route
- Right to stay up late
- Right reason*
- Right documentation
- Right to refuse

**Right Reason:* Unregulated health care providers are not responsible to know what medication is prescribed for. They are accountable to follow directions on the client care plan.



Match the MAP Levels



Medication Safety Checks: True or False

The unregulated health care provider must complete medication safety checks when providing MAP Level 1.

True or False?

False

The unregulated health care provider must complete medication safety checks when providing MAP Level 2 and 3.

True or False?

True



Medication Safety Checks

Place the number beside the steps below to show the order of safety checks

1 2 3

2

Done just before preparing the medication, while it is still in the package.

- medication label is verified with the care plan or medication record
- expiry date and beyond-use date is checked
- medication rights are reviewed

3

Done just before medication assistance is provided.

- medication is prepared according to instructions (e.g., crush and mix with applesauce)
- medication rights are reviewed

1

Done by the regulated health care provider (e.g., dispensing pharmacy or nurse) who verifies the completeness and appropriateness of the prescriber's order.

Fill in the Blanks

What are the four conditions that must be in place before an unregulated health care provider can be assigned medication assistance?

- Job description
- Policy, procedure or process
- Training
- Appropriate supervision



Knowledge Check: True or False?

Question	T	F
Oral medication may be liquid or solid.	X	
Ophthalmic medication is given into the ear canal.		X
Medicated ointments or creams in a jar are topical medications.	X	
A nebulizer is a machine that delivers an inhaled medication.	X	
All oral medication is meant to be swallowed.		X
Medicated skin patches are a type of topical medication.	X	
Otic medication is commonly referred to as ear medication.	X	
Assisting the client with self-administration of prepared insulin does not include injecting the insulin.	X	
Instructions from a care plan or other document is not needed to when medication assistance is provided.		X



Knowledge Check: Multiple Choice

1. You are assisting Mr. T with inhaled medications. You notice that he has a new type of inhaler, but you are not familiar with its operation. Which of the following actions should you take?
 - a) Call the pharmaceutical company.
 - b) Contact your supervisor.
 - c) Contact the doctor.
 - d) Contact the family.

Knowledge Check: Multiple Choice

2. Which of the following statements best describes a restricted activity?

- a) An activity that only needs to be performed once.
- b) An activity that a doctor prescribes for a severely ill client.
- c) An activity that has risk to the client and requires the health care provider to be competent to perform.
- d) An activity that only health care aides (HCAs) can perform correctly.



Knowledge Check: Multiple Choice

3. When assisting a client with prepared insulin you can:
- a) Can remind the client of the correct injection site following the rotation schedule noted in the MAP care plan.
 - b) Can inject the insulin for the client following the site rotation schedule on the care plan when the client is unable to perform the injection.
 - c) Can give any syringe filled with insulin at any time throughout the day.
 - d) Can assist the client to dispose of the syringe in a plastic baggie into regular garbage.

Knowledge Check: Multiple Choice

4. Which of the following documentation entries would be considered appropriate in the client's chart?
- a) Upon entering the client's bedroom, the client was found to be lying face down beside his bed with some medication and glass of water spilled on the floor beside him.
 - b) The client appears to have gotten dizzy after sitting up to take his medication and fell out of bed.
 - c) My co-worker on this shift, Brenda White, HCA, found the client lying on the floor and he looked like he might have tripped on his slippers.
 - d) The ct. looked in pain from falling out of bed and he couldn't take his pills because they were on the floor.



Knowledge Check: Multiple Choice

5. Frank received his morning medication about an hour ago. One of the medications was new. You notice Frank is having difficulty breathing and rubbing his throat. What do you do?

- a) Open the window so Frank can get some fresh air.
- b) Tell Frank you need to help some other clients, but you will return to see how he is doing.
- c) Offer to get Frank a glass of water to soothe his throat.
- d) Call the supervisor to report observations, stay with Frank and follow instructions provided.



Knowledge Check-Assist with Insulin (Part 1)

You are assigned to assist a client with self-administration of prepared insulin. When you arrive, you observe the client is shaking, sweating, states they have a headache and feels nauseated.

- 1) What could the client be experiencing?
 - a) Hypoglycemia (low blood sugar)
 - b) Hyperglycemia (high blood sugar)



Knowledge Check-Assist with Insulin (Part 2)

You are assigned to assist a client with self-administration of prepared insulin. When you arrive, you observe the client is shaking, sweating, states they have a headache and feels nauseated.

2) What should you do? (Choose all that apply)

- Provide care as per care plan
- Report to supervisor
- Call the pharmacy
- Document in the health record

References

- Alberta Government (2019). *Health Care Aide Provincial Curriculum: Course 6-Module 9 Medication Assistance Learner Guide*
- Alberta Health Services. (2022). *Medication Assistance Program (MAP) Manual: Continuing Care*
- Alberta Health & Wellness (2013). *Health Care Aide Provincial Curriculum: Course 6-Module 1: Assisting with Medication Delivery*
- Alberta Health & Wellness (2019). *Health Professions Act Handbook*
- Astle, B. J., Duggleby, W. (Eds.). (2019). *Canadian Fundamentals of Nursing* (6th edition). Elsevier Canada. DOI
- Canadian Diabetes Association (2022). *Tool and Resources*. Diabetes Canada. <https://www.diabetes.ca/resources>
- College and Association of Registered Nurses (CARNA), College of Licensed Practical Nurses (CLPNA), College of Registered Psychiatric Nurses (CRPNA) (2010). *Decision-Making Standards for Nurses in the Supervision of Health Care Aides*

Image Attributions

- Slide 18: Healthwise (2021) Insulin injection areas.
<https://myhealth.alberta.ca/Health/Pages/conditions.aspx?hwid=aa128295>
- Slide 23:
 - Cart: https://commons.wikimedia.org/wiki/File:MMI_medication_cart.JPG
(Author: BrokenSphere) CC BY-SA 3.0
<https://creativecommons.org/licenses/by-sa/3.0>, via Wikimedia Commons
 - Drawer: <https://www.publicdomainpictures.net/en/view-image.php?image=328531&picture=desk-drawer-with-key-lock> (Author: Sound Media) “Desk Drawer with Key Lock” (licensed under CC0 Public Domain) <https://creativecommons.org/publicdomain/zero/1.0/>

Questions?

continuingcare@ahs.ca

February 1, 2023



**Seniors Health &
Continuing Care**



Policy, Practice, Access
& Case Management