



RIA Core Concepts for Successful MAP Certification

Student Workbook and Study Guide



RIA Core Concepts Workbook and Study Guide

Instructions for Students:

This workbook is for students enrolled in the MAP Certification Course. This guide will help you prepare for the Certification Knowledge Test.

The questions in this guide follow the same order as the online course.

Read and answer each question as you go through the online course. You can also use the RIA Curriculum to find the answers. The section number (for the online course) and the page number (for the printed copy of the RIA Curriculum) appear next to each question. Use this information to help you find the answers.

Your MAP Trainer may review the answers with you. If you cannot find an answer, ask your MAP Trainer.

The Certification Knowledge Test is 50 multiple choice questions. Questions will come from the course Introduction, each Unit, and the Appendix. This chart shows how many questions on the Certification Knowledge Test come from each section.

Unit Name	Number of Questions
Introduction	1
Unit 1 Working at a MAP Registered Program	4
Unit 2 Observing and Reporting	6
Unit 3 Medications	4
Unit 4 Interacting with a Health Care Provider	3
Unit 5 Obtaining, Storing and Securing Medication	6
Unit 6 Recording Information	5
Unit 7 Administering Medications	10
Unit 8 Chain of Custody	7
Unit 9 Medication Occurrence and Appendix	4



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Introduction and Unit 1

1. **What is the goal of MAP program?** (*Introduction Section 2; p. 8*)
2. **MAP Certification and Recertification** (*Introduction Section 4; pp. 8-9*)
 - a. When must you renew your MAP Certification?
 - b. If your MAP Certification expires you cannot _____ or do any _____ - _____ tasks.
3. **MAP Consultants** (*Unit 1 Section 2.0; p. 15*)
 - a. A MAP Consultant can be:
 - i.
 - ii.
 - iii.
4. **A health care provider is the same as an _____.**
 - a. Give examples of authorized prescribers.
 - i.
 - ii.
 - iii.

(*Unit 1 Section 2.0; p. 15*)
5. **Anytime you have health-related questions, you contact the person's _____.** (*Unit 1 Section 2.0; p. 15*)
6. **List examples of when you would contact a MAP Consultant.**

(*Unit 1 Section 2.1; p. 15*)
7. **When are MAP Consultants available?** (*Unit 1 Section 2.1; p. 16*)
8. **Who do you notify after contacting a MAP Consultant?** _____

(*Unit 1 Section 2.1; p. 22*)
9. **The Emergency Contact List should be posted near the _____.**

(*Unit 1 Section 2.1; p. 16*)



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10. Define the 3 principles of medication administration. Give an example of each.
(Unit 1 Section 4.0; p. 18)

a. Principle #1:

i. Example:

b. Principle #2:

i. Example:

c. Principle #3:

i. Example:

11. How do you learn about the people you support? (Unit 1 Section 5.0; p. 17)

12. Respecting Rights (Unit 1 Section 6.0; p. 20)

a. In relation to medication administration, people have the right to:

i.

ii.

iii.

iv.

v.

13. Medication Refusal (Unit 1 Section 6.0; p. 20)

a. What do you do first if someone refuses to take their medication?

b. Who do you report a medication refusal to?

14. Protocols and Support plans that reference medication are considered the same as _____. (Unit 1 Section 7.2; p. 20)



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Unit 2

1. **What is Observation?** (*Unit 2 Section 3.0; p. 23*)
2. **Define Objective observations.** (*Unit 2 Section 3.1; p. 23*)
 - a. Give examples of objective observation.
3. **Define Subjective observation.** (*Unit 2 Section 3.2; p. 24*)
 - a. Give examples of subjective observation.
4. **What is reporting?** (*Unit 2 Section 4.0; pp. 24-25*)
5. **What are the two types of reporting?** (*Unit 2 Section 4.0, p. 25*)
 - a.
 - b.
6. **When should everyday reporting happen?** (*Unit 2 Section 4.1, p. 25*)
 - a. Give an example of something you might report everyday.
7. **When should immediate reporting happen?** (*Unit 2 Section 4.2, p. 26*)
 - a. Why is immediate reporting important?
 - b. You may need to call any of the following to report information immediately.
(*Unit 2, section 4.3*)



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i. 911

1. List at least one reason to call:

ii. Poison control

1. List one reason to call:

iii. A MAP Consultant

1. List at least one reason to call:

iv. HCP

1. List at least one reason to call:

v. Your supervisor

1. List at least one reason to call:

8. **In MAP, a signature is defined as:** *(Unit 2 Section 4.5; p. 27)*

9. **If you are unsure about reporting information, what should you do?**
(Unit 2 Section 4.7)

10. **Documentation should tell a story from _____ to _____.**
(Unit 2 Section 6.0; p. 29)



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11. Why is it important to properly correct a documentation error?
(Unit 2 Section 6.2; p.30)

- a. How do you correct a documentation error? (Unit 2 Section 6.2; p. 30)
- b. What is a late entry? (Unit 2 Section 6.3; p. 234)
- c. What is real time? (Unit 2 Section 6.4; p. 234)

12. Review and be familiar with the Documentation Quick Guide.
(Unit 2, section 6.5; p. 235)



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Unit 3

1. **Most medications have both a _____ name and a _____ name.**
(Unit 3 Section 3; p. 32)
2. **Generic name medications are different from brand name medications.**
(Unit 3 Section 3; p. 32)
 - a. Which is less expensive: Brand or Generic?
 - b. Who is allowed to name brand name medications?
 - c. Generic medications are known by their _____ name.
 - d. Generic medication is similar to its brand name medication, but may look different in color, _____, _____, and/or _____.
3. **What is 'IC' the abbreviation for? _____** (Unit 3 Section 3; p. 32)
4. **When you see 'IC' on a pharmacy label, this means:** (Unit 3 Section 3; p. 32)
5. **What is a prescription?** (Unit 3 Section 5; p. 266)
6. **Name all 3 Medication Categories.** (Unit 3 Section 6; pp. 34-38)
 - a.
 - b.
 - c.
7. **Controlled Medication Requirements** (Unit 3 Section 7; p. 34)
 - a. What is the requirement for administering?
 - b. What is the requirement for packaging?
 - c. What is the requirement when storing this medication?



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8. **Which category is at high risk of being stolen and abused?** _____
(Unit 3 Section 8; p. 35)
9. **Countable Controlled Medication Requirements** (Unit 3 Section 8.1; p. 37)
 - a. What is the requirement for administering?
 - b. What is the requirement for packaging?
 - c. What is the requirement when storing this medication?
 - d. This category of medication is the only category that must be tracked using what?
10. **Why is an identifier used on medication packages?** (Unit 3 Section 8; pp. 35-36)
 - a. Give examples of an identifier.
11. **Over-the-Counter Medication Requirements** (Unit 3 Section 9; p. 38)
 - a. What is the requirement for administering?
 - b. What is the requirement for packaging?
 - c. What is the requirement when storing this medication?
12. **Which two categories of medication require a prescription to obtain it from the pharmacy?** (Unit 3 Section 7.0 and 8.0; pp. 34-37)
13. **Which category can be bought without a prescription, but requires a prescription for a pharmacy to be able to label it?** (Unit 3 Section 9; p. 38)



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Dietary Supplements (*Unit 3 Section 10; p. 40*)

- a. What are the requirements for packaging and storage?
- b. Is an HCP order required for you to administer? Yes/No
- c. This can be bought without a prescription, but what is required for the pharmacy to label it?

14. List the Medication Outcomes. Define and give an example for each.

- a. Outcome #1 (*Unit 3 Section 13.1; p. 44*)
- b. Outcome #2 (*Unit 3 Section 13.2; p. 44*)
- c. Outcome #3 (*Unit 3 Section 13.3; pp. 44-45*)

15. What is a serious side effect called? _____ (*Unit 3 Section 13.3; p. 45*)

16. List and describe the 4 adverse responses. (*Unit 3 Section 13.3; p. 45*)

- a.
- b.
- c.
- d.



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17. What increases the likelihood of a Medication Interaction occurring?
(Unit 3 Section 14; p. 45)

18. Give examples of substances that interact with medication and dietary supplements. (Unit 3 Section 15; p. 46)

19. What does Sensitivity to Medication mean? (Unit 3 Section 16; p. 47)

19.1 Give examples of factors that contribute to a person's sensitivity to medication.

20. Staff are responsible for learning about medications you administer. List 4 resources for learning about medication information. (Unit 3 Section 18; p. 47)

- a.
- b.
- c.
- d.

21. What is a medication information sheet used for? (Unit 3 Section 18; p. 47)

- a. Who supplies it?



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Unit 4

1. **What should you tell the person, do, and think about to prepare them for an HCP appointment?** (*Unit 4 Section 2.1; p. 50*)
2. **Before leaving the site, make sure you have what items?** (*Section 2.1; pp. 50-51*)
3. **Who completes the top of the HCP Encounter/Consult/Order Form?** (*Sect. 2.2; p. 51*)
4. **How do you support a person during the appointment?** (*Unit 4 Section 3; pp. 52-53*)
5. **HCP medication orders must include the date, the HCP signature and the _____ of medication administration.** (*Unit 4 Section 3.1; p. 53*)
6. **In addition to the 5 Rights, HCP signature and date, what must PRN HCP orders include?** (*Unit 4 Section 3.2; p. 53*)
7. **HCP orders, including Protocols/Support Plans, are valid for how long?** (*3.3; p. 54*)
8. **After a medical appointment, what are your responsibilities when a new medication is ordered?** (*Unit 4 Section 4; p. 55*)
9. **Following an HCP visit, to whom should you communicate changes (i.e. new diagnoses, new medications, etc.)?** (*Unit 4 Section 4; p. 55*)
10. **What should you bring to an Emergency Room, Urgent Care, or Hospital visit?** (*Unit 4 Section 6; p. 58*)
11. **When is Medication Reconciliation done?** (*Unit 4 Section 6.1; p. 59*)



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12. Medication reconciliation ensures what? (*Unit 4 Section 6.1; p. 59*)

13. Fax and email HCP orders (*Unit 4 Section 7; p. 61*)

- a. Are they legal orders? Yes/No
- b. They are preferred over what? Why?

14. Telehealth/Telephone HCP orders (*Unit 4 Section 8; p. 61*)

- a. How do you take a telehealth/telephone HCP order?
- b. The HCP must sign the original order within what timeframe?
- c. Can you give the medication before it is signed? Yes/No
- d. How many times are these orders posted and verified?

15. Exhausting a supply of Medication (*Unit 4 Section 9, Overview; p. 64*)

- a. What does it mean to exhaust a current supply of medication?
- b. When is this allowed?
- c. Who must you confirm with to use the current supply?
- d. What do you put on the medication container to show that the supply is being exhausted?
 - i. Where is the sticker placed on the medication container?
- e. When you see a 'directions change sticker' on a medication container, what does it mean?



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Unit 5

1. **What is required to administer medications and dietary supplements?**
(Unit 5 Section 2; p. 68)
2. **HCP orders are instructions from who?** *(Unit 5 Section 2; p. 68)*
3. **Who uses the HCP order when giving medication?** *(Unit 5 Section 2; p. 68)*
4. **Define prescription.** *(Unit 5 Section 2; p. 68)*
5. **Who uses the information to print the pharmacy label?** *(Unit 5 Section 2; p. 68)*
6. **Study the pharmacy label components and their meaning. Pay special attention to Prescription RX number, expiration date, lot number, and number of refills.**
(Unit 5 Section 4; pp. 72-73)
7. **If you hear about a medication recall on the news, what do you do?**
(Unit 5 Section 4.2; p. 73)
8. **You must compare the 5 Rights on what three things to ensure the pharmacy provided the correct medication?** *(Unit 5 Section 5; p. 75)*
 - a.
 - b.
 - c.
9. **If the 5 Rights do not agree, who do you call?** *(Unit 5 Section 5.1; p. 75)*
10. **Look at the medication obtained from the pharmacy. Other than color, what else must you check?** *(Unit 5 Section 6; p. 79)*
11. **Who do you call if the medication is different?** *(Unit 5 Section 6; p. 79)*



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- 12. A different strength is on the pharmacy label, but it still equals the dose ordered. What do you do next?** (*Unit 5 Section 6.2; pp. 79-80*)
- 13. When do you request a medication refill?** (*Unit 5 Section 7; p. 80*)
- 14. Who do you contact to request a medication refill?** (*Unit 5 Section 7; p. 80*)
- 15. Who do you contact if a refill does not arrive with the medication delivery as expected?** (*Unit 5 Section 7; p. 80*)
- 16. When the last medication refill is obtained, the number of refills on the pharmacy label will read '0'. Who do you contact and what do you request?** (*Section 7; p. 80*)
- 17. Medication ordering and receiving is a critical medication-related task to help ensure safe medication administration. A medication ordering and receiving log is a record of what?** (*Unit 5 Section 8; p. 82*)
- 18. Medication Storage and Security**
- a. List general medication storage requirements. (*Unit 5 Section 9; p. 83*)
 - b. List medication storage requirements for countable medications. (*Unit 5 Section 9; p. 83*)
 - c. If you are assigned medication administration duties, what do you do with the medication storage keys? (*Unit 5 Section 9.3; p. 84*)
 - d. How are backup keys accessed? (*Unit 5 Section 9.3; p. 84*)



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Unit 6

1. **A medication record typically contains what 4 items?** (*Unit 6 Section 2; p. 86*)
 - a.
 - b.
 - c.
 - d.
2. **The term 'Medication Record' is used the same (interchangeably) as what other term?** (*Unit 6 Section 2; p. 86*)
3. **To transcribe a new medication order, what 3 items will you be using?** (*Unit 6 Section 2; p. 87*)
 - a.
 - b.
 - c.
4. **Be familiar with abbreviations that are used in the MAP program.** (*Unit 6 Section 3.0; p. 88*)
5. **A medication sheet is a document used to track what?** (*Unit 6 Section 4; p. 89*)
6. **Each time you administer medication, you document your initials on what?** (*Unit 6 Section 4; p. 89*)
7. **Be familiar with the different parts of a medication sheet.** (*Unit 6 Sect. 4; pp. 90-93*)
8. **What is the purpose of the signature list?** (*Unit 6 Section 4.4; p. 92*)
9. **How often must staff sign the signature list?** (*Unit 6 Section 4.4; p. 92*)
10. **Accuracy Checks** (*Unit 6 Section 4.5; p. 93*)
 - a. Accuracy checks are a critical medication-related task. What is the purpose of accuracy checks?



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- b. When are accuracy checks conducted?
- c. What do you do if you see incorrect information during the accuracy check?
- d. Where are the accuracy checks documented?

11. Be familiar with Acceptable codes. List 3 examples of Acceptable codes and their meaning. (Unit 6 Section 4.6; p. 94)

- a.
- b.
- c.

12. Frequency (Unit 6 Section 6.2; p. 98)

- a. Define Frequency
- b. Specific medication times are chosen by your supervisor based on what?
- c. Unless otherwise indicated by the HCP, medication dose times should be scheduled at least how many hours apart?
- d. HCP orders for 'once daily' medications must be what? (Unit 6 Section 6.3; p. 99)

13. What is transcribed in the hour column? (Unit 6 Section 6.3; p. 99)

14. When transcribing, what do you document in the hour column for a PRN medication? (Unit 6 Section 6.4; p. 101)

15. Be familiar with the process of documenting a medication discontinued by the HCP. (Unit 6 Section 7.1; p. 104)



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16. Transcription

- a. Why must transcriptions be completed accurately? (*Unit 6 Section 7.0; p. 117*)
- b. When transcribing a new HCP order onto the medication sheet, what do you start with? (*Unit 6, Section 7.0; p. 103*)

17. Where do you copy dose from? (*Unit 6 Section 7.3; p. 106*)

18. Where do you copy strength and amount from? (*Unit 6 Section 7.4; p. 106*)

19. Posting and Verifying (*Unit 6 Section 8; p. 111*)

- a. Posting and Verifying is a critical medication-related task. What is the purpose of posting and verifying?
- b. Define posting
- c. Define verifying
- d. After a medication order is posted, is it okay to administer the medication before the order is verified? Yes/No
- e. How many staff post and verify?

20. You must learn about a medication before you can administer it. List where medication information sheets can be found. (*Unit 6 Section 10; p. 117*)

- a.
- b.
- c.

21. Is a medication information sheet the same as a medication sheet? Yes/No

22. How is a medication information sheet different from the medication sheet? (*Information sheet: Unit 3 Section 18, p. 47. Administration sheet: Unit 6 Section 4; p. 89*)



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Unit 7

1. **What are regularly scheduled medications?** (*Unit 7 Section 2; p. 118*)
2. **What are PRN medications?** (*Unit 7 Section 4; p. 119*)
3. **In addition to the 5 Rights of medication administration, PRN HCP orders must include what?** (*Unit 7 Section 4.1; p. 120*)
4. **What are the similarities between documenting regularly scheduled and PRN medications?** (*Unit 7 Section 3.0 and 4.2; pp. 118 and 121*)
5. **What are the differences between documenting regularly scheduled and PRN medications?** (*Unit 7 Section 3.0 and 4.2; pp. 118 and 121*)
6. **List the 5 Rights of medication administration.** (*Unit 7 Section 5.0; p. 123*)
 - a.
 - b.
 - c.
 - d.
 - e.
7. **The 5 Rights must agree between what 3 things?** (*Unit 7 Section 5.0; p. 123*)
 - a.
 - b.
 - c.
8. **List two ways to identify the right person if you are unsure who they are.** (*Unit 7 Section 5.1; p. 123*)
 - a.
 - b.



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9. **Dose = _____ X _____** (*Unit 7 Section 5.4; p. 126*)
10. **When given the dose ordered and strength supplied, be able to calculate the amount to administer.** (*Unit 7 Section 5.5; p. 126*)
11. **All medication must be administered 'on time'. That is defined as what?**
(*Unit 7 Section 5.6; p. 128*)
12. **Who do you call if you cannot administer the medication 'on time'?**
(*Unit 7 Section 5.6; p. 128*)
13. **What must you confirm for each medication to be administered?**
(*Unit 7 Section 6.1; p. 131*)
- a. What are the reasons? (*Unit 7 Section 7; p.132*)
14. **Check 1 is a comparison of what?** (*Unit 7 Section 8; p 133*)
- a. What are the reasons? (*Unit 7 Section 8; p.133*)
15. **Check 2 is a comparison of what?** (*Unit 7 Section 9; p.134*)
- a. What are the reasons? (*Unit 7 Section 9; p.134*)
16. **What is required to change the form of a medication (such as crushing a tablet)?**
(*Unit 7, Section 12; p. 136*)
17. **Describe the 3 parts of the Medication Administration Process.**
(*Unit 7, Part II Section 1.0; p.138*)



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18. Know when NOT to administer medication. (*Unit 7, Part II Section 2.0; p.144*)

19. Liquid Medication

- a. Be familiar with how to prepare and measure liquid medication using a medication cup. (*Unit 7, Part II Section 4.1; p.149*)
- b. Be familiar with how to prepare and measure liquid medication using an oral syringe, dropper, and dosing spoon. (*Part II Section 4.2 - 4.4; pp.150-152*)
- c. When given the dose ordered and strength supplied in liquid form, are you able to calculate the amount to administer? (*Unit 7, Part II Section 4.5; p. 153*)

20. Know how to document medication that is not administered. (*Unit 7, Part II Section 5.0; p. 155*)

21. Refusals

- a. If the person refuses their medication, ask them why. Then, do 3 things: (*Unit 7, Part II Section 6; p. 155*)
- b. When offering the medication a second time, what do you do if the person still refuses it? (*Unit 7, Part II Section 6; p, 155*)
- c. How many times should you offer a medication before it is considered a final refusal? (*Unit 7, Part II Section 6; p. 155*)
- d. All refusals must be reported to which MAP Consultant? (*Unit 7, Part II Section 6.1; p. 155*)
- e. How is a refusal documented on the medication sheet? (*Unit 7, Part II Section 6.2; p. 156*)

22. Define Parameters. (*Unit 7, Part II Section 7; p. 160*)

- a. Give an example of a parameter.



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Unit 8

1. What is Chain of Custody? (*Unit 8 Section 2; p. 166*)

2. List the documents and methods used to track medications.

(*Unit 8 Section 3; pp. 166-167*)

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.

3. Medication ordering and receiving logs (*Unit 8 Section 4; p. 168*)

- a. Staff must document in the medication ordering and receiving log each time they:
 - i.
 - ii.
- b. When medication is received from the pharmacy, you must compare the: (*Unit 8 Section 5; p. 169*)
 - i.
 - ii.

4. How long must pharmacy manifests (receipts) be kept at the site?

(*Unit 8 Section 5; p. 169*)

5. Countable Controlled Substance Book

- a. The Countable Controlled Substance Book is also known as the _____.
(*Unit 8 Section 6; p. 170*)
- b. What category of medications must be documented and tracked in a count book?
(*Unit 8 Section 6; p. 170*)



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6. **List the 3 sections in the Count Book.** (*Unit 8 Section 6; p. 170*)
 - i.
 - ii.
 - iii.
7. **Be familiar with the information in the Index. Know how to use the Index.**
(*Unit 8 Section 6.1; pp. 171-172*)
8. **Be familiar with the parts of a count sheet** (i.e. headings, how to subtract a medication removed, where to sign, etc.). (*Unit 8 Section 6.3, pp. 173-174*)
9. **When you turn to a new page, complete the heading with information using what?**
(*Unit 8 Section 6.3; p. 173*)
10. **The 'amount used' column must be documented in _____ form, not _____ form.**
(*Unit 8 Section 6.4; p. 174*)
11. **Security of the Medication Storage Area**
 - a. When must countable controlled medication be counted? (*Section 8; p. 178*)
 - i. How many staff conduct the count? (*Unit 8 Section 8; p. 178*)
 - b. What is the purpose of shoulder-to-shoulder count? (*Unit 8 Section 9; p. 185*)
 - c. Who has access to the medication storage area? (*Unit 8 Section 9; p. 185*)
 - d. Where must keys to the medication storage area be kept if you are assigned medication administration duties for the shift? (*Unit 8 Section 9; p. 186*)



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12. Two Certified staff signatures are required in the Count Book when: (*Unit 8 Section 8.3; p. 182*)

- a.
- b.
- c.
- d.
- e.

13. Medication Release Documents (*Unit 8 Section 11; p. 188*)

- a. List the two medication release documents that are used to track medication that is moved from one location to another.
 - i.
 - ii.
- b. Medications may be transferred to or from a residential site and:
(*Unit 8 Section 11.0; p. 188*)
 - i.
 - ii.
 - iii.
 - iv.
 - v.

14. Medication Administration Other Than Residential Sites

- a. What must staff ask the pharmacy to do with the medication? (*Unit 8, Part II Section 1.1; p. 190*)
- b. Signed and dated transfer form. (*Unit 8, Part II Section 1.1; p. 191*)
 - i. The residential site keeps the _____ as documentation of medication released.
 - ii. The day program keeps the _____ as documentation of medication received.
- c. Who is responsible for making sure the day program staff have everything required for medication administration? (*Unit 8, Part II Section 1.2; p. 191*)
- d. Residential site staff must provide a copy of the _____ . (*Unit 8, Part II Section 1.2; p. 191*)



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15. Off-Site Medication Administration (*Unit 8 Part II Section 2; p. 195*)

- a. What is the abbreviation for Off-Site Medication Administration? _____
- b. Be familiar with medication preparation and documentation responsibilities when you take a person off-site (e.g. movies). (*Unit 8 Part II Section 2.1; p. 195*)
- c. Be familiar with documentation responsibilities when you are assigned medication administration duties for a person who is off-site.
(*Unit 8, Part II Section 2.3; pp. 196-198*)

16. What is the abbreviation for Leave of Absence? _____

(*Unit 8 Part II Section 2.4; p. 200*)

17. Who are LOA medications released to? *Unit 8 Part II Section 2.4; p. 200*)

- i.
- ii.

18. The pharmacy must prepare the medication for any LOA if:

(*Unit 8 Part II Section 2.4; p. 200*)

- i.
- ii.

19. Staff may prepare the medication for an LOA if the pharmacy is unable to, and only if: (*Unit 8 Part II Section 2.4; p. 200*)

- i.
- ii.

20. Which two people must sign the LOA Form? (*Unit 8 Part II Section 2.5; p. 201*)

- i.
- ii.

21. Staff with medication administration duties while the person is away on a leave of absence must document what acceptable code on the medication administration sheet? (*Unit 8 Part II Section 2.8; p. 204*)

- a. When is this documented on the medication administration sheet? (*Unit 8 Part II Section 2.8; p. 204*)
- b. What do staff do with unused, oral medication? (*Unit 8 Part II Section 2.8; p. 204*)



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22. Disposal

- a. What is a disposal record? (*Unit 8 Part II Section 3; p. 205*)
- b. How many staff must be present during the disposal? _____
(*Unit 8 Part II Section 3.1; p. 206*)
 - i. One of the staff present must be a _____.
(*Unit 8, Part II Section 3.1; p. 206*)
 - ii. Prior to disposal, know the process for how to render a medication unusable. (*Unit 8 Part II Section 3.2; p. 207*)
 - iii. Be familiar with what is documented on a disposal record. (*Unit 8 Part II Section 3.4; p. 205*)

23. Count Discrepancy

- a. What is the difference between a suspicious and non-suspicious count discrepancy? (*Unit 8 Part II Sections 5.0 and 6.2; pp. 212-218*)

24. Suspicious Count Discrepancies

- a. A suspicious count discrepancy is when there is a suspicion of (give examples):
(*Unit 8 Part II Section 5; p. 212*)
- b. Who is notified? (*Unit 8 Part II Section 6; p. 213*)
- c. Be familiar with how suspicious count discrepancies are documented onsite.
(*Unit 8 Part II Section 6.1; p. 213*)
- d. What is submitted to the Drug Control Program (DCP)? (*Part II Section 6.0; p. 212*)
- e. What is the timeframe in which it must be submitted? (*Part II Section 6.0; p. 212*)

25. Non-suspicious count discrepancies (*Unit 8 Part II Section 6.2; p. 216*)

- a. Give examples of non-suspicious count discrepancies.
- b. Who is notified?
- c. Be familiar with how a non-suspicious count discrepancy is documented. (*Unit 8, II Section 6.2, pp. 217*)



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Unit 9

1. **Medication occurrence** (*Unit 9 Section 2; p. 219*)
 - a. A medication occurrence is when one of the 5 Rights goes wrong during medication administration. This includes wrong:
 - i.
 - ii.
 - iii.
 - iv.
 - v.
2. **Hotlines** (*Unit 9 Section 2; p. 219*)
 - a. A Hotline Medication Occurrence is when the occurrence is followed by:
 - i.
 - ii.
 - iii.
 - iv.
3. **If you make or discover a medication occurrence, what is the first thing you must do?** (*Unit 9 Section 3; p. 220*)
 - a. If the person is NOT okay, call _____.
 - b. If the person is okay, call the _____ first, followed by your supervisor.
4. **After the MAP Consultant and supervisor are contacted, complete a Medication Occurrence Report (MOR). This must be submitted to the _____.** This must be reported within _____ days. (*Section 3.0; p. 221*)
5. **Hotlines must be submitted to _____ and the _____.** The Hotline must be reported within _____ hours after discovery. (*Unit 9 Section 3.0; p. 221*)
6. **Site supervisors review medication occurrences. Why?** (*Unit 9 Section 3.5; p. 224*)
7. **One example of a _____ occurrence is when the medication was not secured and someone else ingested it.** (*Unit 9 Section 4; p. 227*)



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- a. To decrease the chances of this medication occurrence happening again, always _____.
8. One example of a _____ occurrence is when the medication was administered but had been discontinued. (*Unit 9 Section 5; p. 228*)
- a. To decrease the chances of this medication occurrence happening again, always look at the _____.
9. One example of a _____ occurrence is when Tylenol 325mg was ordered, but Tylenol 650mg was given. (*Unit 9 Section 6; p. 229*)
- a. To decrease the chances of this medication occurrence happening again, always look at the _____.
10. One example of a _____ occurrence is when a medication was scheduled to be given at 8am, but was given at 8pm. (*Unit 9 Section 7; p. 230*)
- a. To decrease the chances of this medication occurrence happening again, administer medication within _____ before and up to _____ after the time listed on a medication sheet.
- b. _____ is a subcategory of wrong time. (*Unit 9 Section 7; p. 230*)
11. An omission means the medication was not administered.
- Either it was: (*Unit 9 Section 7; p. 230*)
- a.
- b.
12. To further minimize the chances of an omission happening again, make sure the medication is obtained from the _____. (*Unit 9 Section 7; p. 230*)
13. One example of a _____ occurrence is when a rectal suppository is given by mouth. (*Unit 9 Section 8; p. 232*)
- a. List a couple of ways to decrease the chances of this medication occurrence happening again:
- i.
- ii.
14. Review the Documentation Quick Guide. (*Unit 2 Section 5.5; Appendix, p. 234*)

