

Medication Administration Scenario and Assignment

For the purpose of this scenario, today's date is March 8, 2025

Mr. Likeme Ornot, born March 31st, 1966, **entered into your care on March 4th**, 2025 at 9AM. He is on the following medications which you must enter onto the appropriate forms:

- Ezetrol 10 mg to be taken orally with supper (1700)
- Avapro 75 mg twice daily to be taken orally at breakfast (0730) and supper (1700)
- Metformin 500 mg twice daily to be taken orally at breakfast (0730) & supper (1700)
- Loperamide 10 mg to be taken orally as need (PRN) for allergic rhinitis

Sign off the medications on the MAR for regular meds from the 4th to the 8th.

Additional Information:

In the admission interview he states he is allergic to Codeine, Penicillin, and cat hair. He is bald. His height is 5 foot 7 inches and weight is 215 lbs. He uses the pharmacy Side Effects on Too Many St. The phone number is 555-666-7777. His Doctor's phone number is: 555-777-6666.

Let's continue:

He has an appointment to see his Doctor today at 11:00 AM (today is March 8th). His Doctor's name is Dr. Id Uno. Metformin was discontinued because of intolerable side effects and he was prescribed Gliclazide 160 mg to be taken orally twice daily during breakfast and supper. Mr. Ornot has severe arthritis to his right shoulder. He was prescribed Voltaren 25 mg to be taken orally twice daily during breakfast and supper and Tylenol 325 mg 1 – 2 tabs to be taken orally every 6-8 hrs **PRN** for breakthrough pain. Voltaren and Gliclazide will start at supertime, today.

Task enter these medications on the appropriate Forms paying attention to what is a Regularly Administered Medication and what is a PRN.

Additional Information:

You are Mr. Ornot's care provider. As you are administering Mr. Ornot's supper medications on March 8th, the patient chews the Voltaren and spits it out. He states: 'you could have told me not to chew it: it tastes bad'. You are uncertain whether you should provide him with another pill so you call the pharmacy and fill out an incident report.

You speak to Mr. Pill Buster. He tells you to not administer another Voltaren until tomorrow morning. He advises to administer 650 mg of Tylenol (2 – 325mg tablets) if pain keeps him up during the night. You administer the PRN Tylenol 650 mg at 2: 30 AM because he is unable to sleep due to pain. An hour later you check in on Mr. Ornot and he is sleeping.

Activity:

Based on the information, you are required to enter the medications on the Medication Profile Sheet. You must enter the medications on the MAR for regular meds and sign them off as per the administration period defined above. You must enter the PRNs on the Standing Order Form and sign off the PRN on the MAR for PRNs. You must fill out the incident

report because of the problem encountered when administering Voltaren and this must be reflected on the MAR for regular medications.

Bonus Question: What was the bonus question and what is the answer? This is a quality control question to determine whether you attended the virtual session? It will not be repeated.

Success Criteria

Your assignment will be graded based on the accuracy of your entries and a certificate will be awarded when the criteria around legal documentation is fulfilled. If it takes more than three attempts to meet the criteria, for which the instructor will provide feedback to help you succeed, you will be required to take the course over and reregister into the course at the fee assigned to the course. Please take snapshots of your assignment and email your completed forms to **medicationadmin@shaw.ca**. Your assignment will be due based on the timeline directed by your instructor. As this is a 6 hour course the course should be completed in one day. If your instructor gives you a timeline outside of this parameter, no further extensions will be granted and a certificate will not be awarded to you if the assignment is submitted late: no credits or refunds will be honored based on unfulfilled timelines.

Medication Profile Sheet

Date: _____

Name: _____ **Birth Date:** _____

Dr's Name: _____ **Phone #:** _____

Pharmacy Name: _____; **Phone #:** _____

Allergies:

_____ ; _____ ; _____ ;

Regular Medications				
<i>Date Prescribed</i>	<i>Medications</i>	<i>Dose/Frequency</i>	<i>Time</i>	<i>Route</i>
PRN Medications				

Appendix E: Worksheets

PRN Forms

Medication Administration Record for: (name) _____

Date: _____

Standing Order Form			
Criteria	Medication	Dosage	Time

PRN Medication Administration Record				
Date	Time	Medication	Reason	Initials

Printed Name: _____; Initials: _____

Printed Name: _____; Initials: _____

Appendix E: Worksheets

Medication Incident Report

Date: _____; Date of Incident: _____

Patient's Name: _____; Your Name: _____

Individual Responsible: _____

Type of Incident (Check one):

- Missed Dose Incorrect Dose Incorrect Client Incorrect Medication
 Incorrect Time Incorrect Route Dropped Other: Describe:

Medication Error Details:

Notification List: Enter time and date of each party notified in the space provided

	Date	Time	Initials
Team leader/ On call			
Pharmacist			
Doctor			
Hospital			
Parent/Guardian			
Staff in charge			
Other (specify)			

Pharmacist Instructions:

Follow-up:

Signature

Date

Investigation Report:

Signature

Date

