

CareCertify LLC

Assisted Living Training Series

AL-04

Medication Support

Participant Guide

Assisted Living Training Series · Audience: HHAs · CNAs · PCAs · DSPs · AL Staff · CE Hours: 1.0

Help With Medications — Within the Law and Your Scope

Medications are one of the highest-risk parts of daily care. In Minnesota, an unlicensed staff person may administer medications only when a registered nurse has delegated the task, after training and a demonstrated ability to do it competently (Minn. Stat. 144G.41). This guide defines that boundary and the habits that keep residents safe.

Note: this course teaches the knowledge base. Your facility's RN must still verify your hands-on competency for the specific residents and tasks you will perform, and re-verify if you have not performed a task for 24 consecutive months.

Learning Objectives — by the end of this module you will be able to:

- Distinguish medication assistance from administration
- Explain how an RN delegates medication tasks
- Apply the Rights of medication administration
- Document medications accurately on the MAR
- Recognize and report errors and side effects

Section 1: Assistance vs. Administration

Medication assistance means supporting a resident who directs their own medications — reminding them, opening a container, or steadying a cup. Medication administration means the staff person actually gives the medication: removing it from packaging and delivering it by the ordered route. Administration by unlicensed staff requires RN delegation.

Section 2: RN Delegation Under the Law

Under Minn. Stat. 144G.41, every assisted living facility must have a clinical nurse supervisor (an RN) and a system for delegating health-care activities to unlicensed personnel consistent with the Nurse Practice Act.

Before you administer, the RN must instruct you and confirm competency, provide written resident-specific instructions in the record, and communicate the resident's individual needs. If you haven't regularly performed a delegated task for 24 consecutive months, you must demonstrate competency again.

Delegation is specific, not general

Being trained once does not authorize everything. Delegation is tied to specific tasks and specific residents, with the RN's written instructions and ongoing supervision.

Section 3: The Rights of Medication Administration

The Rights are a safety checklist you run every single time: right resident, right medication, right dose, right route, right time, and right documentation. Add the right to refuse — a resident may decline, and you document and report that rather than forcing it.

Document on the medication administration record (MAR) immediately after giving the medication, never before. If anything does not match, stop and call the nurse.

Section 4: Documenting on the MAR

The MAR is the legal record of every dose. Document immediately after administering — never before. Never sign for a medication you did not personally give. Note refusals or held doses and the reason. Accurate documentation protects the resident, you, and the next caregiver.

Section 5: Medication Errors

A medication error is any deviation from the order — the wrong drug, dose, route, time, or resident, or a missed dose. Errors are handled by telling the nurse immediately, monitoring the resident, and documenting honestly per facility policy. Concealing an error endangers the resident and is never acceptable.

Section 6: Side Effects and Adverse Reactions

Watch for side effects and adverse reactions and report new or worsening symptoms to the nurse. For severe reactions — difficulty breathing, facial or throat swelling, loss of consciousness — call 911 immediately, then notify the nurse.

Section 7: What Unlicensed Staff May Not Do

Unlicensed staff may not administer medications without delegation, change a dose or schedule, make clinical judgments reserved to the nurse, give one resident's medications to another, use unlabeled or expired medications, or document before a medication is actually given. When a situation falls outside your delegated tasks, escalate to the nurse.

Section 8: Safe Handling and Storage

Medications must be stored securely, at the temperature the label requires, in their original labeled containers. Expired or discontinued medications are removed and disposed of per facility policy. Controlled substances require extra security and counting per facility procedure.

Section 9: When to Stop and Call the Nurse

Stop and call the nurse any time something does not add up: an unclear or changed order, an unfamiliar-looking medication, a refusal, a possible error, a new symptom or reaction, or any task outside your delegation. Asking is part of safe, competent practice.

You administer; the nurse directs

Your job is to follow the delegated order safely and report. Clinical decisions — changing doses, evaluating reactions — belong to the nurse.

Key Terms

Term	What it means
Medication assistance	Supporting a resident who self-directs their own medications.
Medication administration	Giving the medication to the resident; requires RN delegation for unlicensed staff.
Delegation	An RN's transfer of a specific nursing task to trained, competent unlicensed staff, with supervision.
Clinical nurse supervisor	The RN responsible for the facility's nursing and delegation system (144G.41).
The Rights	Right resident, medication, dose, route, time, and documentation.
MAR	Medication administration record — where each dose is documented.

Check Your Understanding

1. How does assistance differ from administration?
2. What three things must the RN do before delegating administration to you?
3. List the Rights of medication administration.
4. When do you document on the MAR — before or after giving?
5. Name three things unlicensed staff may not do with medications.

What's Next

Looking ahead

Next, AL-05: Dementia Awareness covers Alzheimer's and related dementias, communication, and the dementia training Minnesota requires under Minn. Stat. 144G.64.