

QUALIFIED MEDICATION AIDE

Scope of Practice

The following tasks are within the scope of practice for the QMA unless prohibited by facility policy:

- (1) Observe and report to the facility's licensed nurse reactions and side effects to medications exhibited by a resident.
- (2) Measure and document vital signs prior to the administration of medication that could affect or change the vital signs. Report any abnormalities to the licensed nurse that would prohibit medication administration.
- (3) Administer regularly prescribed medication which the QMA has been trained to administer only after personally preparing (setting up) the medication to be administered. The QMA shall document in a resident's clinical record all medications that the QMA personally administered. The QMA shall not document in a resident's clinical record any medication that was administered by another person or not administered at all.
- (4) Initiate oxygen per nasal cannula or nonsealing mask only in an emergency. Immediately after the emergency, the QMA shall verbally notify the licensed nurse on duty or on call and appropriately document the action and notification.
- (5) Obtain oxygen saturation utilizing an oximeter that has been calibrated by a licensed or certified professional and report results to the licensed nurse.
- (6) Apply physician-ordered oral, ophthalmic, otic, nasal, vaginal, and rectal medications.
- (7) Crush and administer medications if such preparation is appropriate per manufacturer's instructions or physician's order.
- (8) Alter capsules if prescribed to be administered in this altered manner by the physician.
- (9) Count, administer, and document controlled substances.
- (10) Administer medications per G-tube or J-tube.
- (11) Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the facility's licensed nurse on duty or on call. If authorization is obtained, the QMA must do the following:
 - (A) Document in the resident record symptoms indicating the need for the medication and time the symptoms occurred.
 - (B) Document in the resident record that the facility's licensed nurse was contacted, symptoms were described, and permission was granted to administer the medication, including the time of contact.
 - (C) Obtain permission to administer the medication each time the symptoms occur in the resident.
 - (D) Ensure that the resident's record is cosigned by the licensed nurse who gave permission by the end of the nurse's shift, or if the nurse was on call, by the end of the nurse's next tour of duty.
- (12) Apply topical medication to minor skin conditions such as dermatitis, scabies, pediculosis, fungal-infection, psoriasis, eczema, first degree burn, stage one decubitus ulcer.
- (13) Administer medication via metered dose inhaler.
- (14) Conduct hemocult testing and report result to the licensed nurse.
- (15) Conduct finger stick blood glucose testing (specific to the glucose meter used), reporting result to the licensed nurse.
- (16) Apply a dressing to a minor skin tear that has been assessed by a licensed nurse.
- (17) Provide ordered site care and apply a dressing to a healed G-tube or J-tube site.

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- (18) Empty and change colostomy bag.
- (19) Instill a commercially prepared disposable enema (approximately one hundred twenty (120) milliliters or four and one-half (4.5) ounces) after the resident has been assessed by the licensed nurse (for bowel sounds and potential impaction) and the licensed nurse has instructed the QMA to instill the enema.
- (20) Administer a sitz bath, if ordered by the physician, and report any unusual observations to the licensed nurse.
- (21) Apply a cold, dry compress as directed by the physician or by the licensed nurse in emergency situations requiring first-aid treatment.
- (22) Conduct diabetic urine testing, for example, tablet, dipstick, or test tape methods.
- (23) Collect fecal or urine specimens as ordered by the physician.
- (24) Document in the clinical record the QMA observations, including what the QMA sees, hears, or smells and document what is reported to the QMA by the resident.

The following tasks shall **NOT** be included in the QMA scope of practice:

- (1) Administer medication by the injection route, including the following:
 - (A) Intramuscular route.
 - (B) Intravenous route.
 - (C) Subcutaneous route.
 - (D) Intradermal route.
- (2) Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, such as nebulizers
- (3) Administer medication per nasogastric tube.
- (4) Instill irrigation fluids of any type, including, but not limited to:
 - (A) colostomy;
 - (B) catheter; and
 - (C) enema;except as described in subsection (19).
- (5) Assume responsibility for receiving in writing or receive a verbal or telephone order.
- (6) Administer a treatment that involves advanced skin conditions, including stage II, III, and IV decubitus ulcers.