South Dakota Board of Nursing

South Dakota Department of Health
4305 S. Louise Avenue Suite 201; Sioux Falls, SD 57106-3115
(605) 362-2760; Fax: 362-2768; www.state.sd.us/doh/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel
Application for *Re-Approval* of Training Program

Medication administration may be delegated only to those individuals who have successfully completed a training program pursuant to ARSD 20:48:04.01:14. An application along with required documentation must be submitted to the Board of Nursing for approval. Written notice of approval or denial of the application will be issued upon receipt of all required documents. Send completed application and supporting documentation to: South Dakota Board of Nursing; 4305 S. Louise Ave., Suite 201; Sioux Falls, South Dakota 57106-3115

Name of Institution: Pine Hills Retirement Community
Name of Primary Instructor: Pamela S Smith RN
Address: 2711 Highway 18 West
Hot Springs SD 57747
Phone Number: 605-745-5555 Fax Number: 605-745-5546
E-mail Address of Faculty: passingthru@goldenwest.net

1. Request re-approval using the following approved curriculum(s): *(Each program is expected to retain program records using the Enrolled Student Log form.*
   - ☐ 2011 SD Community Mental Health Facilities (only approved for agencies certified through the Department of Social Services)
   - ☐ Gauwitz Textbook – Administering Medications: Pharmacology for Health Careers, Gauwitz (2009)
   - ☐ Mosby's Texbook for Medication Assistants, Sorrentino & Remmert (2009)
   - ☒ Nebraska Health Care Association (2010) (NHCA)
   - ☐ We Care Online

2. List faculty and licensure information: *For new RN faculty: 1) attach resume/work history with evidence of minimum 2 years clinical RN experience, and 2) attach a new Curriculum Application Form identifying areas of teaching.*

RN FACULTY/INSTRUCTOR NAME(S)	RN LICENSE State	Number	Expiration Date	Verification (Completed by SDBON)
Pamela S Smith RN	SD	R021475	7/23/2014	9/11/12

3. Complete evaluation of the curriculum / program: *(Explain 'No' responses on a separate sheet of paper.)*

Standard	Yes	No
1. Each person enrolled in your program had a high school diploma or the equivalent.	✓	
2. Your program was no less than 16 classroom hours and 4 hours clinical/laboratory instruction for a total of 20 hours.	✓	
3. Your program's faculty to student ratio did not exceed 1:8 in the clinical / lab setting	✓	
4. Your program's faculty to student ratio did not exceed 1:1 in skill performance evaluation /competency validation.	✓	
5. Each student's performance was documented using the SD clinical skills checklist form.	✓	
6. You maintain records using the Enrolled Student Log(s) form.	✓	

RN Faculty Signature: Pamela S Smith RN **Date:**

This section to be completed by the South Dakota Board of Nursing

Date Application Received: 9/11/12	Date Notice Sent to Institution: 9/15/12
Date Application Approved: 9/15/12	Application Denied. Reason:
Expiration Date of Approval: April 2014	
Board Representative: SOMM	

5/16/12

South Dakota Board of Nursing
Curriculum Content Application Form: *Nebraska Health Care Association (NHCA)*
Agency/Facility Name: Pine Hills Retirement Community

This form provides primary instructors a guide on how to teach the content of the NHCA curriculum with approximate time frames. Complete column 4 with the name of RN(s) responsible for teaching each content area. Submit completed form to BON with your Medication Administration Training Program Application.

Curriculum Requirements Pursuant to ARSD 20:48:04.01:15	Content Outline	Time Frame	RN Instructor	Teaching Methodology Used May include: lecture, self-study, online, case study
[illegible]	1. General Information: • Governmental regulations related to medication administration o SD Specific Legal Requirements (Information in text specific to NE may be omitted). • Handling medications, reasons medications given • Ethical issues • Terminology and abbreviations • Medication storage and packaging • Controlled substances • Medication administration (MAR) systems • Forms of medication; basic pharmacology • Procedures and routes of medication administration (oral, SL, buccal, topical, eye, ear, nose, inhaled, vaginal, rectal) • Medication references – PDR Nurses Drug Handbook • Roles and responsibilities of medication assistants and nurses; • Five rights of medication administration : right patient, right medication, right dose, right time, right route • Infection Control	6.5 hrs		*Methodology:* lecture, power point, self-study, text and videos as desired. Videos from NHCA-LC library (as desired) Group discussion on text reading and flash cards (see appendix) *Required text:* Medication Aide Training Manual (NHCA-LC) General Information Section: • SD Specific Legal Requirements document (available at www.nursing.sd.gov) • Text units 1, 2, appendix forms, MAR, and reference list for resources: • Videos from NHCA-LC library (as desired) • Group discussion on text reading • Flash cards (see appendix)
[illegible]	Administer tests for units 1 and 2.	0.5 hr		Combine scores on Unit 1 and 2; minimum of 30 correct responses to obtain passing score of 85%, may retake exams once. (*RN primary instructors are expected to maintain the NEHA Student Log Form for their students.*)

2) An overview of the major categories of medications related to the body systems, including: a. Cardiovascular b. Endocrine c. Gastrointestinal d. Integumentary e. Musculoskeletal f. Nervous g. Reproductive h. Respiratory i. Sensory j. Urinary tract k. Immune	2. An overview of body structure, function, life span, all systems listed, mental health, seizure disorders, pain, hypertension, dysrhythmias, angina, PVD, heart failure, diuresis, thrombo-embolic diseases, nausea, vomiting, constipation, diarrhea, diabetes, thyroid disease, steroids, hormones, eye disorders, cancer, muscle and joints, infections, nutrition, dietary and herbal.	7.5 hrs		Text units: • 5 Musculoskeletal • 6 Integumentary • 7 Urinary **Administer test for units 5, 6, 7** • 8 Circulatory • 9 Respiratory • 10 Nervous system **Administer test for units 8, 9, 10** • 11 Digestive system • 12 Endocrine/reproductive • 13 Sensory system **Administer test for units 11, 12, 13**
Unit Tests (ARSD 20:88:04:17.19)	Administer tests as described in 5th column above: • Administer test for units 5, 6, 7 • Administer test for units 8, 9, 10 • Administer test for units 11, 12, 13	1.5 hr		• Combine scores on unit tests 5, 6, 7; minimum of 28 correct responses to obtain passing score of 85%, may retake once. • Combine scores on unit tests 8, 9, 10; minimum of 36 correct responses to obtain passing score of 85%, may retake once. • Combine scores on unit tests 11, 12, 13 minimum of 28 correct responses to obtain passing score of 85%, may retake once.
3) Additional instruction shall include those categories of medications relevant to the healthcare setting where the unlicensed person will be employed and	3. Additional instruction may include those categories of medications relevant to the employed healthcare setting.			• Unit 14 PRN medications: vaginal route and rectal routes (all content in manuals on injectable routes and medications and medications administered via a tube should **NOT** be included as nurses may not delegate these functions in SD)
4) Clinical or laboratory instruction for the purpose of demonstration of medication administration and evaluation of individual competency. (ARSD 20:88:04:17.18 Faculty to student ratio cannot exceed 1:8 in clinical setting. A 1:1 ratio is required for skills performance evaluation. Required hours: 16 classroom instruction 4 laboratory instruction 20 hours	• Clinical/laboratory instruction provided with required RN faculty-to-student ratio of 1:8; • Skills performance evaluation completed by RN with required 1:1 faculty-to-student ratio.	4 hrs	Pamela S Smith RN	RN instructor completes required Skills Performance Evaluation form for each student that passes tests. (Additional checklists may also be completed as desired.)

SD BON Reviewer Use Only
Date Application received: _____ **Criteria Met:** X **Yes** __ **No; reason denied:** _____
BON Staff Representative: _____

03-1- 2012