

Basic Health and Medications



The Right Door for Hope, Recovery, and Wellness

Compiled by
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What we will be covering the first half of this course.....

→ Vital Signs

→ Infection Control/Universal Precautions

→ Medical Emergencies

→ Seizures

Vital Signs

Accurate measurement of vital signs is an important responsibility of a health care worker.

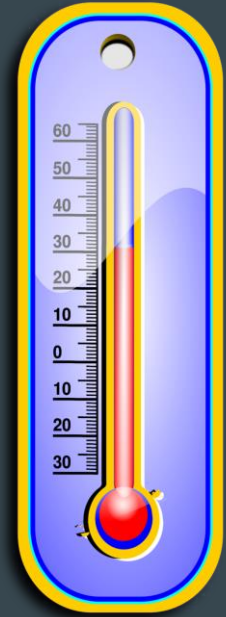
Vital signs include: Temperature, Pulse, Blood Pressure and Respiratory Rate.

Temperature

- Measures the amount of heat inside a person's body.
- Increases with exercise.
- When health status changes, temperature may also change.
- Methods of temperature regulation include:
 - Perspiration
 - Shivering

Consumers with high level c-spine injuries, or TBI may have their ability to temperature regulate affected.

Ensure you are cleaning your thermometers with alcohol between uses and use cover when applicable!



Ways to obtain a temperature

Axillary (under arm)

- Average range 96.0 to 97.4 degrees F.
- digital thermometer.
- **(Least Preferred method)**

Orally

- Most common method
- Average range is 97.6 to 99.5 degrees F.
- Digital thermometer most commonly used
- Must have thermometer placed correctly
- Under the tongue, furthest back.

*averages based on 65+

Temporal (forehead)

- Average range is 97.6 to 98.6 degrees F
- Newest method, reads temp of temporal artery, using infrared sensing
- Watch for covered head, heavy perspiration, may need to move hair out of the way.

Tympanic (ear)

- Average range is 96.6 to 99.7 degrees F.
- Digital only(using infrared sensing), disposable tip for each use.
- Pull ear up for adults, pull ear down for kids, in order to straighten ear canal.

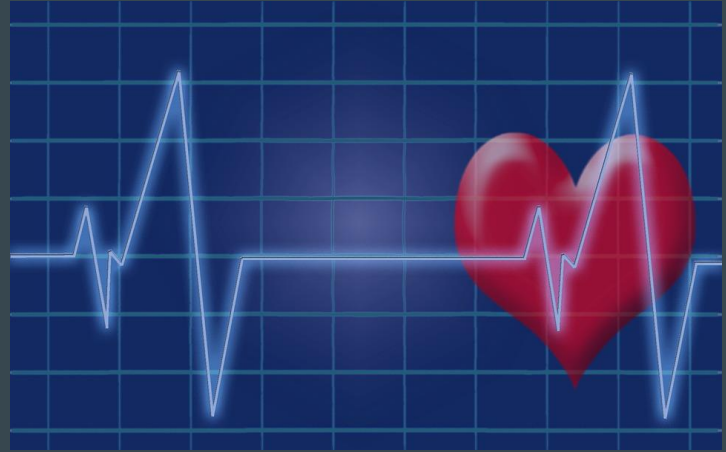
Troubleshooting Temperature Discrepancies

- Know your thermometer! Procedures vary by brand! Read instructions for each type!
- Check/change batteries.
- Double check unusual readings.
- Verify with another thermometer.

- One of my favorite doctors always said----
- *Normal is only normal if you are normal, and no one is normal.*



Pulse



- Measure of heart rate.
- Normal range is 60 to 100 bpm.
- Do not use your thumb (you will feel your own pulse).
- Take pulse for 30 seconds and double.
- If pulse is irregular, take for a full 60 seconds.
- If using finger-tip pulse oximeter, reading may not be accurate if motion artifact, dark nail polish, too much light getting to sensor or in cases of Atrial Fibrillation.

Measuring Pulse rate methods

- *Radial Artery location (pressing too hard
- can dampen the blood flow)



- *Carotid Artery location
(NEVER check both sides at once.)



- You can also use a stethoscope to listen directly over the heart , this is called auscultation.

Respirations

- Respirations are usually collected in conjunction with obtaining the pulse rate.
- While keeping your fingers in the same area that you are counting the pulse, begin to count respirations
- Do not alert consumer to the fact that you are counting respirations or they will alter their pattern.
- 1 respiration = count, 1 rise and fall of the chest
- Count for one full minute.
- Normal adult rate is 12 to 28 breaths per minute.



Blood Pressure

Measures the force of blood inside of the arteries.

Systolic: (Top number-) Pressure while heart is pumping (or contracting). Normal adult range is 120 mmHg or below.

Diastolic: (Bottom number) Pressure while heart is filling with blood (relaxing). Normal adult range is 80mmHg or below.

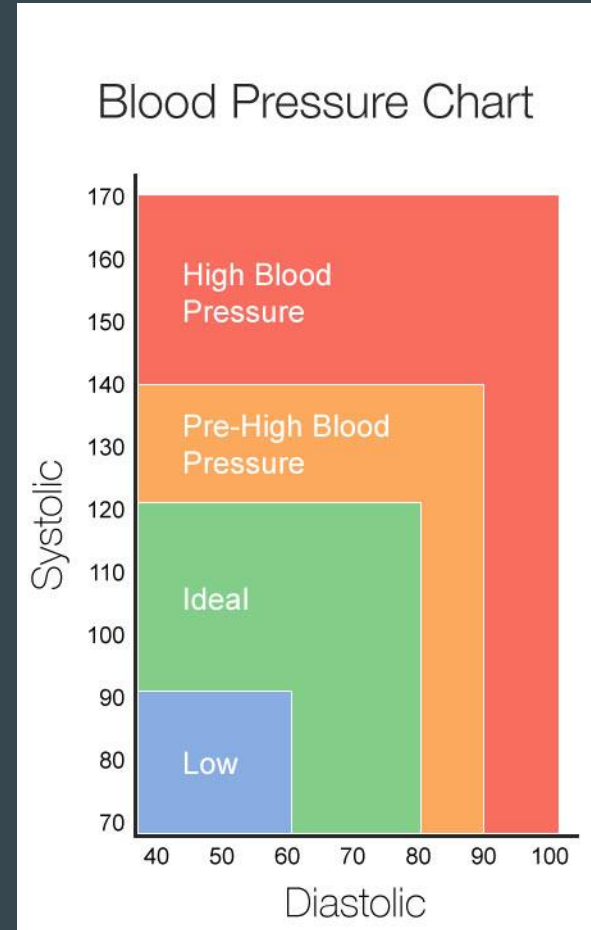


BLOOD PRESSURE RANGES

<u>Systolic</u>	<u>And</u>	<u>Diastolic</u>	<u>B/P Category</u>
Less than 120	OR	Less than 80	Normal
120-139	OR	80-89	Prehypertension
140-159	OR	90-99	Hypertension (stage 1)
160 & over	OR	100 & over	Hypertension (stage 2)
Above 180	OR	Above 110	Hypertensive Crisis (emergency care needed)

Blood Pressure Success Tips

- Ensure cuff size is appropriate (lines on cuff to measure).
- Proper cuff placement is vital! Use brachial artery as marker. Again cuff will have an indicator.
- First thump= systolic pressure.
- Last thump= diastolic pressure.
- Record (ex: 120/60).
- If unusual reading: Try other arm, check batteries, contact supervisor, call doctor's office, call 9-1-1 if dangerously high!
- Cuff should not be placed over clothing, consumer should be in a seated position with legs uncrossed. Arm should be supported and close to heart level. **RECORD WHAT YOU HEAR, NOT WHAT YOU SEE!**



Practice Obtaining Vital Signs

Please type the following links into your browser for a demonstration on obtaining a full set of vital signs

You will need to demonstrate a blood pressure and pulse with a nurse to receive your certificate of completion.

Blood Pressure (Manual) <https://youtu.be/S648xZDK7b0>

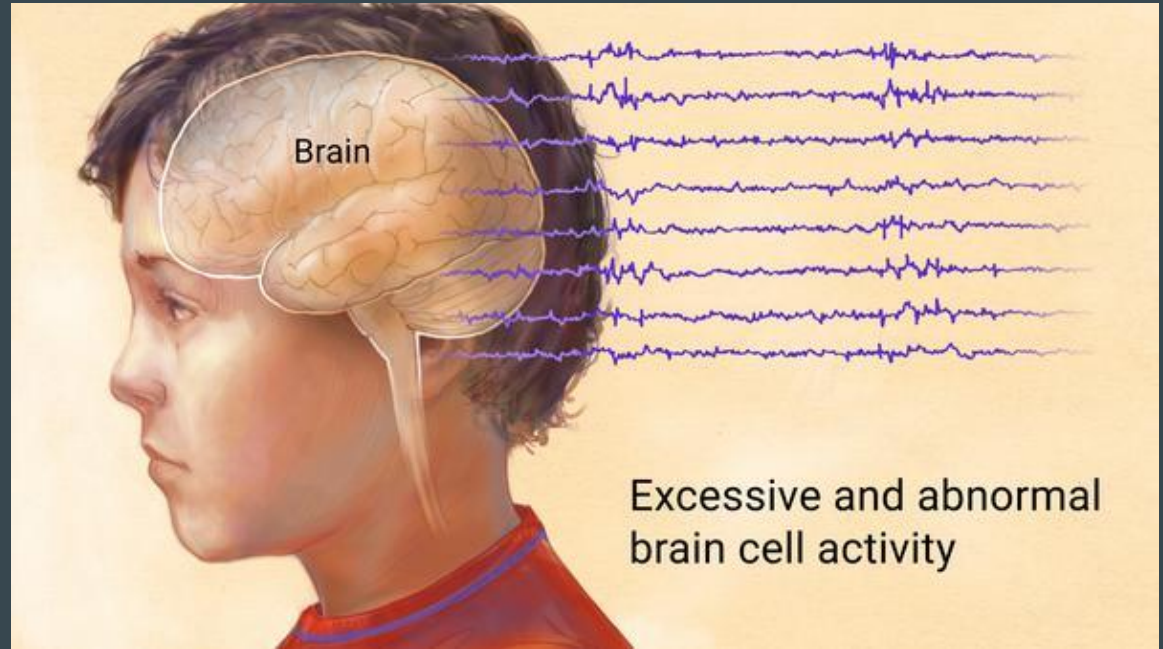
Pulse (Radial) https://youtu.be/31gBW0lmj_0

Respirations <https://youtu.be/n4xlSnZRmkY>

Temperature (start video at 2:14 and stop at 5:35) <https://youtu.be/nv1lgQfgzuw>

Seizures

“A brief disturbance in the electrical activity of the brain that causes temporary changes in movement, awareness, feelings, or behavior” (Epilepsy foundation, 2006).



During a seizure.....

A person is unable to control activity.

Person may experience an aura before seizure occurs.

An aura may present as music, swirling colors, a memory, a sense of impending doom, a smell or taste, nausea, an intense feeling of déjà vu etc

Seizure may last from seconds to minutes.

Make sure to time seizure.

The person may experience incontinence during seizure.

NEVER put anything in a person's mouth during seizure activity!



Types of Seizures

- Tonic-Clonic:** AKA convulsive/grand mal.(Loss of consciousness, stiff body, limbs jerk, may lose control of b/b)
- Absence:** AKA petit mal.(Staring into space, or has blank look, eyes may gaze upward and eyelids flutter, usually lasts 10 seconds or so)
- Simple Partial:** AKA Jacksonian/Sensory.(muscle tightening, unusual head movements, blank stares, eyes moving side to side)
- Complex Partial** (now called focal onset impaired awareness seizure) Last 1-2 minutes, may not be able to control movements or talk. May not hve memory of event
- Atonic:** AKA **Drop Attacks.** Muscles suddenly become limp(part or all of the body), eyelids may droop, head may drop forward, may drop items if standing or fall if standing



Providing First Aid & Documenting a Seizure

First Aid for a Seizure

- KEEP CALM!
- Loosen anything around person's neck.
- Do not restrain them.
- Do not put anything in their mouth.
- Clear the area around them.
- Stay with them until seizure has stopped.
- Goal is to keep them safe during the seizure
- Consumer may have medication to be administered at time of seizure (typically intranasal)

Place in recovery position (side lying post seizure)

Post-ictal phase after seizure= confusion, fear, exhaustion, headache, memory problems, behavioral changes etc

Documenting a Seizure

- Duration of Seizure
- Events preceding seizure
- Behavior during seizure

When is a Seizure an Emergency?

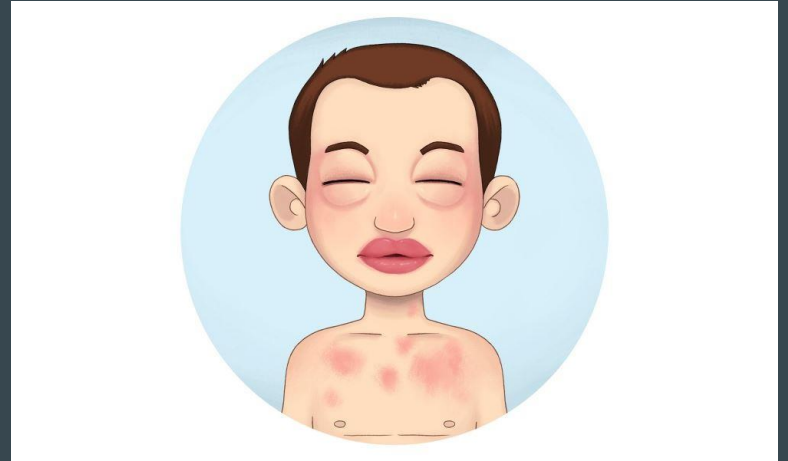
When should you call 9-1-1?

- No history of seizures.
- Pregnant or a diabetic.
- Seizure occurred in water.
- Longer than 5 minutes.
- Seizures occur rapidly without returning to normal state.
- Breathing does not resume(or does not resume normally) after seizure has ended.
- Injury occurs.
- Inform guardian/family/ house owner after calling 911



Anaphylactic Shock

- ALWAYS a medical emergency! Call 911!
- Occurs within minutes of exposure to allergens.
- Frequently Fatal!
- It is a systemic allergic reaction.



Anaphylactic Causes and Prevention

Possible Causes

- Medications (Commonly antibiotics).
- Dyes for diagnostic tests.
- Bee/wasp stings.(does not occur on the first sting)
- Foods (Nuts, eggs, seafood).
- Blood products.
- **Ensure you know house protocols and where epi pens are located

Prevention

- **KNOW YOUR CONSUMER'S ALLERGIES!**
- Monitor closely when giving new medication.
- Allergic reactions can happen to anyone, but some people are more prone (e.g. Hay fever, asthma, food allergies).

Anaphylactic Signs/Symptoms & Treatment

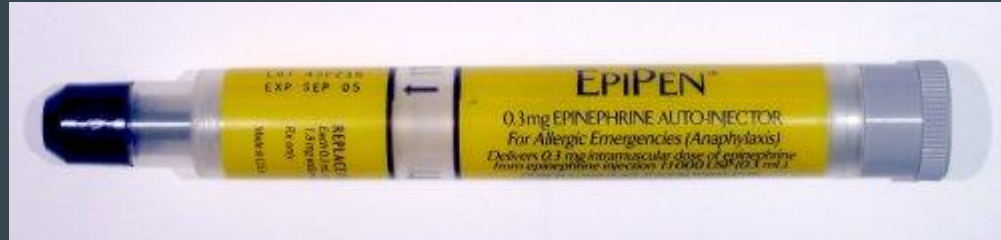
Signs and symptoms include:

- Itching
- Hives
- GI cramping/vomiting
- Swelling in face, lips or throat.
- Thready pulse.
- Extreme drop in blood pressure.
- Difficulty breathing.(tripod position), drooling

Treatment:

Administer EpiPen while someone CALLS 9-1-1!

- Commonly used medications include: Epinephrine (epipen), diphenhydramine (benadryl), hydrocortisone, hydroxyzine (Atarax), and aminophylline.



Infection Control WASH YOUR HANDS!

Rings, fake nails, and nail polish can harbor a lot of bacteria.



WASH YOUR HANDS!

Hand washing is the most important method of disease prevention

Bacteria and bacteria can be spread via dirty hands and the are too small to see with the human eye. You must wash you hands properly in order to remove them.



When Should You Wash Your Hand (at a minimum)?

- After any body contact.
- After handling personal articles.
- Before and After food prep.
- Before and after eating,
- After using tissue/handkerchief.
- After using the toilet.
- Before and after smoking.
- Anytime you are unsure-
- WASH HANDS!



More infection control tips!



- Wash your hands :)
- Cover coughs/sneezes.
- Wash linens and clothing.
- Proper food preparation.
- Vacuum/dust.
- No sharing of personal care items (toothbrush, glasses, hair brush, etc.).

Proper Handwashing Technique

- Wet your hands with warm running water.
- Apply liquid, bar or powder soap to a cupped hand.
- Lather well.
- Rub your hands, palm to palm, vigorously for at least 20 seconds (Sing Happy Birthday). Remember to scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.
- Rinse well.
- Dry your hands with a clean towel.
- Use the towel to turn off the faucet.

*Note: When using alcohol based hand sanitizers- let it dry completely after use!

Transmission of Disease



Transmission of disease can happen by indirect or direct exposure.

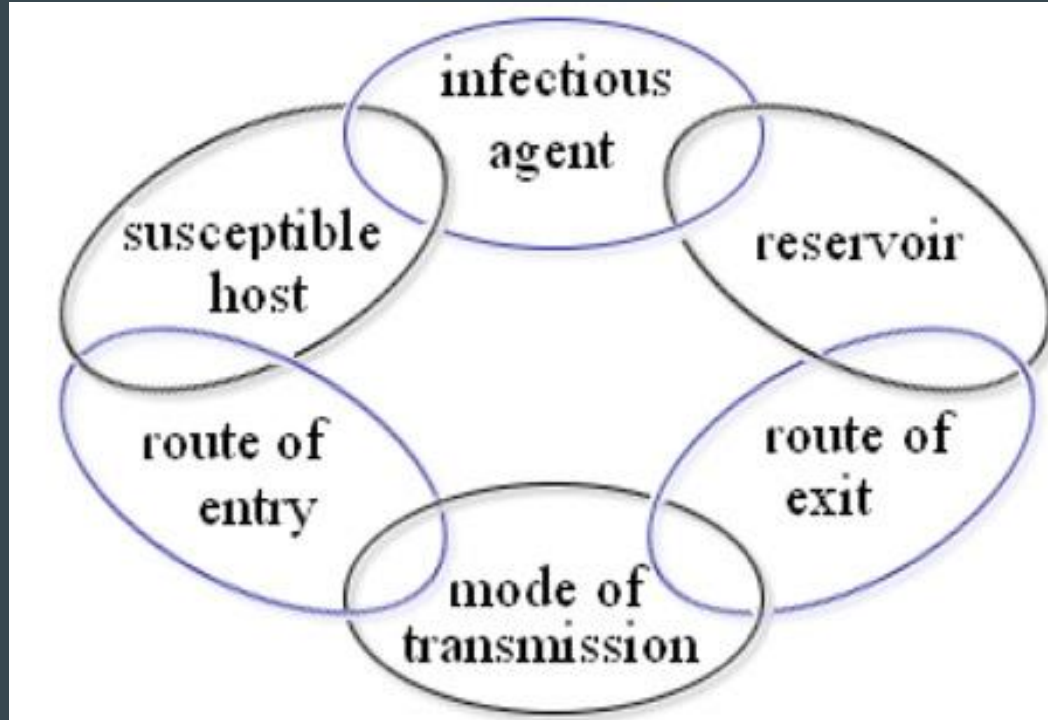
Direct: Via close contact between people.

Indirect: Airborne, Food, Water, Surfaces, Insect.

Chain of Infection- Transmission of Disease

- **Carrier:** A person/animal that harbors and spreads disease to others, but may not exhibit symptoms of disease.
- **Chain of Infection:** Series of factors/events necessary for the transmission of a communicable disease.
- **Mode of transfer:** By indirect/direct contact (hands, surfaces, insect, intercourse, sneezing).
- **Mode of Entry:** Way to enter new host (breathing droplets, hand to mouth, broken skin. .
- **Causative Agent:** Fungus, virus, bacterium, parasite.
- **Mode of Escape:** A way to leave the reservoir (saliva, skin lesion, semen, blood).

Chain of Infection-

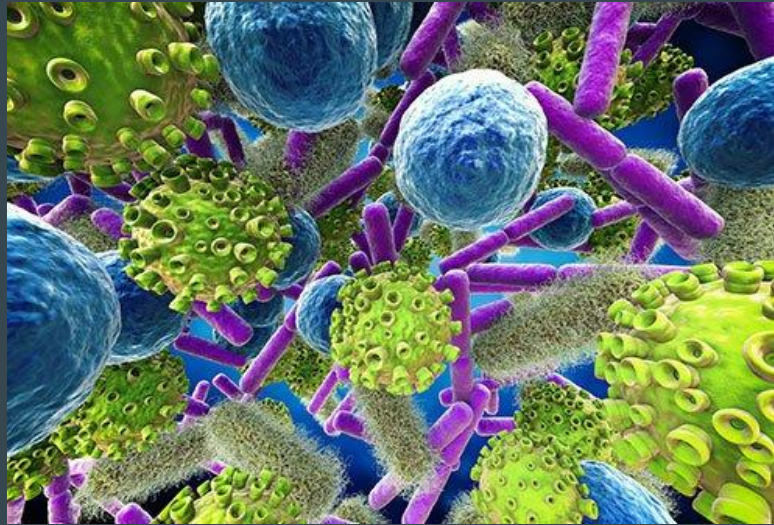


To prevent spread of disease, break a link in the chain of infection!

What causes disease?

Communicable Disease are caused by:

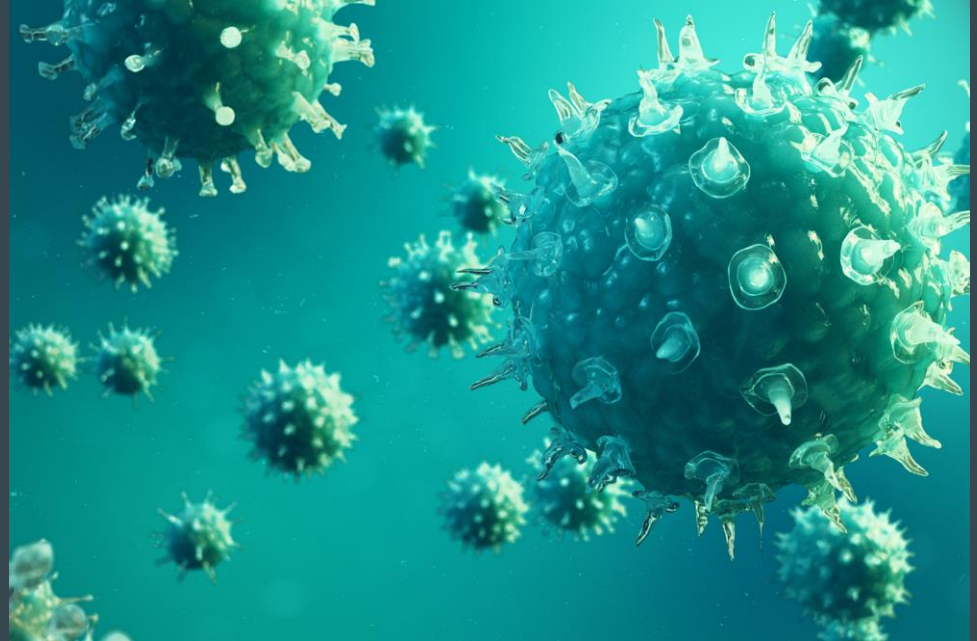
- Bacteria
- Fungi
- Viruses
- Parasites



GERMS ARE EVERYWHERE! Some can live on surfaces for many months, even years. Some are not harmful and some are even beneficial to us!

Viruses

- Smaller than bacteria.
- Non-cellular.
- Antibiotics do NOT help.
- Ex: Common cold, influenza, polio, measles, mumps, rubella, hepatitis, chicken pox, herpes, shingles, West nile, HIV.....



Bacteria



- Microscopic, single celled organisms.
- Can be treated with antibiotics.
- Ex: Impetigo, gastroenteritis, Staph, strep throat, tonsillitis....

Parasites

- Organisms which exist at the expense of other organisms.
(need a host to live off of)
- Must be eliminated from the body.
- Ex: Malaria, tape worms, ticks, bed bugs, head lice, scabies, pin worms...



Fungi



- Low form of plant life.
- Usually mild diseases.
- Persistent and difficulty to cure.
- Ex: Nail infections, yeast infections, ringworm(easily spread), athlete's foot.

Infection Control Terminology

Incubation Period: Period between acquiring the infection and developing symptoms. This can last for HOURS, DAYS, MONTHS, or even YEARS- it all depends on the pathogen!

Infectious: Describes the ability to spread pathogens to another individual.

Contact: Persons exposed to infectious individual.

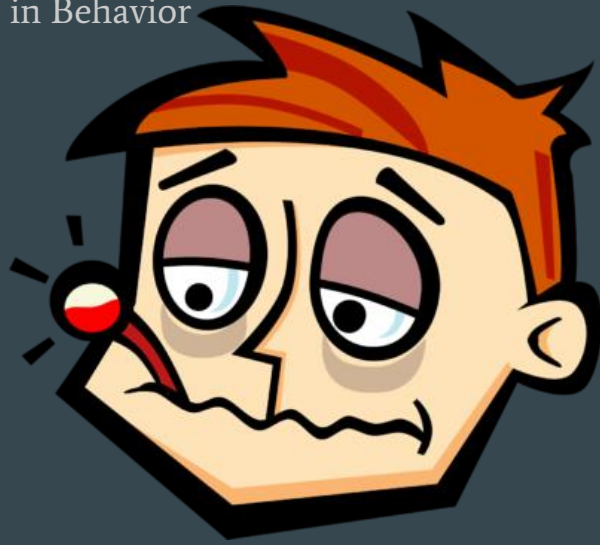
Increased risk of likelihood of disease transmission

- Sociologic: Crowding/ Closeness (nursing homes, prison, schools).
- Biologic: Decreased resistance (compromised immune system).
- Physical: Stress, fatigue, etc.



Signs an infection may be present

- Red/Runny Eyes
- Sneezing/Runny Nose
- Cough
- Sores on Ears, Scalp, Face, Body
- Sore Throat
- Sudden changes in Behavior
- Swollen lymph nodes
- Fever
- Nausea/Vomiting
- Pain/Stiffness in Neck
- Headache
- Jaundice
- Diarrhea/Abdominal pain



Grab a snack, use the bathroom, stretch your legs!



Basic Health and Medications

For the last half of this course, we will be covering:

- Medications (Use, administration, orders, rights, disposal, etc.).



Private Homes-

- You must follow practices and procedures set by each home. If you are unsure, ask the house manager.
- Also, you must be sure that each consumer has enough medication and/or refills, as to not run out.

Medication Categories/Use of medications

Use of medications

- Disease prevention.
- Disease diagnosis.
- Disease treatment.
- Pain relief.
- Maintenance of function.

Medication categories

- Prescription.
 - Prescribed by a doctor, dentist, NP, or PA.
 - Dispensed by pharmacy.
- Non-prescription.
 - Can be purchased at store without a prescription.
 - All drugs in residential setting require written order.



Effects of Medication

Local

- Drug is applied directly to tissues or organ.
- Ex: Hydrocortisone for itching

Systemic

- Drug circulates in blood stream.
- Affects whole body.
- Ex: Antibiotic for UTI.

Therapeutic Effect

- The desired effect of the drug on the body system for which it was prescribed.

Side Effect

- Any effect of a drug other than for which it is prescribed.

Adverse Effect

- A negative side effect.
- Can range from minor rash to life-threatening allergic reaction.

Contraindication

- Any reason, symptom or circumstance that would make the use of a medication inadvisable (allergies, pregnancy).

Controlled medications

- High potential for abuse.
- Require special handling and precautions.
- Extensive list: Narcotics, CNS stimulants, CNS depressants, mind-altering drugs.
- Other meds still have the potential for abuse.
- There are 5 schedules of controlled medications.



Drug Abuse



Drug abuse is the use of a medication in a manner other than for what it is intended.

Effects of drug abuse

- Physical Dependence (addiction)
- Psychological Dependence (habituation)
- Functional Impairment (ex: laxatives)

Refusals

- ANY person has the right to refuse medication.
- NEVER force a person to take a medication.
- WHAT if a person refuses?

Try Again!

- Explain importance of medication.
- Try approach from another staff member.
- Contact your supervisor.

Still refusing?

- Report and Record.
- Contact physician for further instruction.
- Monitor individual.
- Documentation is key!



Legal and ethical implications/Your responsibility

ALL medication, including over-the-counter medication must be prescribed by a person licensed to do so by the department of Licensing and Regulation!

Your Responsibility as a caregiver:
To assist the person in using medications as ordered.

More legal and ethical tips!

- Ensure informed consent.
- Know policies and procedures.
- Know about meds you're giving.
- Training- use only procedures you have been trained to do.

Medication Safety

EVERY medication is potentially dangerous if not given properly!

Get your questions answered first!

- Nurse consultant
- Pharmacist



Routes of Medication Administration

- Oral
- Injectable
- Topical
- Rectal
- Vaginal

Oral is the most commonly and convenient route of administration.



Important Note!!!!

This training program DOES NOT qualify you to administer a medication by injection or to perform other procedures not covered!



Forms of Medications



Capsules

- Small containers of gelatin.

Tablets

- Pressed preparation of powdered drugs.
- May have coating.

Ointment/Cream

- External application to skin/mucus membranes.

Suppositories

- Insert into rectum or vagina.
- Melt at body for absorption.

Elixirs

- Liquid Preparations.

Splitting tabs/crushing meds

NEVER crush tablets or open capsules without first consulting a pharmacist!

The ONLY time it is ok to split a tablet is when it is scored! If ever in doubt- ask your pharmacist!



Written Medication Orders

Physician prescribes based on:

- Medical history.
- Drug allergies.
- Current medications.
- Medical/dental conditions.
- Documentation of recent physical/behavioral changes.

IF YOU HAVE QUESTIONS, GET THEM ANSWERED BEFORE GIVING MEDS!

- Pharmacist.
- Ordering Practitioner,
- Nurse Consultant.
- Current Drug Book.

Know about the medications you are giving:

- Purpose and therapeutic effect.
- What to expect from medication.
- Adverse effects.
- Drug interactions.
- Administration/storage instructions.

Practitioner writes RX for pharmacy.

Home must keep a copy of prescription on file!



Telephone Medication Orders

A physician may forget that you are not licensed to take an order for a medication over the phone. It is YOUR responsibility to remind him/her to call the pharmacy directly.

1. Ask the physician to call pharmacy directly.
2. Document on the person's record- Time/date of incident, detailed description, and name of physician contact and instructions given.
3. Obtain medication from pharmacy.
4. Get copy of prescription from pharmacy.
5. Transcribe info from pharmacy label to person's record.



Other Telephone Orders

Direct care staff MAY receive other orders (NOT FOR MEDICATIONS) from a physician over the phone.

Physician may order medication to be held/discontinued over via telephone.

It is ACCEPTABLE for home staff to take these orders.

Contact nurse to notify of held medication.

1. Repeat order back to confirm.
2. Understand instructions before hanging up.
3. Transcribe to record immediately.
4. Notify supervisor and nurse consultant.
5. Do not be afraid to ask questions or for clarification!

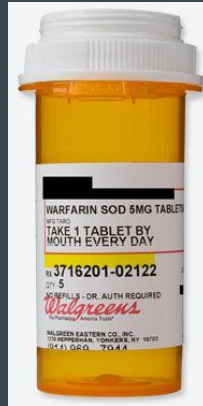


Pharmacy Labels

Always check labels for information you need to safely give medication! They must match the prescription exactly! Special instructions may be present, including- refrigerate, take with food or milk, Do not take with dairy products, etc. Make sure pharmacy knows about all OTC meds taken by the person.

Pharmacy labels MAY include:

- Pharmacy phone number.
- Refill instructions.
- Pharmacist initials.
- Special instructions.



Pharmacy labels MUST include:

- Pharmacy name and address.
- Prescription number.
- Person's name.
- Date dispensed.
- Name of prescriber.
- Directions for use.
- Medication name (Brand or generic).
- Amount dispensed.
- Strength.
- Dosage.
- Description of medication

Medication Storage



- Always store in the container from pharmacy.
- Locked box in the refrigerator.
- Do not store medications in the door of the refrigerator
- Medication cabinets
 - Away from heat, only for medications, clean & orderly, sufficient space & lighting, and kept locked at all times.
- Store topical medications separately.
- Keys to be kept by person responsible for medications during that shift.

Steps for med administrations

1. Check 7 rights.
2. Good lighting.
3. Work in a clean environment.
4. One task at a time.
5. Know about your medications.
6. Wash hands before beginning.
7. Clean technique.
8. Give only meds you prepared.
9. Give as prescribed and on time.
10. Assess for unusual appearance/color.
11. Read drug allergy label on chart.
12. Refill prescription before running out.
13. Note discrepancy between MAR and pharmacy label,
14. Circle errors on MAR.
15. Use only approved abbreviations.
16. Document IMMEDIATELY after giving medications.
17. Avoid interruptions.
18. Keep all meds locked and in correct temperature.



The “Seven Rights”

1. Right Person
2. Right Medication
3. Right Time
4. Right Route
5. Right Dose
6. Right Reason
7. Right documentation



Right Person

- Name on pharmacy label and order must match name of person.
- Ask Name.
- Ask Date of Birth.
- Ask staff familiar with person.



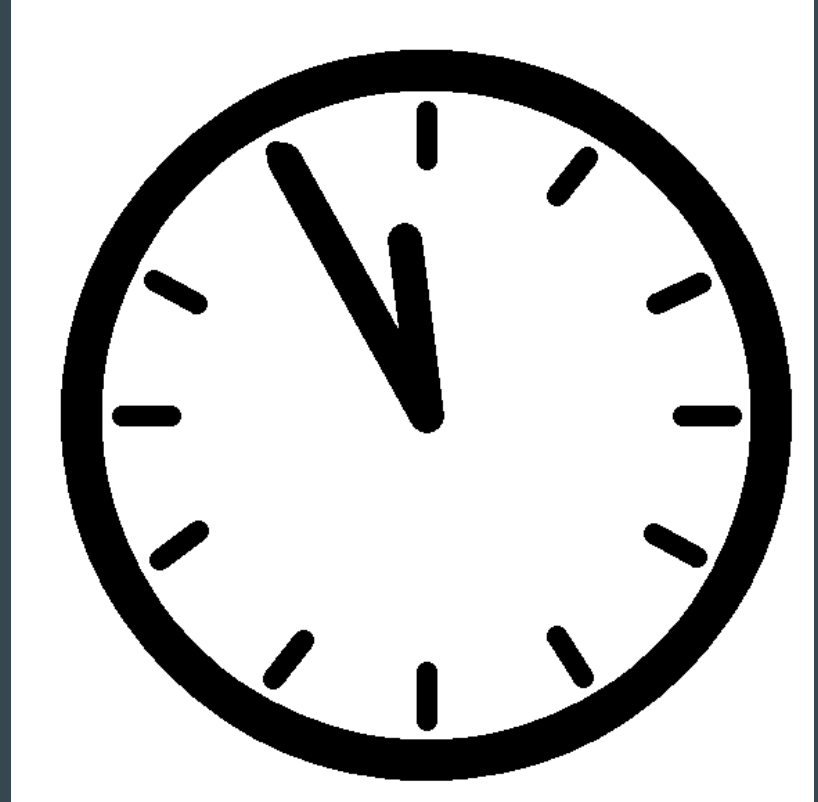
Right Medication

- Compare MAR to pharmacy label.
- Triple check.
- They **MUST** match.
- If they do not agree....Contact pharmacist and Supervisor for clarification.

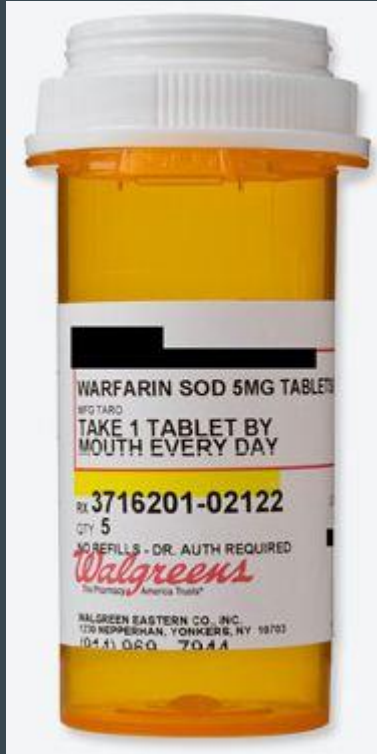


Right Time

- 30 minute grace period.
- Need appropriate amount of time between doses.
- May need to take with/without food.
- May depend on purpose/side effects of medication.
- Standing Orders/ Minor illness Meds
 - P.r.n. (as needed)
 - Give only under certain conditions.
 - Follow instruction specifically.
 - Document on MAR.
 - Include reason for giving.
 - Document effectiveness.



Right Dose



- Compare MAR to pharmacy label.
- Triple check.
- They **MUST** match.
- If they do not agree....Contact pharmacist and Supervisor for clarification.

Right Route

- Stated on pharmacy label if different route than p.o.
- Always ask pharmacist or nurse consultant if you have questions about administration method.



RIGHT REASON

Know why you are giving
the medication.
?What side effects could
occur



RIGHT DOCUMENTATION

- It is the sole responsibility of the person administering the medication to properly document that administration. Without proper documentation, communication can get lost between care givers and medical professionals. Ensure details are present and correct.

Don't give the medication, if.....

- You cannot verify all 7 rights!
- Missing required information.
- Change in status
 - Seizures
 - Unconsciousness
 - Difficulty Breathing
 - Low Blood Pressure
 - Bradycardia(Low heart rate)
- Follow instructions for reporting emergencies, if a change in status happens!



Giving a medication

~PREPARE ONLY ONE PERSON'S MEDICATIONS AT A TIME~

1. Positively identify patient.
2. Never force a medication.
3. Explain what medication is and how it will be given.
4. Provide privacy.
5. Assist- correct head position, adequate water.
6. Remain with person until medication is swallowed.
7. Give only medications you prepared yourself.
8. Observe and document response- report if unusual.



Medication DON'Ts

- NEVER relabel a pharmacy bottle.
- NEVER force a medication.
- NEVER give medication without an order.
- NEVER give medications set up by another person.
- NEVER change a pharmacy label.
- NEVER mix together medications unless directed to do so by a prescriber.
- NEVER give any medication not prescribed for the person.
- NEVER give one person another person's medications.
- NEVER give a person medication from another person's bottle.
- NEVER pour medication from one bottle into another.
- NEVER return unused medication to the bottle.
- NEVER cut an unscored tablet.
- NEVER leave medications unlocked/unattended.
- NEVER refer to medication as “candy”.
- NEVER take a telephone order for a medication.

Documentation

- Always use ink (usually black).
- Never erase or white out.
- Name of person treated must be on all forms.
- All medications (including OTCs) must be documented.
- Must be done by person giving medication.
- Signature, title and initials at bottom of MAR.
- Explain codes at bottom of MAR.
- STAT, p.r.n., and single dose medications must all be documented.



Documentation continued

- Signs and symptoms can be caused by a number of things, including medications.
- It is your responsibility to accurately observe, report, and record any change in physical conditions or behavior.
- It is also your responsibility to give appropriate care to the person in an emergency or potentially life threatening situation.
- Do not dispense or transfer medications from one container for another to give.
- Consumers should NOT transport medications unless proper approval has been given.

Medication Errors

- **MUST BE REPORTED IMMEDIATELY!**
 - Complete incident report.
 - Notify physician.
 - Nurse consultant.
 - Pharmacist.
 - Follow organization procedure.
- When has one occurred?
 - Wrong person or medication?
 - Wrong dose or time?
 - Wrong route?
 - Missed entirely?
 - Wrong reason?



Tips to avoid errors!



- Be alert and attentive.
- Observe the 7 rights!
- Know the medications.
- Ask for help.
- Never be afraid to look something up or ask questions.

Discontinuation



- If a physician wishes to discontinue medication or change dosage....
- New prescription required.
- Discard old medication per procedure.
- Document.
- Note on MAR.
- Make other staff aware of change.

Local Medication Disposal Sites

- All Meijer Grocery stores now dispose of unused/expired medications.
- Also most local police departments have a medication drop box, below are our local drop box locations and hours of operation.

Belding Police Department

120 South Pleasant Street

Belding, Michigan 48809

Monday - Friday 8:00 am - 5:00 pm

Ionia County Sheriff's Office

133 East Adams Street

Ionia, Michigan 48846

Open 24 hours a day

Portland Police Department

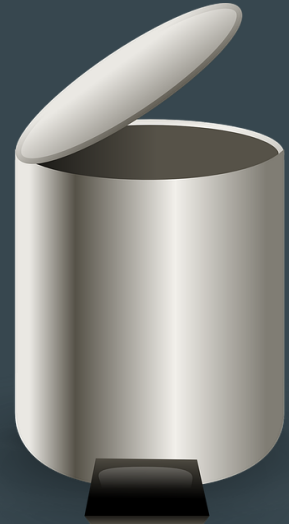
773 E Grand River Avenue

Portland, MI 48875

Monday - Friday 8:00 am - 5:00 pm

Disposal of medications

- Must be done by 2 staff members, one acting as witness.
- Follow agency procedure.
- Maintain safety, destroy beyond point of reclamation!
- Never dispose where humans or animals have access to medication.
- If you must dispose of meds in trash, meds must be removed from original containers. Meds must be mixed with **KITTY LITTER** or **COFFEE GROUNDS** and placed in an impermeable nondescript container, then throw in the trash.



Flushing Medications

Flushing medications down the toilet is **ONLY** appropriate if the accompanying patient information specifically instructs it is safe to do so!



Abbreviations

AG = abdominal girth

d = day

q3h = every 3 hours

QID = four times per day

AM = morning

x = times

SOB = shortness of breath

tsp = teaspoon

gr = grains

mcg = microgram

I&O = intake and output

ASA = aspirin (acetylsalicylic acid)

URI = upper respiratory infection

TPR = temperature, pulse, respiration

q = every

wt = weight

BID = twice per day

PRN = as needed

PM = evening

STAT = immediately

O₂ = oxygen

Tbsp = tablespoon

mg = milligram

mL = milliliter

1 cc = 1mL

BMI = body mass index

ht = height

VS = vital signs

hs = bedtime (hour of sleep)

U/A = urinalysis

oz = ounce

PO = by mouth

NPO = nothing by mouth

GM, gm = gram

CC = cubic centimeter

MI = myocardial infarction (heart attack)

CVA = cerebral vascular accident (stroke)

UTI = urinary tract infection

Use of abbreviations can be dangerous – avoid them if possible.

Thank you!

Thank you for completing our Basic Health and Medications Course- Please get checked off on taking a pulse, Blood pressure, and respirations, then complete your written test. If all areas are passed you will receive your certificate of completion from The Right Door for Hope, Recovery and Wellness!