

DEPARTMENT OF REGULATORY AGENCIES
Division of Professions and Occupations

3 CCR 716-1

CHAPTER 19

**RULES AND REGULATIONS FOR THE CERTIFIED NURSE AIDE IN RELATION TO
MEDICATION AIDE AUTHORITY**

1. STATEMENT OF BASIS AND PURPOSE

The specific authority for promulgation of these rules and regulations is set forth in Section 12-38.1-110.5(1), C.R.S. The Division name changed pursuant to Section 24-34-102, C.R.S.

These rules are adopted to specify the procedures for obtaining and maintaining Medication Aide Authority and for clarifying the role and responsibility of the Certified Nurse Aide with Medication Aide Authority (CNA-Med). The medication administration responsibilities of a CNA-Med should be within the parameters of their educational preparation, their demonstrated abilities, and pursuant to the parameters of the delegation of nursing tasks as set forth in Section 12-38-132, C.R.S. Therefore, a CNA-Med and the CNA-Med's supervisor have a joint responsibility to assure that the CNA-Med practices within the scope of their educational preparation and demonstrated abilities.

2. DEFINITIONS

- 2.1. Advanced Skin Condition: Any skin condition that results in at least partial thickness loss of skin such as an abrasion, blister or superficial ulceration.
- 2.2. Approved Medication Aide Training Program: A course of study approved by the Board that includes theory, lab and clinical practice related to the knowledge, skills and ability to perform medication administration.
- 2.3. Board: The State Board of Nursing.
- 2.4. Client: The individual receiving nursing care.
- 2.5. Clinical Record: A collection of documents that are used for the purpose of conveying current and historic health orders, medication administration tracking, health and behavior related observations and other communications germane to the nursing services that a Client receives or requires.
- 2.6. Certified Nurse Aide (CNA): means a person who meets the qualifications specified in Colorado Revised Statutes Title 12 Article 38.1 and who is currently certified by the Board as a nurse aide.
- 2.7. Medication Aide (CNA-Med): means a person who meets the qualifications specified by this Chapter and who is currently certified by the Board as a Certified Nurse Aide with Medication Aide Authority.
- 2.8. Competency Evaluation: The evaluation instrument approved by the Board.

- 2.9. Medication Aide Authority: Authority granted by the Board to a CNA who has satisfactorily completed the approved Medication Aide training program or its military equivalent, passed the state Competency Evaluation and has been placed on the Medication Aide registry.
- 2.10. Practitioner: A person authorized by law to prescribe treatment, medication or medical devices and acting within the scope of such authority.
- 2.11. Supervising Licensed Nurse: A licensed registered nurse that is responsible for providing guidance and oversight to the CNA-Med during a given shift.
- 2.12. Unencumbered: No current restriction on a certificate to practice as a certified nurse aide.

3. SCOPE OF PRACTICE OF THE CERTIFIED NURSE AIDE WITH MEDICATION AIDE AUTHORITY

- 3.1. The Client care responsibilities of the CNA-Med must be within the parameters of their educational preparation and their demonstrated abilities.
- 3.2. The CNA-Med may perform the following tasks under the supervision of the Supervising Licensed Nurse:
 - 3.2.1. Observe and report to the Supervising Licensed Nurse any and all reactions and side effects to medications that are exhibited by a Client.
 - 3.2.2. Measure and document vital signs prior to the administration of medications that could affect or change the vital signs. Report any abnormalities to the Supervising Licensed Nurse that would prohibit administration of such a medication prior to administration.
 - 3.2.3. Administer regularly prescribed medications that the CNA-Med has been trained to administer only after personally preparing (setting up) the medication to be administered. The CNA-Med will document in the Client's Clinical Record all medications that the CNA-Med personally administered. The CNA-Med will not document in a Client's Clinical Record any medication that was administered by another person or not administered at all or medications that were refused by the Client. All refused or non-administered medications must be reported to the Supervising Licensed Nurse.
 - 3.2.4. Initiate oxygen per nasal cannula or non-sealing mask only in an emergency. Immediately after the emergency, the CNA-Med must verbally notify the Supervising Licensed Nurse on duty or on call and appropriately document the action and the notification.
 - 3.2.5. Obtain oxygen saturation utilizing a calibrated oximeter and report such results to the Supervising Licensed Nurse.
 - 3.2.6. Administer Practitioner-ordered oral, buccal, sublingual, ophthalmic, otic, nasal, vaginal, rectal, and transdermal medications as ordered.
 - 3.2.7. Crush and administer medications by practitioner order, if such preparation is appropriate per the manufacturer's instructions and verified by the Supervising Licensed Nurse.
 - 3.2.8. Alter capsules if prescribed to be administered in this altered manner by the Practitioner and verified by the Supervising Licensed Nurse.

- 3.2.9. Count, administer and document controlled substances.
- 3.2.10. Administer medications per G-tube, J-tube, or NG tube.
- 3.2.11. Administer previously ordered pro re nata (PRN) medication only if authorization is obtained from the Supervising Licensed Nurse on duty or on call. If authorization is obtained, the CNA-Med must do the following:
 - 3.2.11.1. Document in the Client's Clinical Record symptoms indicating the need for the medication and the time the symptoms occurred.
 - 3.2.11.2. Document in the Client's Clinical Record that the Supervising Licensed Nurse was contacted, symptoms were described, and permission was granted to administer the medication including the time of contact.
 - 3.2.11.3. Obtain permission to administer the medication each time the symptoms occur in the Client.
 - 3.2.11.4. Document in the Client's Clinical Record the effectiveness of administering the PRN medication.
- 3.2.12. Apply topical medication to minor skin conditions such as dermatitis, scabies, pediculosis, fungal infection, psoriasis, eczema, first degree burn, or stage one decubitus ulcer.
- 3.2.13. Administer medication via metered dose inhaler.
- 3.2.14. Conduct hemocult testing and report result to the Supervising Licensed Nurse.
- 3.2.15. Conduct finger stick blood glucose testing (specific to the glucose meter used) and report result to the Supervising Licensed Nurse.
- 3.2.16. Administer subcutaneous insulin via syringe, insulin pen or insulin pump as prescribed by the Practitioner after consulting and clarifying with the Supervising Licensed Nurse the correct dose that the CNA-Med is to administer.
- 3.2.17. Apply a dressing to a minor skin tear that has been assessed by the Supervising Licensed Nurse.
- 3.2.18. Provide ordered site care and apply a dressing to a healed G-tube or J-tube site.
- 3.2.19. Empty and change colostomy bag excluding the colostomy appliance.
- 3.2.20. 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 Supervising Licensed Nurse (for bowel sounds and potential impaction) and the Supervising Licensed Nurse has instructed the CNA-Med to instill the enema.
- 3.2.21. Administer a sitz bath, if ordered by a Practitioner, and report any unusual observations to the Supervising Licensed Nurse.
- 3.2.22. Apply a cold, dry compress as directed by the Practitioner or by the Supervising Licensed Nurse in emergency situations requiring first aid treatment.

- 3.2.23. Conduct diabetic urine testing by appropriate method.
- 3.2.24. Collect fecal or clean catch urine specimens as ordered by the Practitioner.
- 3.2.25. Document in the Clinical Record the CNA-Med's observations, including what the CNA-Med sees, hears, or smells and document what is reported to the CNA-Med by the Client.

4. OUTSIDE THE SCOPE OF THE CERTIFIED NURSE AIDE WITH MEDICATION AIDE AUTHORITY

- 4.1. A CNA-Med should not perform any of the following tasks as they are outside the CNA-Med's scope of practice:
 - 4.1.1. Administer medications by injection route, including the following:
 - 4.1.1.1. Intramuscular route.
 - 4.1.1.2. Intravenous route.
 - 4.1.1.3. Subcutaneous route, except as described in Section 3.2.16 of these Chapter 19 Rules and Regulations.
 - 4.1.1.4. Intradermal route.
 - 4.1.1.5. Intrathecal route.
 - 4.1.2. Administer medication used for intermittent positive pressure breathing (IPPD) treatments or any form of medication inhalation treatments, other than metered dose inhaler.
 - 4.1.3. Instill irrigation fluids of any type, including but not limited to:
 - 4.1.3.1. Colostomy.
 - 4.1.3.2. Catheter.
 - 4.1.3.3. Enema, except as described in Section 3.2.20 of these Chapter 19 Rules and Regulations.
 - 4.1.4. Assume responsibility for receiving a written, verbal or telephone order.
 - 4.1.5. Administer a treatment that involves Advanced Skin Conditions, including stage II, III, or IV decubitus ulcers.

5. SUPERVISION REQUIREMENTS

- 5.1. The CNA-Med must be generally supervised by a registered nurse with an active Colorado or multi-state nursing license.
- 5.2. When direct, on-site supervision of the CNA-Med is unavailable, the CNA-Med must have prompt, direct telephone access to a Supervising Licensed Nurse.
- 5.3. The Supervising Licensed Nurse will be responsible for ensuring that the CNA-Med's Client load is not so large as to prevent timely administration of each Client's medications.

- 5.4. An employer of a nurse or CNA-Med may establish policies, procedures, protocols, or standards of care which limit or prohibit delegations by nurses in specified circumstances.

6. REQUIREMENTS FOR OBTAINING MEDICATION AIDE AUTHORITY

- 6.1. For initial certification as a CNA-Med, the individual must:
 - 6.1.1. Possess an active, Unencumbered Colorado nurse aide certification.
 - 6.1.2. Possess a high school diploma or general equivalency diploma.
 - 6.1.3. Be no less than eighteen (18) years of age.
 - 6.1.4. Complete no less than one thousand (1000) hours of documented work as a CNA within the last twenty-four (24) months or the equivalence for individuals from the United States military.
 - 6.1.5. Possess a recommendation to become a medication aide from the CNA's current supervising nurse, director of nursing, or nursing home administrator.
 - 6.1.6. Complete an Approved Medication Aide Training Program with a final grade of not less than "C" or demonstrate substantially equivalent training that meets the curriculum requirements in the Chapter 12 Rules and Regulations for Approval of Medication Aide Training Programs documented on an official transcript for individuals in the United States Military as provided for in Section 24-34-102(8.5), C.R.S.
 - 6.1.7. Submit the completed Medication Aide Authority application within one (1) year of completion of the Medication Aide Training Program or its United States military equivalent as required by the Board and pay the applicable fee.
 - 6.1.8. Pass the written Competency Evaluation in three or fewer attempts within one (1) year of the completion receipt of the Medication Aide Training application.

7. REQUIREMENTS FOR RENEWAL AND REINSTATEMENT

- 7.1. Medication Aide Authority is subject to the renewal requirements set forth in Section 24-34-102, C.R.S.
 - 7.1.1. A certificate that is not renewed by the CNA-Med within the renewal period including the sixty (60) day grace period will be subject to reinstatement requirements as set forth in Section 7.4 of these Chapter 19 Rules and Regulations.
- 7.2. The CNA-Med must attest that she/he has received monetary compensation for performing at least forty (40) hours of CNA-Med activities during the twenty-four (24) months prior to the renewal or reinstatement application date.
- 7.3. The CNA-Med that cannot attest to receiving monetary compensation for performing at least forty (40) hours of CNA-Med activities during the twenty-four (24) months prior to the renewal or reinstatement date must take and pass the Competency Evaluation in three or fewer attempts within one (1) year of receipt of an application by exam.
- 7.4. To reinstate an authority that has been expired for less than two (2) years, the expired CNA with expired Medication Aide Authority must:

- 7.4.1. Possess an active, Unencumbered Colorado nurse aide certification.
- 7.4.2. Submit a complete Board approved reinstatement application.
- 7.4.3. Pay the required fee.
- 7.5. In order to reinstate an expired authority, a CNA whose Medication Aide Authority has been expired more than two (2) years must meet the requirements of Sections 6.1.5, 6.1.6, 6.1.7 and 6.1.8 of these Chapter 19 Rules and Regulations.

8. WITHDRAW OR CANCELLATION OF MEDICATION AIDE AUTHORITY

- 8.1. The Board will cancel Medication Aide Authority if the Board has reasonable cause to believe that the CNA-Med no longer meets the requirements for Medication Aide Authority as set forth in Section 6 of these Chapter 19 Rules and Regulations or the Board has reasonable cause to believe that the CNA-Med is unable to practice with reasonable skill and safety.
- 8.2. The Board will expire Medication Aide Authority for any CNA-Med if his/her nurse aide certification expires.
- 8.3. The Board will cancel Medication Aide Authority for any CNA-Med if his/her nurse aide certification is surrendered or revoked.
- 8.4. The Board will suspend Medication Aide Authority for any CNA-Med if his/her nurse aide certification is suspended.

9. GENERAL RULES RELATING TO AUTHORITIES

- 9.1. The CNA-Med is responsible for maintaining his/her own documentation of skills, education and test results.
- 9.2. Incomplete Applications:
 - 9.2.1. Failure to submit required information and documentation will result in an application being considered incomplete.
 - 9.2.2. The Board will purge all documentation related to an incomplete application one (1) year after the receipt date of the application.
- 9.3. Any notification by the Board to the CNA-Med, as required or permitted under the Nurse Aide Practice Act, Sections 12-38.1-101 to -120, C.R.S., or the Colorado Administrative Procedures Act, Sections 24-4-101 to -108, C.R.S., will be addressed to the most recent address provided in writing to the Board by the CNA-Med and any such mailing will be deemed proper service of process on said CNA-Med.

10. LICENSURE AS MILITARY SPOUSE

- 10.1. A military spouse as defined in Section 12-71-101(3), C.R.S., may practice as a CNA-Med in this state for not more than one (1) year, as set forth in Section 12-71-102(1), C.R.S., before obtaining authority to practice as a CNA-Med in this state.

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