

# MEMORANDUM

## Department of Aging and Disability Services Regulatory Services Policy \* Survey and Certification Clarification

**TO:** Regulatory Services  
Regional Directors and State Office Managers

**FROM:** Veronda L. Durden  
Assistant Commissioner  
Regulatory Services

**SUBJECT:** Allowable and Prohibited Practices of Medication Aides (MAs) – S&CC 06-12

**APPLIES TO:** Nursing Facilities (NFs)

**DATE:** August 30, 2006

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This is to inform NFs and Regulatory Services staff about allowable and prohibited practices of MAs in nursing facilities.

The practice of MAs in the state of Texas is governed by 40 Texas Administrative Code (TAC) Chapter 95. According to §95.105 of this chapter, a medication aide permit holder in a nursing facility is allowed to:

1. observe and report to the facility's charge licensed nurse reactions and side effects to medication shown by a resident;
2. take and record vital signs prior to the administration of medication which could affect or change the vital signs;
3. administer regularly prescribed medication which the permit holder has been trained to administer only after personally preparing (setting up) the medication to be administered. The medication aide must document the administered medication in the resident's clinical record;
4. administer oxygen per nasal cannula or a non-sealing mask only in an emergency. Immediately after the emergency, the permit holder must verbally notify the licensed nurse on duty or on call and appropriately document the action and notification; and
5. apply specifically ordered ophthalmic, otic, nasal, vaginal, and rectal medication.

The permit holder must not:

1. administer medication by the injection route including:
  - (a) intramuscular route;
  - (b) intravenous route;
  - (c) subcutaneous route;
  - (d) intradermal route; and
  - (e) hypodermoclysis route;
2. administer medication used for intermittent positive pressure breathing (IPPB) treatments or any form of medication inhalation treatments;

3. administer previously ordered pro re nata (PRN) medication unless authorization is obtained from the facility's licensed nurse on duty or on call ....
4. administer the initial dose of a medication that has not been previously administered to a resident ....
5. calculate a resident's medication doses for administration except that the permit holder may:
  - (a) measure a prescribed amount of a liquid medication to be administered; and
  - (b) break a tablet for administration to a resident, provided the licensed nurse on duty or on call has calculated the dosage. The resident's medication card or its equivalent must accurately document how the tablet must be altered prior to administration;
6. crush medication, unless authorization is obtained from the licensed nurse on duty or on call. The authorization to crush the specific medication must be documented on the resident's medication card or its equivalent;
7. administer medications or feedings by way of a tube inserted in a cavity of the body;
8. receive or resume responsibility for reducing to writing a verbal or telephone order from a physician, dentist, or podiatrist;
9. order a resident's medications from a pharmacy;
10. apply topical medications that involve the treatment of skin that is broken or blistered or when a specified aseptic technique is ordered by the attending physician.

Please note that even if the delegation rules of the Board of Nurse Examiners (BNE) at 22 TAC Chapters 224 and 225, allow the delegation of "capillary blood and urine test for sugar and hematest results" and subcutaneous insulin injections to an unlicensed person, §217.11(1) of the BNE rules also states that the registered nurse (RN) should be aware that, in addition to the delegation rules, various laws and regulations may apply and impose other requirements, in which case, "the RN must comply with them all and if inconsistent, the most restrictive requirement(s) governs." Since DADS' rules regarding MAs do not allow these permit holders to perform finger sticks for blood sugar determinations or insulin injections, these tasks cannot be delegated to them.

If you have questions regarding this memorandum, please contact Vella Salazar, Nursing Facility Policy Specialist, Policy, Rules, and Curriculum Development, at (512) 438-3334.