Math Policy

Because the practice of nursing includes all aspects of client care, it is important for the practitioner to be competent in the calculation and administration of medications. In order to assess and evaluate the student’s competency in the area, the student must demonstrate competency in calculating medication dosages by passing a dosage calculation exam for selected nursing courses with a minimum score of 90%. The student will be permitted a maximum of three (3) attempts to successfully meet this requirement. Students will receive one quiz grade for the first attempt of the dosage calculation exam. A third examination failure (less than 90%) constitutes a course clinical failure. The student would receive an Unsatisfactory rating on the clinical evaluation tool resulting in course failure.

Specific timeline regarding administration of dosage calculation exam will be outlined in applicable course syllabi.

Students should be prepared for the dosage calculation exam by using the required guidelines and resources as outlined in course syllabi.

Dosage Calculation Exam Rules:

1. Only the calculators that are provided by the course instructors may be used.
2. Decimal Rule: zero always before a decimal, zero never after a decimal
3. All answers must be labeled with correct unit of measurement. Failure to label will be interpreted as an incorrect answer.
4. Rounding: The final answer will be rounded as follows:
   a. If final answer is less than one, the answer should be rounded off to hundredths. Example: 0.6666 = 0.67
   b. If the final answer is greater than one, the answer should be rounded off to tenths. Example: 1.812 = 1.8
   c. If the answer is in drops, round to the nearest whole number per standardized rounding rules.
5. Abbreviations: The Department of Nursing will adhere to the Joint Commission “Do Not Use Abbreviation List”

   http://www.jointcommission.org/assets/1/18/Do_Not_Use_List.pdf

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Refer to Ohio Administrative Code 4723-5-12-(A)-2 a,b

Student Signature: ________________________________________________ Date: ___________________