ORAL MEDICATIONS

- Medication—substance administered for diagnosis, cure, treatment, mitigation (relief), or prevention of disease.
- Prescription—written direction for preparation and administration
- Generic name—
- Official name—
- Chemical name—

Types of Drug Preparation, Techniques, Table 15-1, pg. 383

Legal Aspects of Drug Administration

1. Know nursing practice acts
2. Recognize own limits of knowledge and skill
3. Recognize incorrectly written orders

- A nurse who administers the written incorrect dosage is responsible for the error as well as the physician.

Controlled substances
- Verify number available as indicated on narcotic or controlled substance inventory record before removal.
  - Include wasted meds.
  - Count taken at end of each shift.

Routes of Administration

- Each drug often available in more than one form.
- Preparation must be appropriate for route ordered.
- Oral—most common, least expensive, and most convenient.
  - Disadvantage—possible taste, GI irritation, irregular absorption from GI tract, slow absorption, harm to teeth.
- Sublingual—under tongue, don’t swallow
  - Nitroglycerin
- Buccal—allow to dissolve against cheek
- Enteral—feeding tube.
Medication Orders

- Must know agency policies.
- Medications orders are frequently canceled after OR or procedure requiring anesthetic
  Must be rewritten.

- Types of Medication Orders
  1. Stat order
  2. Single order
  3. Standing order
  4. PRN order

- Essential Parts of Drug Order
  1. Full name of client
  2. Date and time order written
  3. Name of drug to be administered
  4. Dosage
  5. Frequency
  6. Route of administration
  7. Signature of person writing order

- Communicating Medication Order
  - Written on chart by physician
  - Telephone or verbal order written by nurse—usually physician must co-sign within 24-48 hours
  - Copied from chart to Kardex or Medication Administration Record (MAR)
- Must always question unclear, unusual, or contraindicated orders
  - Contact physician and discuss
  - Document when physician was notified, what was conveyed, and how physician responded
  - If can’t reach physician, document all
  - If someone else gives medication, document assessments before and after administration
  - If incident report filed, document all factual information.

Systems of Measurement (see pgs. 370-371 Techniques)

- Metric System—
- Apothecaries System—
- Household System—
Administering Medications Safely

- Always assess health status and medical history before administration.
  - Assess prior to giving medication to establish baseline and evaluate effectiveness
- Medication history—drugs currently taken or has taken recently
  - Prescription
  - Over-the-counter (antacids, alcohol, tobacco)
  - Illegal drugs (marijuana, etc.)
  - Vitamins, herbals
- Drug allergies
- Normal eating habits—medications sometimes are around meals.
- Difficulties with self administration

Medication—Dispensing Systems

- Medication Cart
- Medication Cabinet
- Medication Room
- Automated Dispensing Cabinet (Computerized Medication Access System)

- Process of Administering Medications
  Techniques pg. 391 Clinical Alert
  1. Identify client—wrist band, tell you their name, never ask “are you _______?”
  2. Provide information to client re: medication action and side affects
  3. Administer drug—check 3 times, ten “rights”, Techniques pgs. 392-393, Box 15-3, 15-4
  4. Provide assistance as needed, position, teaching, etc.
  5. Record administration plus pertinent data.

Oral Medications

- Most common, route of choice
  1. Assess
     - Allergies
     - Ability to swallow
     - Presence of vomiting, diarrhea
Drug action, side effects, interactions, adverse reactions
Client’s knowledge
Assessment appropriate for medication (B/P, lab results)

2. Plan
   Not delegated to UAP

3. Implementation
   Three Checks
   1. When removing from drawer
   2. While preparing
   3. After medication is prepared
      ○ Leave unit dose medication in wrapper
      ○ Narcotics and medication requiring special assessments place in separate cup
      ○ Amounts less than 5 mL prepared with syringe without needle
      ○ Narcotics—record removal from locked cabinet
      ○ Stay with client until all medications are swallowed

**Nasogastric and Gastrostomy Medications**

- Administer liquid forms whenever possible (to avoid clogging the tube)
- Only crush medication when allowed (enteric coated, sustained release, buccal; sublingual should not be crushed)
- If tube connected to suction, disconnect for 20-30 minutes before giving medication
- Always confirm tube placement
- Flush tube before and after medication administration
- Give each medication separately and flush between

**Topical Medications**

- Applied locally to skin or mucous membrane in areas such as eye, ear, nose, vagina, and rectum.
- Dermatologic preparations—applied to skin, lotions, creams, ointments, pastes, gels, sprays, powders.
- Instillations and irrigations—applied into body cavities or orifices—bladder, eyes, ears, nose, rectum, or vagina
- Irrigation may or may not be medicated.
- Inhalations—administered into respiratory tract by inhalers, nebulizers, or positive pressure breathing apparatuses—air, O₂, or vapor used to carry drug.

**Dermatologic Medications**

- Medication used for: itching (pruritis), lubricate and soften, cause local vasoconstriction or vasodilatation, increase or decrease secretions from skin, provide protective coating to skin, apply antibiotic or antiseptic (infection), reduce
local inflammation entry for medications that will be absorbed into systemic circulation.

- **Transdermal patches**
- **Sustained—action medications via multilayered films containing drug and adhesive layer**
  - Stay in place 12 hours to 1 week.
  - Trunk or lower abdomen.
  - Redness of skin with or without mild local itching or burning.
  - Any slight reddening should disappear a few hours after patch removal.
- **Wear gloves when applying dermatologic medication to avoid contact with medication.**

**Ophthalmic Medications**

- **Irrigation**—to wash out conjunctival sac
- **Instillation**—liquids or ointments
- **OD—right eye**
- **OS—left eye**
- **OU—both eyes**
- **Wear clean gloves**
- **Use sterile cotton ball moistened with sterile irrigation solution or normal saline and clean from inner to outer canthus**
  - Removes materials on eyelid and eye lashes.
  - If using ointment—first bead from tube considered contaminated.
  - Have client look up, less like to blink.
  - Approach eye from side, less likely to blink.
  - Instill drops into outer-third of lower conjunctival sac.
  - Close eyes but do not squeeze.
  - Pressure on nasolacrimal duct for 30 seconds.
  - Irrigation—direct solution onto lower conjunctival sac from inner to outer canthus.

**Otic Medications**

- **Irrigations generally for cleaning purposes.**
- **Sterile technique must be used if ear drum perforated.**
- **Ear drops**—
  - Warm medication container in hand or place in warm water (for comfort)
  - Straighten canal—adults—pinna up and back.
  - After instillation—press tragus to assist flow of medication into ear canal
  - Remain on side-lying position for 5 minutes.
Nasal Medications

- Nose drops instilled for astringent effect, loosen secretions and facilitate drainage, treat infections.

Vaginal Medications

- Creams, jellies, foams, suppositories
- Clean (medical aseptic) techniques
- Irrigation (douche) sterile in hospital, clean at home
  - Void before insertion
  - Insert suppository 3-4 inches (also applicator)—remain in supine position 5-10 minutes.
  - Irrigation—solution 12 inches above vagina.
  - Rotate nozzle so all of vagina irrigated.

Inhaled Medications

- Nebulizer crates a fine spray
- Nebulization
  - Atomization—large drops
  - Aerosolization—droplets suspended in gas (such as O2).

Rectal Medications

- Left lateral or left Sim’s position