

## MEDICATION ADMINISTRATION STEPS

### BEGINNING STEPS

- Wash your hands and clean the medication administration area.
- Prepare any necessary items such as water, juice, cups, spoons, etc.
- Obtain the MAR for one client, read and decide what medication(s) are due at this time
- Obtain the needed medication from storage
- Compare the medication label with the MAR for each and every medication. Check the MAR, then the label, then the MAR before providing the medication. Be sure the right client gets the right medication (right strength), right dose at the right time, and right route (Where? How?)
- Check for special instructions such as taking pulse or blood pressure and record them before administering the medication. If results are not within the required range or other special instructions require staff to hold the medication, note this in the MAR and report to the attending physician immediately as well as the supervisor and others as appropriate. Record this notification in the MAR as well as instructions provided by the nurse or physician. Use adaptive devices as needed, special foods such as applesauce of the right texture and consistency, and be sure the client is in the right position for the medication required.
- Take the medication to the client or call the client to come to you. Assist the client, if necessary, into a sitting, standing, or lying down position. If appropriate tell him what medications you are providing and give guidance as needed for supervising self-administration.

### Remember

The medication assistance provider may give the minimum amount of assistance required for this client to take his/her medications safely and accurately.

Staff of clients on seizure, psych, and diabetic meds or that have other special needs must have the training needed to meet the needs of those clients prior to administering/supervising these medications for these clients.

- Always wash your hands before handling medications, after coming into contact with a client or a topical medication. **Always wear gloves when touching medication or body fluid.**
- Make sure the area where the medication is being taken is well lighted, clean, organized and not full of clutter. Have plenty of fluids and needed supplies available
- Always clean caps and rims of meds, and leave all med containers and pill splitters and crushers clean
- Always dispose of used cups, spoons, gloves, and other supplies immediately after you use them
- Avoid distractions and interruptions. This includes letting more than one client into the med area at once, doing multiple tasks at one time, answering phone calls, etc. Do get enough rest, have your reading glasses if needed, avoid emotional upsets, do not take medications that might make you less awake and alert. Do have a good system of communicating medication changes for all med involved staff
- Do observe clients on new medications (document doing this) for 20 minutes after administering/ supervising the first three doses of a new medication and all PRN medications
- **A PERSON MAY DEVELOP AN ALLERGY TO A MEDICATION AT ANY TIME**
- Prepare, administer/supervise, document, return to storage for one client at a time
- Never leave any medication unattended or med cabinet unlocked (exception if living independently and self medicating)
- If a medication becomes discolored or crumbles, don't use it. Call the pharmacist and discuss the situation with him
- The same person who administers a client's medication should chart that medication. NEVER provide medication that has been prepared by someone else or chart for them
- You should not hide medication in foods or drinks. A client may want to take a medication with food if it's easier for him
- Give medications as close to the time prescribed as possible. The rule is no more than one hour before or after the prescribed time
- Pay close attention to specific instructions, such as "take with food" and remind clients of such instructions
- Discuss with clients any concerns he might have about his medications
- Sometimes a person's appearance or behavior may change due to medications. Be aware of your client's normal appearance and behavior and report any changes to the resident's health care provider
- When a client has nausea, vomiting, diarrhea, the medication assistance provider may call the client's health care provider for guidance regarding medications before medications are due

<b>ORAL - any medication in tablet, capsule, or liquid form introduced into the gastrointestinal tract by mouth</b>	
<b>TABLETS OR CAPSULES</b>	<b>LIQUID</b>
<ul style="list-style-type: none"> <li>• Pop open the correct bubble or remove the correct amount of medication from the bottle (pour into cap first so extra pills may be poured back into the bottle). Place the medication in a med cup or into the client's clean hand. Be sure the client drinks fluid first to moisten the mouth and then drinks more liquids (8 ounces is generally recommended)</li> <li>• Before losing eye contact be sure medication has been swallowed</li> <li>• Record medication administration on the MAR and properly return med to storage</li> <li>• Observe the client for effectiveness of the medication and for side/adverse effects</li> </ul>	<ul style="list-style-type: none"> <li>• Always use a cup/container that shows the measurement being used</li> <li>• Hold cup at eye level</li> <li>• Use thumb (or use marker) to mark off the correct level on the cup</li> <li>• Pour medication (tilt bottle to the side away from then label) into the cup and stop at the mark (lowest level of liquid)</li> <li>• Hand the medication to the client and offer appropriate liquids (may need to pour liquid into his mouth or assist the hand to his mouth). If medication is thick and some is left in the cup add a little water and swirl cup and administer this to the client. Offer more liquids</li> <li>• Observe the client to make sure all the med was completely swallowed</li> <li>• Record on the MAR that you administered the medication (return med to storage)</li> <li>• Observe the client for effectiveness of the medication and for side or adverse effects</li> <li>• If the liquid is measured in drops, only use the dropper provided with the medication</li> </ul>

<b>CUTTING A SCORED TABLET</b>	<b>CRUSHING A TABLET</b>
<ul style="list-style-type: none"> <li>• You may only split pills in half when ordered. Do not split time released, long acting, controlled action, and enteric-coated pills. A pill cutter can be used to split a pill in half. Look for an indented line across the middle of the pill this is a score line. For safety and accuracy you should only split pills with a score line. <b>Wear gloves if you are handling pills.</b></li> <li>• Use a clean pill splitter</li> <li>• With gloved hand, place pill in open pill splitter, being careful not to touch the sharp blade. Slide the pill into the V (crosswise for oblong pills) using the score line as a guide.</li> <li>• Place on a hard surface and close the lid all the way down</li> <li>• Remove one half and place in med cup, the other half may be returned to the bottle</li> <li>• Administer/supervise as above</li> </ul>	<ul style="list-style-type: none"> <li>• This can only be done when the medication label specifically directs you to do so. Medications will not be crushed or dissolved in liquid without the physician's direction. If you are using a pill crusher:</li> <li>• Use a clean crusher.</li> <li>• Place the pill in a paper cup Cover the cup with another cup</li> <li>• Lower the lid of the pill crusher onto the top cup and press down</li> <li>• May use an individual pill crusher by placing pill into opened container and replacing lid tightly with a back and forth motion till pill(s) are fine powder</li> <li>• Place the crushed pill(s) into a small cup containing some applesauce or other appropriately thick food, cover with more food</li> <li>• Spoon the med encased in food into the client's mouth, follow with more food, ensure all the medication has been swallowed (oral care may be needed)</li> <li>• Document on the MAR, return meds to proper storage...observe</li> </ul>

**WASH THE PILL CUTTER OR CRUSHER AND DRY THOROUGHLY AFTER EACH USE**

<b>TOPICAL - a salve, lotion, ointment, cream, shampoo or solution applied locally to a body part</b>	
<b>CREAMS AND OINTMENTS</b>	<b>AEROSOL SPRAYS</b>
<ul style="list-style-type: none"> <li>• Squeeze a small amount onto your glove, cup or wax paper. Remember that you cannot pick up the med with contaminated hands so get enough the first time</li> <li>• Spread onto (CLEANED AND DRY) affected area as directed by the physician until absorbed, unless the directions say to leave a film. <b>WE DO NOT DO WOUND CARE</b></li> <li>• Remove your gloves properly, WASH HANDS</li> <li>• Clean the cap, rim of tube, and or top of container, cap and return med to proper storage</li> <li>• Record administration on the MAR, and record the appearance of the area in the client's chart, ..observe</li> </ul>	<p>Many topical (applied to the skin) medications are packaged as pressurized aerosol sprays. Aerosols can have a cooling effect on burns, rashes, and other skin inflammations.</p> <ul style="list-style-type: none"> <li>• Before using an aerosol spray, shake the container to evenly disperse the particles of medication.</li> <li>• Hold the container upright four to six inches from the appropriate area of skin.</li> <li>• Press the nozzle for a few seconds, then release.</li> <li>• Never use an aerosol around the face or eyes. If the doctor's directions include treating part of the face, simply spray the solution onto your gloved hand, then rub it in.</li> </ul>

**TRANSDERMAL** - an adhesive patch containing a pre-measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin) at a fixed rate

**TRANSDERMAL MEDICATION (PATCHES)**

- **Always WEAR GLOVES**
- Remove the old patch if so directed, placing the patch on palm of one glove, cleanse area while observing for signs of irritation and place cleansing pad into palm of glove, remove glove with patch and pad first, turning inside out and place into gloved hand and remove that glove
- Properly dispose of gloves and wash hands and put on a new set of gloves
- Open the package and remove the patch
- Date and initial outer side of the patch, determine next area to apply patch (rotate sites)
- Remove the backing from the patch
- Apply the patch to a clean, dry, hairless part of the body, according to the instructions on the package (rotate sites)
- Remove gloves and dispose of them properly, wash hands
- Document on the MAR, return meds to proper storage...observe

**INHALED** - the delivery of medication droplets or moisture suspended in a gas, such as oxygen, by inhalation through the nose or mouth

**NASAL DROPS AND SPRAYS**

- Wash your hands, wear **gloves if coming in contact with body fluids**
- If congested ask the client to gently blow his nose to clear the nasal passages
- Asks the client, may assist, to either lie or sit down and tilt his head back. If the client lies down, put a pillow under his shoulders and allow the head to fall over the edge of the pillow
- If client cannot then staff may elevate the nares slightly by pressing the thumb against the tip of the nose
- Hold the dropper or spray just in the client's nostril. Place no more than three drops at a time unless otherwise prescribed or one spray at a time.
- Ask the client to inhale slowly and deeply through his nose as med is dropped or sprayed, (sniff and squeeze) Do not release your grip on the sprayer until you have withdrawn it to prevent nasal mucus and bacteria from entering the nozzle or dropper
- Have him/her hold his breath for several seconds and then exhale through the mouth.
- Have a tissue for drips, (some meds might make him sneeze) Repeat spray if so ordered after a minute
- Discard any medication remaining in the dropper
- Rinse the tip of the dropper or spray tip with water, dry with a tissue and recap immediately
- Wash your hands again
- Record that you administered the medication on the MAR and return med to storage
- Observe the client for effectiveness and for side effects of the medication

**ORAL INHALER**

- Always know how to use this particular inhaler (may use step-by-step instructions)
- Tell the client what you are going to do and ask or assist client to sit upright
- Remove the cap from the inhaler and shake container 3 to 5 times
- Ask client to exhale and then place the mouthpiece of the inhaler into his mouth Instruct him to close his lips around the mouthpiece
- Ask him to inhale slowly as you push the bottle against the mouthpiece one time and remove inhaler
- Instruct him to continue inhaling until his lungs feel full, and then hold his breath for several seconds
- Instruct him to exhale slowly through pursed lips
- If more than one puff is ordered wait one minute, shake med again and repeat process
- Client should rinse mouth, assist as needed Rinse the mouthpiece with warm water and recap
- Document on the MAR, return meds to proper storage...observe

**OTIC** - solutions or ointments to be placed in the outer ear canal or applied around the outer ear

**EAR DROPS**

- Must be at room or body temperature
- Always complete the beginning steps
- Ask client or assist to lie down with his head positioned so that the ear needing the drops is up
- Gently pull the ear up and back for adults, down and back for infants and children under three years
- While holding ear thus, place the ordered number of drops onto the side of the canal opening. **DO NOT TOUCH THE EAR WITH THE DROPPER**
- Have him keep his head in this position for about two minutes
- Allow him to, or you, wipe his ear with a cotton ball or a tissue
- Discard any liquid remaining in the dropper, wipe off the tip before recapping
- Wash your hands again
- Document on the MAR, return meds to proper storage...observe

**OPHTHALMIC** - a solution or ointment to be instilled into the eye or applied on or around the eyelid

**EYE DROPS OR OINTMENTS**

- Have the client (may assist) sit or lie down in a comfortable position with the head tilted back, (may use supportive pillow)
- If the eye(s) has any crusting or discharge, have the client wash his face or assist with cleaning him with a clean, warm washcloth (leave on for a few minutes to soften) using a clean area of the cloth for each eye, wipe from the inner to the outer eye
- Open container placing cap, if there is one, upright. Keep this medication as clean as possible
- Ask him to pull his lower lid down and out gently, or using forefinger, gently pull lower lid down and out. Have him look upward.
- Approach the eye from the side and drop the medication into the center of the lower lid. **DO NOT TOUCH THE EYE** with the dropper and don't drop medication directly onto the cornea. If administering an ointment, gently squeeze the medication along the inner lower lid. **DO NOT TOUCH EYE WITH END OF TUBE** Be sure to clean the ointment tip and cap
- Advise the client to slowly close his eyes but not to rub or squeeze them, keeping them closed for at least thirty seconds. After about thirty seconds, ask him to open his eyes
- If there is excess solution, wipe it off with a cotton ball or tissue
- Wash your hands again If more than one type of drops are prescribed, wait 5 minutes between each medication
- Eye meds need to be kept as clean as possible Close container
- Document on the MAR, return meds to proper storage...observe

**RECTAL** - any prescribed medication, capsule, enema or suppository to be administered via the rectum

**RECTAL SUPPOSITORIES** (contraindicated if rectal bleeding is present)

- Always complete beginning steps first
- Review clients medical history for rectal surgery/bleeding
- Apply disposable gloves
- Explain procedure. Be specific if patient requires supervision while self-administering his medications or requires medication administration by a validated MAP
- Provide privacy to minimize embarrassment (CLOSE THE DOOR)
- Have all supplies handy for smooth procedure...i.e....rectal suppository, water soluble lubricating gel, disposable gloves, towel for underneath buttocks, tissue or wipes for clean up, MAR
- Assist client in Sim's position, keep client draped with only anal area exposed. Sims's Position below:
- Lie down with your left side down. Bend knees slightly, the right leg a little deeper than the left. This position is the easiest to take, the least embarrassing.
- Rectal suppository is contraindicated in presence of active rectal bleeding. Unless suppository is for constipation, placing a medication in a rectum filled with feces/stool may cause the medication to be poorly absorbed or prematurely expelled with defecation/BM
- Remove suppository from wrapper & lubricate rounded end, also lubricate index finger with a water soluble lubricant such as KY Jelly
- Ask client to relax & take slow, deep breaths through mouth and relax anal sphincter. NEVER FORCE SUPPOSITORY THROUGH CONSTRICTED SPHINCTER AS THIS CAUSES PAIN
- Pull buttocks apart with non-dominant hand, insert suppository gently through anus past internal sphincter and against rectal wall, 4 inches for adults & 2 inches in children and infants. May need to apply gentle pressure/hold buttocks together for a minute to prevent suppository from coming out
- Pull out finger and wipe anal area with tissue/wipe
- Discard gloves by turning them inside out, place in garbage
- Ask client to remain flat or lie on side for 5 minutes
- Wash hands
- Return within 5 minutes to see if suppository was expelled, reinsertion may be necessary
- Observe client for 30 minutes for effectiveness of suppository
- REPORT ANY RECTAL BLEEDING TO PHYSICIAN

**ENEMA INFORMATION**

An enema is the instillation of solution into the rectum and sigmoid colon. The main reason for an enema is to promote a bowel movement. The fluid breaks up feces, stretches the wall of the colon, and starts the defecation reflex. The most common use of an enema is for temporary relief of constipation. Other indications include impacted stool, emptying the bowel before a diagnostic test, surgery and bowel training programs.

Administer Fleet's type prepackaged Enema:

- Remove plastic cap from rectal tip; make sure tip is lubricated to prevent rectal irritation or trauma. Squeeze out air from bottle,
- Gently separate buttocks & locate rectum, instruct client to relax by breathing out slowly to relax sphincter.
- Insert tip of bottle gently into rectum. GENTLE insertion prevents trauma.
  - Adults: 3-4 inches
  - Child: 2-3 inches
  - Infant: 1-1 & ½ inches
- Squeeze bottle until all solution has entered rectum & colon. Encourage client to retain until the urge to have a bowel movement occurs, usually 2 to 5 minutes.