Chapter 63

Administration of Noninjectable Medications
Preparation for Administration

• Before medications can be administered
  – Interpret the medication order exactly.
  – Follow administration instructions accurately.
  – Be familiar with commonly used abbreviations, acronyms, and terminology.
  – Know how the facility stores and supplies or dispenses medications.
  – Know the proper measures for documenting that the client did or did not receive them.
Storage

- Separate storage area or “med room”
- Locked movable carts
- Special med room refrigerator
- Computerized dispensing machine
- Locked medication cabinet
- A nurse NEVER relabels a medication.
- If a label is illegible, return the container to the pharmacy for proper identification and labeling.
Dispensing and Supply Systems

- Stock supply
- Unit-dose systems
- Automated systems
- Self-administered medications
Medication Records

- Medication administration record (MAR)
  - Client’s name
  - Medication name
  - Dosage
  - Administration route
  - Scheduled times
- Card system
- Transcribed (copied) system
Setting Up Medications

- Observe facility’s routine for administering medications.
- Follow universal rules for safe administration.
- Check the order with the MAR.
- Check for client allergies.
- Set up medications for one client at a time.
- Compare each medication label with the MAR.
- Measure the dose with appropriate equipment.
Question

Is the following statement true or false?

In addition to the client’s history of drug allergies, the nurse must also document food allergies and allergies to latex.
Answer

True

In addition to documenting a client’s history of drug allergies, the nurse should also document food allergies, and allergies to OTC products, tape, or latex.

Regular gloves, catheters, and tourniquets contain latex. In most facilities, latex-free products are used as much as possible. Always double-check for allergies before giving medications or performing any procedures.
Safety Goals for Administration of Medications

- Safe administration of medications is an absolute priority.
- Improve the accuracy of patient identification.
- Improve the effectiveness of communication among caregivers.
- Improve the safety of using medications.
The “Five Rights, Plus Two”

- “Five Rights” of medication administration
  - Right client
  - Right medication
  - Right dose
  - Right time
  - Right route
- Sixth “right”—right documentation
- Seventh “right”—right programming, when using pump administration
The Right Client

• Ensure that the correct medication is given to the correct client.

• “Check Two for Safety”
  – The identification band
  – Asking the client’s name
  – Asking the client’s birth date
  – Corroboration by another responsible person
The Right Medication

- Compare and confirm the medication’s name and dosage with the client’s MAR.
  - The first check is on removing the medication from the storage area.
  - The second check is on placing it in the medication cup or envelope.
  - The third check is on opening the medication unit-dose package at the client’s bedside.

- Do not administer a medication that someone else has prepared or to a client assigned to another nurse.
The Right Dose

• Double check that the amount of medication supplied matches the amount needed for the ordered dose.

• Calculate a dose if the supplied medication is not exactly the same amount as the ordered dose.

• Verify that the dose ordered is appropriate for the client.

• Recheck the MAR, order, and medication label before giving the medication.
The Right Time

- Administer medications as ordered to maintain the medication’s therapeutic effects.

- Deviation from the “time window” is considered a medication error.
  - STAT doses
  - PRN doses
  - Hour of sleep (bedtime) doses
Question

Is the following statement true or false?

A medication that is ordered for 1000 hrs, may be administered anytime between 0930 hrs and 1030 hrs and still be considered “on time.”
**Answer**

True

Most facilities allow 30 minutes on each side of the scheduled time for administering medications.

Deviation from the “time window” is considered a medication error.
The Right Route

- Administering a medication by the wrong route, even though it is the correct medication, could be fatal.
- Medications are absorbed at different rates, depending on the route of administration.
- Dosages may be different when using different routes.
The Right Documentation

- Documentation is an important part of medication administration.
- Actions not documented are considered not to have been done.
- It is necessary to check the MAR before giving any PRN medications and to document all PRN medications immediately on giving them.
The Right Programming

• When medications are given by programmable pump, the programming must be done as carefully as if the medication were to be given by the nurse.
Other Considerations in Giving Medications

• Medication errors
• Medication compliance
• Client refusal
  – Document client refusal or held medications.
• Proper disposal of medication packages
  – Never sign that the disposal of a controlled substance was witnessed if the actual disposal was not seen.
• Discontinued or changed medications
Client Teaching

- What medications they are given (generic and trade name), and why they are taking them
- Dosage and frequency, and how to administer or take them at home
- Expected effects and possible undesirable side effects
- How long they will need the medications and what to do if they miss a dose
- Signs and symptoms clients should report to healthcare provider
Question

Is the following statement true or false?

Differences in color and shape of a medication mean that the medication is incorrect.
Differences in color and shape of a medication may be due to a change in the dosage, the manufacturer, or because they are now receiving a generic form of the medication.

Differences do not necessarily mean that the medication is incorrect, although it is important to verify that the correct medication is being administered.
Desired and Undesired Effects

- Therapeutic effect
- Adverse effect
- Serious adverse effect
- Anaphylaxis
- Medication toxicity
- Paradoxical effect
- Potentiation
Local and Systemic Effects

• Local effect by topical application
  – May be applied to the mucous membranes of the eye, mouth, nose, throat, vagina, or rectum by instillation, irrigation, swabbing, or spraying.

• Systemic effects
  – Medications are administered by transdermal application, mouth, or injection, although other methods, such as nasal inhalation, can also produce systemic effects.
Enteral Versus Parenteral Administration

- Enteral administration
  - Administration by way of the digestive tract
  - Oral, buccal, and via gastrointestinal tubes
- Parenteral administration
  - Administration into any part of the body other than by way of the gastrointestinal tract
- Rate of absorption
- Onset of action
Enteral Administration Methods

- Oral administration
- Sublingual administration
- Translingual administration
  - Orally disintegrating tablets
  - Buccal administration
  - Administration through a gastric tube
- Rectal administration
Question

Is the following statement true or false?

Enteric-coated or time-release medications may be crushed and given by nasogastric (NG) tube.
**Answer**

False

Crushing an enteric-coated or time-release medication may interfere with its desired action.

Only medications specified as enteral may be given via G-tubes.
Parenteral Administration Methods

- Vaginal administration
- Eye (ophthalmic) administration
- Ear (otic) administration
- Nasal or respiratory administration
  - Inhalants and aerosol systems
  - Nasal sprays or drops
- Transdermal administration
End of Presentation