

Section 3

Medication Administration

Section 3 - Medication Administration

Objectives:

1. Demonstrate correct infection control concepts during medication administration.
2. Compare and contrast the documentation of routine medication administration and PRN medication administration.
3. Recognize the need to document in the resident's record when necessary.
4. Describe correct documentation of medication.
5. List commonly used abbreviations and terminology related to medication administration.
6. Demonstrate proficiency in reading a medication label.
7. Use the Six Rights to administer oral, eye, ear, nasal, inhalant topical medications and subcutaneous injections – Right RESIDENT, Right MEDICATION, Right DOSE, Right ROUTE, Right TIME, and Right DOCUMENTATION.
8. Demonstrate the use of the Medication Administration Record (MAR).
9. Identify proper action to take when special circumstances occur in relation to medication administration.

Advance Preparation – In General

- Review curriculum and presentation materials and activity
- Add examples or comments
- If no student manual used, prepare copies of handouts for section for each student
- Copies of Skills sheets for each student

Supplies

- Handouts
 - #3A – Injection Safety Diabetes and Viral Hepatitis
 - #3B – Review of Measuring Devices
 - #3C – Always and Never Measuring Tips
 - #3D – Measuring Tips
 - #3E – Technique and Use of Meter Dose Inhalers
- Supplies for Hand Hygiene Activity
 - Alcohol – based hand rub product
 - Soap, Paper Towels and Accessibility to Sink
- Gloves (Different sizes) – for Optional Activity
- Equipment and Supplies needed for Skills Checklists
- Sharps Container, Syringes, Single use Lancets, Reusable Lancing Device, Glucose Monitoring Device and any agents for cleaning and/or disinfecting per manufacturer

Advance Preparation – Activities

Refer to instructions on page 3-4 (Hand Hygiene), 3-6 (Gloves) and 3-9 (MAR) Activities

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<p>Objectives</p> <ol style="list-style-type: none"> 1. Demonstrate correct infection control concepts during medication administration. 2. Compare and contrast the documentation of routine medication administration and PRN medication administration. 3. Recognize the need to document in the resident’s record when necessary. 4. Describe correct documentation of medication. 5. List commonly used abbreviations and terminology related to medication administration. 6. Demonstrate proficiency in reading a medication label. 7. Use the Six Rights to administer oral, eye, ear, nasal, inhalant topical medications and subcutaneous injections – Right RESIDENT, Right MEDICATION, Right DOSE, Right ROUTE, Right TIME, and Right DOCUMENTATION. 8. Demonstrate the use of the Medication Administration Record (MAR). 9. Identify proper action to take when special circumstances occur in relation to medication administration.
Content
<p>Important Infection Control Concepts During Administration of Medication</p> <ul style="list-style-type: none"> • Use sanitary technique when pouring or preparing medications into appropriate container • Do not touch or handle medications, but pour medication from the original medication container into a new, appropriate medication container • Never use your own hands to administer medications and never require resident to have to use his/her own hands to receive medications • Medications are provided to the resident in clean and appropriate medication containers
<p>Standard Precautions</p> <ul style="list-style-type: none"> • Observe Standard Precautions • Wear gloves when there may be exposure to bodily fluids or mucus membranes, such as the vagina, rectum, inside of the nose, and the eyes • Cleanse hands frequently with soap and water or with an alcohol-based hand rub; Hands should be washed with soap and water when visibly soiled or if there has been contact with bodily fluids, before eating and after using the restroom. • Wash hands before and after removal of gloves • Wash hands before and after using shared medical equipment • Gloves should be worn and hand hygiene must be performed when transdermal products, i.e., Nitroglycerin or Duragesic patches, are applied or removed <p>Syringes, Needles and Vials</p> <ul style="list-style-type: none"> • Cleanse the tops of medication vials with 70% alcohol before inserting a needle into the vial • Never administer medications from the same syringe to multiple patients, even if the needle is changed

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- Do not reuse a syringe to enter a medication vial or solution
- Do not administer medications from single-dose or single-use vials, ampules, bags or bottles to more than one resident
- Multi-dose vials should be used for a single resident, whenever possible
- Dispose of used syringes and needles at the point of use in a sharps container that is closable, puncture-resistant, and leak-proof
- Never recap, bend or break needles

TEACHING TIP: Alcohol-based Hand Rub

Locate alcohol-based hand rub product used in the adult care home. Read manufacturer's directions to determine amount of product needed. Show alcohol-based hand rub product to students, pointing out the amount of product required

ACTIVITY #1: Hand Positions During Hand Hygiene

Distribute WHO's How to Hand Rub? How to Hand Wash? Activity Handout #1 to students

While referring to the WHO Hand Rub/Hand Wash Handout, talk through and demonstrate each hand motion during hand hygiene and notice to make sure the students are following along and copying what is being demonstrated:

- Rub hands, palm to palm
- Rub right palm over left back of hand with interlaced fingers; and then switch
- Rub palm to palm with interlaced fingers
- Rub backs of fingers to opposite palm with fingers interlocked
- In a rotational motion, rub left thumb while clasping in right palm; and then switch
- In a rotational backwards and forwards motion, rub left palm with clasped right fingers; and then switch
- Grasp right wrist with left hand; and then switch

Your Hands – Other Important Points

- There are other things you can do to prevent the spread of infection
- Fingernails
 - Keep nails short and clean
 - Do not wear fake nails, gel nails or nail extensions, because they can hide harmful germs
- Jewelry
 - Leave at home because harmful germs can stick to jewelry

The student will have to demonstrate competency with Hand Wash and Hand Rub

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Gloves

- Most common type of Personal Protective Equipment worn with medication administration
- Description
 - Non-sterile (clean) gloves made using different materials, such as vinyl or latex; if allergic to latex, wear non-latex gloves
 - Come in different sizes

Gloves – Rules

- Should be worn once and then thrown away
- When wearing gloves, always work from (or touch) a clean area, before touching contaminated (or dirty) area
- Change gloves if hands are going to move from a body part that is contaminated (dirty) to a body part that is not contaminated (clean)
- Change gloves right away if dirty or torn
- Take gloves off carefully and do not touch skin or clothes with dirty sides of gloves
- Do not touch anything with dirty gloves that anyone may touch without gloves, like a doorknob
- Should be comfortable – not too loose or not too tight

Gloves – When to Wear

- Wear gloves any time care worker will or think will come into contact with blood or body fluids (urine, stool, spit, mucus coughed up)
- Wear gloves any time health care worker will or think will come into contact with non-intact skin (opened up skin, such as sores or cuts)
- Wear gloves any time health care worker will or think will come into contact with mucus membranes (linings of natural body openings)
 - Inside or outside of the rectum
 - Inside of the mouth
 - Inside of the nose
- Examples of when to always wear gloves:
 - When you might touch blood, body fluids, non-intact skin, or mucus membranes
 - Providing or assisting with mouth care
 - Wiping a nose that is draining
 - Providing perineal care (the genitals and the buttocks)
 - Caring for a resident with cuts and sores
 - Performing a finger-stick blood sugar
 - Touching a surface or equipment that is contaminated or may be contaminated
 - If staff has open sores or cuts on own hands

Gloves – How to Put On (Don)

- Wash hands
- Select correct size and type

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<ul style="list-style-type: none"> • Insert hands into gloves • Interlace fingers and smooth out folds creating a comfortable fit; and • Carefully look for tears, holes, or discolored spots • Special notice: when gloves and gown must be worn, ensure that each glove is extended over the gown cuff <p>Gloves – How to Remove</p> <ul style="list-style-type: none"> • Grasp outside edge of one glove near wrist • Peel glove away from hand turning glove inside-out, with contaminated side on the inside • Discard • Wash hands • Being careful not to touch outside of the glove, peel off second glove from inside, creating a bag for both gloves • Hold the removed glove in the opposite gloved hand • With ungloved hand, slide one or two fingers under the wrist of the other glove
<p>ACTIVITIES #2 and #3: Gloves</p> <p>Follow instructions for Activity #2: Glove Sizing Follow Instructions for Activity #3: Gloves, Gloves, Gloves</p> <p>The student will have to demonstrate competency with putting on and removing gloves</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Handout # 3 A: Injection Safety Diabetes and Viral Hepatitis</p> <p>Distribute the handout, Injection Safety, Diabetes and Viral Hepatitis, and review infection prevention for assisted glucose monitoring and insulin injections</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Locating Equipment and Supplies</p> <p>Locate and familiarize self with equipment used during medication administration in the adult care home, such as medication cart and medication cups</p>
<p>Gathering Appropriate Equipment and Supplies</p> <ul style="list-style-type: none"> • Equipment and supplies needed will depend on medications to be administered, but will need to include at least the following <ul style="list-style-type: none"> ○ Medication administration records (MAR) ○ Medication cups for oral medications ○ Sufficient fluids available to administer medications ○ Soap and water to wash hands (if not available, alcohol-based hand rub) ○ Keep supplies and equipment used in administering medications clean and orderly, such as medication carts, trays and pill crusher

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TEACHING TIP: Identifying Residents Before Administering Medications

Review the procedure for identifying residents before administering medications at the adult care home and teach/demonstrate the procedure

After teaching/demonstrating the procedure used at the adult care home, tell the students the following

- Most common method used for identifying residents before administering medications is photographs of residents in the medication administration records
- Photos should be kept updated and photograph is to have the name of the resident on it

Relying on other staff to identify residents for medication administration is not appropriate

TEACHING TIP: Medication Administration Record (MAR) and Medication Label

Review the facility's medication administration record and procedure for transcribing orders onto the medication administration record and standard times for administration of medications

Demonstrate how the medication administration record and medication label are compared to ensure safe and accurate administration

The MAR and the Medication Label

- The Medication Aide uses the MAR every time when preparing and administering medications
- **Do Not Ever Give Medications From Memory!!!**
- Compare the medication label to the MAR three times to make sure the medication is labeled for this resident and that it is the right medication, right dose, right route and right time
 - The **first** check happens when removing the medication container from where it is stored
 - The **second** check happens just before or after opening the medication and preparing it for the resident
 - The **third** check happens after pouring the medication and before the medication is given to the resident
- The MAR is designed to promote safe and accurate medication administration
- Information on the MAR must be clearly written and kept updated
- The information on the MAR and the medication label should match, unless there has been a change in directions
 - The Medication Aide must be familiar with the adult care home's policy on direction changes
 - A medication label should only be changed or altered by the dispensing practitioner

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<p>Timing of Medication Administration</p> <ul style="list-style-type: none"> • Important to understand timing in relation to administering medications, i.e., insulin and medications ordered to be administered on an empty stomach or in relation to meals • Timing of medications in relation to meals <ul style="list-style-type: none"> ○ Before meals – medication generally administered within 30 minutes prior to the resident eating meals ○ With meals – medication generally administered when the resident is eating meals or right after finishing meals ○ After meals – medication administered after the resident has finished eating meals up to 30 minutes afterwards • Residents in the facility during the medication pass should receive their medications within a window of time one hour prior to and one hour after the scheduled administration time on the MAR, except in the case of medications prescribed for administration in relation to meals or medications such as insulin • If unsure about giving a medication because it is outside the designated time frame <ul style="list-style-type: none"> ○ Contact a supervisor or a health care professional regarding administration of the resident’s medications or to determine if prescribing practitioner should be contacted ○ The medication should not be omitted without contacting a supervisor or a health care professional or prescribing practitioner
<p><input checked="" type="checkbox"/> TEACHING TIP: Documentation of Medication Administration on the MAR</p> <p>Review the policies and procedures for documentation of routine and PRN medications, refusal or omission of medications using the correct forms and process</p>
<p>Documentation of Medication Administration</p> <ul style="list-style-type: none"> • The MAR has a space where the Medication Aide is to initial that a dose is given under the correct day and time • The MAR is signed or initialed immediately after the medications are administered and prior to the administration of the next resident’s medications • Sign or document on the MAR only after observing the resident take the medications • Pre-charting is not permitted and this includes signing the MAR anytime prior to the medications being administered • Document an equivalent signature to correspond with the initials used on the MAR • Do not erase or cover errors. If an error is made in the documentation on the MAR, follow the facility’s policy to correctly document medication errors
<p>Documentation of PRN Medications</p> <ul style="list-style-type: none"> • Include the amount administered, the time of administration and the reason for administration • The reason a PRN medication is to be administered is to be indicated in the order

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<ul style="list-style-type: none"> • Document effectiveness of the medication when determined • A different employee, depending on time of administration and shift schedules may record the effectiveness of the medication. If a resident is requesting or requiring administration of a PRN medication on a frequent or routine basis, report this to the supervisor or the physician • Administer PRN medications when resident needs the medication but may not be administered more frequently than physician has ordered • The need for medication may be based upon the resident’s request for the medication or observation by staff, i.e., resident exhibiting pain but does not request medications or may not be able to request the medication
<p>Documentation in Resident’s Record</p> <ul style="list-style-type: none"> • Document any contact with the prescribing practitioner or health care provider regarding a resident in the resident’s record • The employee also must be knowledgeable of the facility’s procedures for documenting information that needs to be communicated to other staff or health professionals. This may be in the resident’s record or on some other document used to communicate with staff or health professionals
<p>Review of Documentation</p> <ul style="list-style-type: none"> • When the medication pass is complete, recheck the Medication Administration Records to make sure all medications have been administered and documented appropriately
<p><input checked="" type="checkbox"/> ACTIVITY #4A, B, C: Medication Administration Record (MAR)</p> <p>Duplicate copies of Jo Burns’ MAR and the MAR Worksheet for each student. Require each student to answer questions on the worksheet and review answers with class upon completion of activity</p> <p>It should be clear to the student from the MAR what is to be given (Right MEDICATION), how much is to be given (Right DOSE), who is to get the medication (Right Resident), when it is to be given (Right TIME), and how it is to be given (Right ROUTE) and lastly, after the medication is given/held/refused, how to document on the MAR (Right DOCUMENTATION)</p>
<p>Unique Situations to do Prior to Administration of Medications – Vital Signs</p> <ul style="list-style-type: none"> • When a vital sign is to be obtained before administering a medication, obtain the vital sign results before preparing the medication for administration • Examples – pulse or blood pressure

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<p><input checked="" type="checkbox"/> TEACHING TIP: Unique Situations to do Prior to Administration of Medications – Crushing Medications and Mixing in Food</p>	<p>Locate the device used for crushing medications, review the policy for crushing medications and mixing medications in food at the adult care home, and inform the student of facility’s policy on crushing medications</p> <p>Demonstrate the crushing of a medication using the device used at the adult care home. If the device for crushing medication is used for more than one resident, demonstrate cleaning procedure and prevention of cross-contamination of residents’ medications</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Current List of Medication that Should not be Crushed</p>	<p>Locate the current list of medications that should not be crushed at the adult care home and share with the students. Show students where the list is located</p> <p>A DO NOT CRUSH list is available from the Institute for Safe Medication Practice at: www.ismp.org/tools/DoNotCrush.pdf</p>
<p>Unique Situations to do Prior to Administration of Medications – Crushing Medications and Mixing in Food</p>	
<ul style="list-style-type: none"> • Do not crush medications until immediately before the medications are administered • The devices used to crush medications may vary in facilities <ul style="list-style-type: none"> ○ The most common method – using a pill crusher and crushing the medications using two medication soufflé cups ○ If the medications are unit dose, the employee may crush the medication in the unit dose package and empty into a medication cup ○ A mortar and pestle may also be used; to avoid cross-contamination when crushing medications and the residue from the medication is present, the device must be cleaned thoroughly before crushing another resident’s medications 	
<p><input checked="" type="checkbox"/> TEACHING TIP General Medication Administration</p>	<p>Refer to the skill sheets on General Medication Administration as you review the preparation steps and subsequent steps</p>
<p>General Medication Administration</p> <ul style="list-style-type: none"> • Prepare work area and cleanse hands • Always use the resident’s MAR when administering medications • Check for allergies 	

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- Begin the **SIX RIGHTS** of Medication Administration
 - Select correct MAR for **Right Resident**
 - Select **Right MEDICATION, Right DOSE, Right TIME,** and **Right ROUTE,** comparing the MAR to the medication label while performing the 3 label checks.
 - Prepare **Right DOSE** for **Right ROUTE**
 - Identify **Right RESIDENT**
- Explain to the resident what you are going to do.
- Administer medication at the **Right TIME**
- Offer liquids and observe resident take medications
- Cleanse hands
- Initial the MAR immediately after the medication is administered and prior to the administration of medications to another resident **Right DOCUMENTATION**
- Correctly document any medications that are refused or not administered

TEACHING TIP: Administering Oral Medications

Refer to the skill sheet on how to administer oral medications as you review the process of administering oral medications with the students

Oral Medications in Solid Form

- Appropriate positioning of resident, elevation of head
- Place capsules or tablets for resident in medication or soufflé cup for administration
- Administer powdered medications such as bulk laxatives with the amount of fluids indicated
- Offer resident sufficient fluids following the administration of oral medications even if the medication is administered in a food substance or the medication is a liquid
- Observe the resident taking the medication to assure the medication is swallowed before documenting the administration of the medications

Liquids

- Never approximate the amount of medication to be administered, such as liquids
 - The amount ordered is to be the amount administered
 - Use a calibrated syringe for measuring liquids in amounts less than 5 ml and unequal amounts
- Measure liquid medications in a calibrated medication cup/device; never use eating utensils or other household devices for administering medications
- When measuring liquids, place the medication cup on a flat surface and measured at eye level to ensure accuracy

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<ul style="list-style-type: none"> • For liquids, hold the medication container so that the medication flows from the side opposite the label so it doesn't run down the container and stain or obscure label • Do not mix liquid medications together • Certain medications have special measuring devices for administering the medication; these measuring devices have increments marked off in mgs; instead of mls and usually have the name of the medication on the measuring device • Liquids may have administration requirements such as Shake Well and Requires Dilution prior to administration. Examples of these liquids are Dilantin Suspension, which must be shaken thoroughly because the medication settles and gives inconsistent dosing; some liquids, i.e., liquid Potassium, must be mixed with sufficient fluids to decrease side effects
<p><input checked="" type="checkbox"/> HANDOUT #3B: Review of Measuring Devices</p> <p>Distribute a copy of the handout on Review of Measuring Devices to each student or locate handout in Student Manual</p> <p><input checked="" type="checkbox"/> TEACHING TIP: Common Measuring Devices</p> <p>Referring to the handout, compare and contrast the different measuring devices used to administer oral, liquid medications. Pay special attention to ml versus mg. Use visual aids if available</p>
<p><input checked="" type="checkbox"/> HANDOUT #3C and # 3D: Always and Never and Measuring Tips</p> <p>Distribute a copy of the handouts to each student or locate handout in Student Manual</p> <p><input checked="" type="checkbox"/> TEACHING TIP: Always and Never and Measuring Tips</p> <p>Referring to the handouts, discuss/demonstrate if applicable the concepts included</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Sublingual Medications</p> <p>Refer to the skill sheet on how to administer a sublingual medication as you review the process of administering sublingual medications with the students</p>
<p>Sublingual Medications</p> <ul style="list-style-type: none"> • Place the medication under the resident's tongue • Instruct resident not to chew or swallow the medication • Do not follow with liquid, which might cause the tablet to be swallowed

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<p>Oral Inhalers</p> <ul style="list-style-type: none"> • Spacing and proper sequence of the different inhalers is important for maximal drug effectiveness • The prescribing practitioner may specifically order the sequence of administration if multiple inhalers are prescribed or the pharmacy may provide instruction on the medication label or MAR • Shake all meter dose inhalers or inhaler canisters before use and shake between puffs. • Wait at least one minute between puffs for multiple inhalations
<p><input checked="" type="checkbox"/> HANDOUT #3E: Inhalers</p> <p>Distribute copies of the handout, Technique and Use of Meter Dose Inhalers. Review with students</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Eye Drops and Ointment</p> <p>Refer to the skill sheet on how to administer eye drops and ointment as you review the process of administering eye drops and ointment with the students</p>
<p>Eye Drops and Ointments</p> <ul style="list-style-type: none"> • Wash hands prior to and after administration of eye drops and ointments • Follow standard precautions • Wear gloves as indicated • Always wear gloves when there is redness, drainage or possibility of infection • Wait a 3 to 5 minute period between medication when two or more different eye drops must be administered at the same time • Do not touch eyes with dropper or medication container
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Ear Drops</p> <p>Refer to the skill sheet on how to administer ear and ointment as you review the process of administering eye drops and ointment with the students</p>
<p>Ear Drops</p> <ul style="list-style-type: none"> • Wash hands before and after administration of medication • Gloves are to be worn as indicated • By gently pulling on the ear, straighten the ear canal • Request the resident to remain in same position for 5 minutes to allow medication to penetrate • Gently plug the ear with cotton to prevent excessive leakage if necessary

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<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Nose Drops and Nasal Sprays/Inhalants</p> <p>Refer to the skill sheet on how to administer nose drops and nasal sprays/inhalants as you review the process of administering nose drops and nasal sprays/inhalants with the students</p>
<p>Nose Drops and Nasal Sprays/Inhalers</p> <ul style="list-style-type: none"> • Wash hands before and after • Gloves are to be worn as indicated • For drops <ul style="list-style-type: none"> ○ Resident should lie down on his/her back with head tilted ○ Request the resident to remain in the position for about 2 minutes to allow sufficient contact of medication with nasal tissue • For Sprays <ul style="list-style-type: none"> ○ Hold head erect and spray quickly and forcefully while resident “sniffs” quickly ○ Have the resident tilt head back to aid penetration of the medication into the nasal cavity, if necessary • Wipe dropper or sprayer with a tissue before replacing the cap
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Inhalants</p> <p>Remind students to check manufacturer instructions before using inhalers because some require priming prior to administration</p>
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Medications Using Transdermal Products/Patches</p> <p>Refer to the skill sheet on how to administer medications using transdermal products/patches as you review the process of administering medications using transdermal products/patches with the students</p>
<p>Transdermal Products/Patches</p> <ul style="list-style-type: none"> • Rotate application sites for transdermal patches to prevent irritation • Document application sites on the MAR • If the patch is ordered to be worn for less than 24 hours, document on the medication administration record that the patch was removed and the time it was removed • Wear gloves and wash hands after patch is applied or removed • When a patch is removed, clean the area to remove residual medication on the skin

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<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Topical Medications</p> <p>Refer to the skill sheet on how to administer topical medications as you review the process of administering topical medications with the students</p>
<p>Topical Medications</p> <ul style="list-style-type: none"> • Wear gloves and use tongue blade, gauze or cotton tipped applicator to apply medication • Use a new applicator each time medication is removed from container to prevent contamination • Provide privacy • Place the lid or cap of the container to prevent contamination of the inside surface • Do not discard gloves and supplies in areas accessible to residents
STOP
<p><input checked="" type="checkbox"/> TEACHING TIP: Administering Injections</p> <p>Demonstrate/allow for student practice/perform skill check-off only if injections will be administered by Medication Aides at the adult care home. If administering injections will be taught/practiced/checked-off during class, a Registered Nurse must validate skills competency of injections</p> <p>Refer to the skill sheet on how to administer injections as you review the process of administering injections with the students</p>
<p>Injections</p> <ul style="list-style-type: none"> • Never recap syringes • Disposed of syringes in appropriate sharps containers • Wash hands before and after • Wear gloves
<p>Proceed to Section #4</p>