Administration of Non-Parenteral Medications

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Guidelines for Medications Administration

• Medications are not to be administered until the patient’s allergies are determined.
• Know the reason why the patient is receiving the medication, drug classification, contraindications, safe dose, side effects, & nursing considerations.
• Question any order that is not clear, i.e. questionable in dosage & indication, etc.

Guidelines, cont.

• Never permit a patient to carry medicine to another patient.
• Know the 8 Rights of medication administration (patient, medication, dose, route, time, documentation, reason, & response)
• An error in medication must be reported immediately.
  – Refer to Medication Error Policy
Guidelines, cont.

• The nurse who prepares the medication, administers and charts it.
• Know and concentrate on what you are doing when preparing and administering medications.
• Give the medications at the time for which it is ordered (routine, urgent, STAT orders)
• Give medications only from clearly labeled containers.

Unit Dose Medications

PYXIS Medstation
• Always identify the patient (minimum of 2 identifiers) before giving the medication by asking the patient’s full name and checking the arm band for name & MRUN.
• Ask patient for ALLERGIES at the bedside.
• If the medication is refused, or cannot be administered, notify the instructor, staff nurse, and chart the reason.
• Never mix the liquid medications together.
Lower Meniscus

• Record accurately and immediately after it was administered.
• Never record a medication as given before it was administered.
• Do not crush enteric coated tablets.
• Do not remove medicine from capsules.
• Fractional doses must be preceded by a zero.
  — Ex. 0.2 mg.

Guidelines, cont.

• Be careful of two patients with the same name. Check patient medical record number.
• Never leave the medications at the bedside, however there are exceptions.
Medication Left at the Bedside

Requirements:
• There is an order.
• The medication is on the allowable list for the hospital.
• The patient is given appropriate instructions to take the medication.
• The nurse must chart that instructions were given to the patient.
• Medication is left in the original container.

Medications that may be allowed to be left at the patient’s bedside are:
• Antacids
• Dermatological medications, e.g. ointments & lotions
• Oral contraceptives
• Eye drops
• Ear drops

JCAHO
• Patient Identifiers
• “High Alert” Medications
  — Ex. Methadone po (policy #910, 2013)
• “Read back” policy
• “Hand off” communication
• No “range order”
• Medication Reconciliation
Reminders

• 1st semester students are not to take any telephone or verbal orders.
• In County hospitals, research & investigational drugs are not given by student nurses.
• Any concern or confusion on medications, ask your clinical instructor.

Black Box Warning

• Medication that carries the risk of serious and life-threatening adverse effects.
• Strongest medication warning issued by the FDA.
• Meds: Lovenox, Duragesic patch, Haldol, Dilaudid injection, Toradol injection, Methadone, Morphine ER, Oxycontin, Advair, Coumadin, etc.

Steps to Verify a Medication Order prior to Administration

• Physician’s Order
• MAR
  – Patient’s identifiers
  – Check allergies
  – Medications written as ordered by MD
  – Any parameters that need to be checked?
  – When was the last time PRN med was given?
Situations when Medications are Withheld

• NPO status
• Procedures, surgeries
• Patient’s parameters
• Patient’s unstable clinical condition
• Allergic/adverse reactions

Eye Drops Administration

Children under 3 yrs. of age          Older than 3 yrs. of age
Medication Safety is multidisciplinary and requires physicians, nurses, and pharmacists to work together to ensure legible orders, accurate transcription, and timely administration.

Good communication, both oral and written, is the foundation of medication safety.