

Executing the perfect

MEDICATION PASS!



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Your Local

A MEDICATION ADMINISTRATION GUIDE



This guide provides a quick reference or review of procedures commonly followed before, during, and after administering medications. It is intended to help assure an efficient medication pass, thus providing more time for the nursing staff to devote to other aspects of resident care. It is not designed to prepare the nursing staff for an OBRA survey. Procedures may differ in your facility; please consult your facility's policies and procedures for specific guidelines.

Most of this information is relevant to all medications in a category; items marked with a diamond (◆) relate to a specific medication.

BEFORE THE MEDICATION PASS

- 1 Gather all necessary supplies.
- 2 Wash your hands before beginning and before contact with **each** resident.
- 3 Make sure you have enough disposable containers and spoons. Never reuse a disposable item.
- 4 Turn medication cups and liquid cups open end down.
- 5 Arrange spoons so you can grab the handles.
- 6 When opening straws, avoid touching either end of the straws.
- 7 Cover and date fluids, applesauce, or other soft foods used to administer medication.



CHECKPOINTS... THE MEDICATION CART

- ✔ Clean the cart before passing medications.
- ✔ Keep all medications under lock and key, and keep the keys with you at all times.
- ✔ Always keep the cart in your sight, or locked. Bring the cart to the room of the resident who is receiving medication. The cart should be left in the resident's doorway and not brought into the room.
- ✔ If the medication cart is open, keep it in the doorway of the resident's room with open drawers facing toward you and all other sides closed.
- ✔ Make sure the outward sides of the cart are inaccessible to residents or others passing by.
- ✔ Do not keep any medications on top of the cart.
- ✔ Keep medications that require refrigeration in either a locked refrigerator or a refrigerator in a locked room.

DURING THE MEDICATION PASS: "THE 6 Rs"

Before administering any medication, always check "The 6 Rs."

- 1** The right resident: before preparing the medication, identify each resident according to your facility's policies and procedures. For example, call the resident by name, or identify by photo or ID bracelet.
- 2** The right drug: verify each drug against the medication administration record (MAR) before administering. Verify in at least three ways, such as by the drug's size, shape, color, or label.
- 3** The right dose: verify against the MAR.
- 4** The right dosage form: verify against the MAR.
- 5** The right time: administer drugs as instructed on the MAR and within the time frame established by your facility.
- 6** The right route: verify against the MAR.



CHECKPOINTS... RELATED ISSUES

- ✓ Only authorized medical or nursing personnel can administer medications or enter the medication room.
- ✓ Take and record vital signs as appropriate before administering medications according to your facility's policies and procedures.
- ✓ Prepare only those medications to be given to the resident. Do not prepare medication for more than one resident at one time.
- ✓ If a resident refuses medication, or takes less than 100% of the dosage, or you withhold it for some reason, document it in the MAR and notify the physician and/or other appropriate healthcare professional.
- ✓ **Never** leave medication with a resident to take later.
- ✓ Make sure discontinued medications have been removed from the cart as soon as they have been discontinued.
- ✓ Properly position the resident before administering medications. Certain medications should not be administered while the resident is lying down. Consult the medication's product information.
- ✓ For medications given via alternative routes, assure that special storage and administration requirements are met. For example, certain nasal sprays require upright storage at room temperature and priming of the pump once the first full spray is emitted and *not* before each daily dose. In addition, the patient's head should be in an upright position when the dose is administered, and nostrils should be alternated daily.

HOW TO ADMINISTER TABLETS AND CAPSULES

- 1 Do not touch the medication when opening a bottle or unit-dose package.
- 2 Crushing oral medications requires a physician's order. Crush medications only according to your pharmacy's guidelines and your facility's policies and procedures. (See reverse side.)
- 3 If a medication is crushed, make sure the resident takes the complete dosage.
- 4 Make sure the resident swallows the medication.
- 5 If a medication must be given with food and it is not meal time, follow the facility's policies and procedures for giving drugs with food. Check the resident's dietary restrictions before providing food with medications.
- 6 Give medication with water only – not juice or milk. The resident should take a sip of water, then take the medication, followed by more water.



CHECKPOINTS... ISSUES WITH TABLETS AND CAPSULES

- ✓ Get a physician's order before crushing oral medications.
- ✓ Several types of medication-crushing devices exist. Consult your facility's policies and procedures to select the appropriate method.
- ✓ The following classes of medications should **not** be crushed:
 - enteric-coated tablets
 - sustained- or extended-release tablets
 - effervescent tablets
 - sublingual or buccal tablets
- ✓ If in doubt about whether a tablet may be crushed, consult your pharmacist.
- ✓ If it is necessary to break a tablet to administer the proper dose:
 - wash hands with soap and water or alcohol gel
 - use a tablet splitter to avoid touching the tablet
 - if the tablet is scored, attempt to break it along score lines
- ✓ If you drop a tablet, discard it in a manner so that no one has access to the medication.
- ✓ Dispose of unused tablet portions according to your facility's policies and procedures.



LONG-TERM COMMITMENT
TO LONG-TERM CARE

HOW TO ADMINISTER LIQUID MEDICATIONS

- 1 Shake the medication well, if needed, before pouring.
- 2 If you cannot measure precisely with your medication cup, use an oral syringe or other measuring device available from your pharmacy.
- 3 If you pour too much when measuring, discard the excess. **Never** pour excess liquid back into the original bottle.
- 4 Pour medication **away** from label to protect label from drips.
- 5 Place medication cup on a flat surface, and measure at eye level to ensure accuracy.
- 6 Dilute medications, if needed, according to pharmacy guidelines and the resident's dietary restrictions.
- 7 Make sure the resident takes the entire dose.



CHECKPOINTS... LIQUID MEDICATION ISSUES

- ✔ If medication has run down the side of the bottle, wipe rim and sides of bottle with a clean tissue. Replace cap and return the bottle to the medication cart.
- ✔ Check the resident's dietary restrictions before diluting any medication.
- ✔ Dilute thick liquids to ensure the resident receives the entire dose.
- ✔ Consult your pharmacist regarding the proper fluid to dilute medications. Some require acidic fluids; others do not.

SPECIAL CONSIDERATIONS

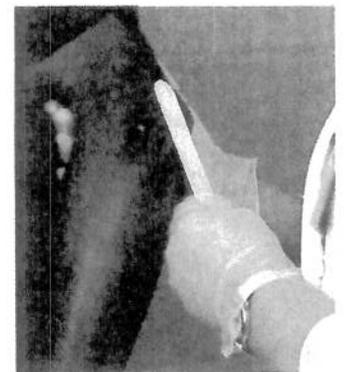
- ◆ Dilute potassium chloride and other liquid medications that may be irritating to the gastrointestinal tract if taken in their concentrated form. Check with your pharmacist regarding which medications to dilute and what diluting fluids may be used.
- ◆ Since liquid iron products may discolor the teeth, it is helpful to dilute the iron liquid and offer the resident a straw so the liquid can bypass the teeth.
- ◆ Because antacids may interfere with absorption of some other medications, when administering antacids, check with your pharmacist regarding the order of medications and the time between medications.



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HOW TO ADMINISTER TOPICAL MEDICATIONS

- 1 Wash your hands and apply clean disposable gloves.
- 2 Prepare the site for application. This may include washing the area per instructions.
- 3 Choose an appropriate applicator, or use your gloved hands.
- 4 Use a clean applicator to take the medication from its container, if needed.
- 5 Dispose of the applicator after use. Do not reintroduce an applicator into medicine after it has been used.
- 6 In general, administer topical medications sparingly. Check with your pharmacist to determine the proper dosage.
- 7 ♦ Carefully measure nitroglycerin ointment on a marked ointment pad; squeeze it onto the ointment pad like an even ribbon of toothpaste.



CHECKPOINTS... TOPICAL MEDICATION ISSUES

- ✓ If the medication might drip, use a paper towel to protect the resident's clothing and bed linens.
- ✓ Instruct the resident to avoid touching the medicated area, especially while it dries. Cover the medicated area only if instructed to do so.
- ✓ Keep the medication cap on a clean surface, inside of the cap facing up.
- ✓ To avoid contaminating the product, do not let medication tubes touch the resident's skin.
- ✓ Store topical products separately from internal medications. Keep in a separate treatment cart or separate drawer on the medication cart designated for treatment.
- ✓ Dispose of gloves and wash your hands after applying medication.

SPECIAL CONSIDERATIONS FOR PATCHES

- ◆ Remove old patches and paste as per standard nursing procedures, before applying new ones, e.g., nitroglycerin.
- ◆ Rotate the sites of application to prevent skin irritation.



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HOW TO ADMINISTER EYE MEDICATIONS

Apply eye drops according to any special instructions stated in the prescribing reference for the product.

- 1 Check to see if the medication should be shaken. Follow directions carefully.
- 2 Wash your hands and apply clean disposable gloves.
- 3 Tilt the resident's head back.
- 4 Draw the solution into a dropper, or (if self-contained unit) invert the bottle.
- 5 Use your index or middle finger to pull down the lower lid. Instruct the resident to look up.
- 6 Steady your hand holding the dispenser against the resident's forehead, and instill drop(s) inside the lower lid.
- 7 With ointment, squeeze along the border of the lower lid, starting at the inner edge.
- 8 Release the eyelid, instruct the resident to close eyes slowly, and gently wipe off excess medication with clean tissue from inside to outside.
- 9 Instruct resident not to wipe eyes.



CHECKPOINTS... EYE MEDICATION ISSUES

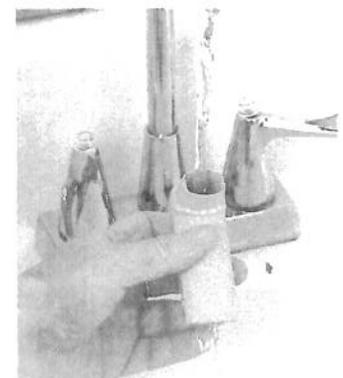
- Record the date opened so you can discard expired medications according to your facility's policies.
- Apply solutions and suspensions before applying ointments.
- Use a separate tissue for each eye.
- If a resident gets two different eye drops for the same eye, allow 5 to 15 minutes to elapse before administering the second medication.
- If the color has changed or the product smells bad, do not use.
- Do not let the dispenser touch the eye or eyelashes because this may contaminate the product.
- Dispose of gloves and wash your hands after administering eye drops or ointment.



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HOW TO INSTRUCT RESIDENTS ON ASTHMA INHALANTS

- 1 Check the product directions, and shake the inhaler well before each use, if indicated.
- 2 Remove the cap from the mouthpiece and make sure the canister is firmly in place.
- 3 Hold the inhaler, or have the resident hold it, to the open mouth or 2 inches from the open mouth. Follow the physician's orders or your facility's policies and procedures regarding open- or closed-mouth technique.
- 4 Ask the resident to:
 - a. exhale completely;
 - b. breathe in deeply and slowly through her/his mouth while fully depressing the top of the metal canister with index finger;
 - c. hold her/his breath for about 10 seconds.
- 5 Rinse the applicator and return it to the cart.



NOTE: There are many different types of inhalers, which may have different instructions. Check the product directions, and follow your facility's policies and procedures.

CHECKPOINTS... ASTHMA INHALANTS

- ✓ If more than one inhalation of the same product is prescribed, wait at least one minute between inhalations.
- ✓ If more than one inhalant is ordered, be sure to use them in the proper order. If you are unsure of the order, consult your pharmacist.
- ✓ Wait at least 5 to 10 minutes between different inhalants.
- ✓ If the resident has difficulty using an inhaler, contact the resident's physician who may order a spacer to aid in the proper drug delivery.

Recommended Minimum Medication Storage Parameters *

(based on manufacturer package inserts)

All internal and external products should be stored physically separate from one another, in a dry place, and away from direct heat or sunlight.

Internals include those medications intended for oral administration, injectables, oral inhalers and corresponding adaptive devices, ophthalmics, otics, and medications intended for instillation into an orifice.

Externals include transdermal patches and other medications applied to the skin.

Drug Brand Name (Generic)

Storage Requirements

Advair®Diskus (fluticasone/salmeterol)	Store at room temperature. Date the diskus when removed from the foil pouch and discard <u>one month</u> after removal from foil pouch or after all blisters have been used, whichever comes first.
Aranesp® (darbepoetin alfa)	Store in refrigerator. Contact manufacturer for details if found stored outside of refrigerator.
Ativan® Injection (lorazepam)	Store in refrigerator.
Bacteriostatic Normal Saline and Water for Injection	Date when opened and discard <u>30 days</u> after first use.
Byetta® (exentanide)	Store in refrigerator prior to use, protected from light. Store at room temperature while in use. The pen should be discarded <u>30 days</u> after first use. Do not use if Byetta® has been frozen.
Duoneb® (albuterol / ipratropium bromide solution for nebulization)	Store unused solution in foil at room temperature until use. Protect from light.
Exubera® (insulin human, inhaled powder)	Store at room temperature. Once the foil over-wrap is opened, unit dose blisters should be protected from moisture. Unit dose blisters should be used within <u>3 months</u> after opening the foil overwrap. The actual inhaler can be used for up to 1 year from the date of first use. The Exubera® release unit should be changed every 2 weeks and it is recommended that it be discarded in the sharps container.
Forteo® (teriparatide)	Store in refrigerator. Date when opened and discard <u>28 days</u> after opening.
Fortical® (calcitonin-salmon)	Store in refrigerator prior to use. Date when opened and then store at room temperature in an upright position. Discard <u>30 days</u> after opening.
Insulin Pens	Refer to individual manufacturer's recommendations.
Insulin Products (All vials)	Based on American Diabetes Association guidelines, all unopened insulins are recommended to be stored in the refrigerator. All vials should be dated when opened and discarded <u>28 days</u> after opening.
Irrigation Solutions (sterile acetic acid, sterile water, sterile sodium chloride)	Date and time when opened and discard <u>24 hours</u> after opening.
Lasix® Oral Solution (furosemide)	Date when opened and discard unused portion after <u>60 days</u> .
Liquids in Original Bottles	Date when opened. Refer to manufacturer's recommendations.
Lorazepam Intensol Solution	Store in refrigerator. Date when opened and discard <u>90 days</u> after opening.
Miacalcin® Nasal Spray (calcitonin-salmon)	Refrigerate until ready to use. Date when opened and store at room temperature in an upright position. Discard unused portion after <u>30 doses</u> have been administered or <u>35 days</u> , whichever comes first.

Drug Brand Name (Generic)	Storage Requirements
Morphine Conc. Oral Solution	Date when opened and discard unused portion after <u>90 days</u> .
Mucomyst Solution, Acetadote, Mucosil (acetylcysteine)	Store in refrigerator when opened. Date when opened and discard unused portion after <u>96 hours</u> .
Multiple-Dose Vials for Injection (non-insulin)	Date when opened and discard unused portion after <u>30 days</u> .
Nasal Preparations	Refer to manufacturer's recommendations.
Neosporin GU Bladder Irrigation	Store in refrigerator. Date when opened and discard <u>48 hours</u> after opening.
Nitroglycerin Sublingual Tablets	Store at room temperature in the original bottle. Keep tightly closed to prevent exposure to air, heat or moisture. Discard unused medication after product expiration date.
Ophthalmic Preparations	Date when opened. Refer to manufacturer's recommendations.
Otic Preparations	Date when opened. Refer to manufacturer's recommendations.
Oxydose® Oral Conc. Solution (oxycodone)	Date when opened and discard unused portion after <u>90 days</u> .
Phospholine Iodide (echothiophate)	Date when opened and discard unused portion after <u>28 days</u> .
Procrit® (epoetin alfa)	Store in refrigerator. Date when opened and discard any multi-dose vial <u>21 days</u> after opening.
Risperdal® CONSTA (risperidone)	Store in refrigerator and protect from light. Risperdal® CONSTA should be stored at temperatures not exceeding 77°F (25°C) for no more than <u>7 days</u> prior to administration.
Serevent® Diskus (salmeterol)	Store at room temperature. Date when removed from the foil pouch and discard the device (diskus) <u>6 weeks</u> after removal from foil pouch or after all blisters have been used, whichever comes first.
Symlin® (pramlintide)	Store unopened vials in refrigerator. Opened vials in use (punctured) can be kept in refrigerator or at room temperature less than 77° F. Discard all opened (punctured) vials after <u>28 days</u> .
Travatan® Ophthalmic Solution (travoprost)	Store at room temperature not exceeding 77°F (25°C). Discard unused medication after product expiration date.
Tubersol, Aprisol (tuberculin test)	Refrigerate until ready to use. Date when opened and discard unused portion after <u>30 days</u> .
Xalatan® Ophthalmic Solution (latanoprost)	Refrigerate until ready to use. Date when opened and store at room temperature, protected from light. Discard unused portion <u>6 weeks</u> after opening.
Xopenex® Inhalation Solution (levalbuterol HCl)	Unused vials should be stored in the protective foil pouch. Date once the foil pouch is opened and discard unused portion <u>2 weeks</u> after opening the foil pouch. Vials removed from the pouch should be protected from light and used within <u>1 week</u> .

* Unless otherwise noted or facility policy is more stringent all multi dose containers will be considered to be expired on the date indicated by manufacturer on the actual container unless there is suspected or obvious product contamination.

Month _____

Narcotic Shift to Shift Check Sheet

Station _____

Team _____

	11-7 off going	7-3 on coming	7-3 off going	3-11 oncoming	3-11 off going	11-7 oncoming
Date	signature	signature	signature	signature	signature	signature
1						
2						
3						
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31						

* Sign when you count off

Sign when you accept the cart

Both nurses to check card and sheet for accuracy together

Count with supervisor at change of shift if doing a double

