

ADMINISTERING ORAL MEDICATIONS

PURPOSE:

- To provide a safe effective method of giving drugs intended for absorption in the stomach and small intestine

EQUIPMENT:

- Medication Tray
- Chart/Medication Record
- Medication Ticket
- Medication Cup
- Glass of water, juice, or preferred liquid
- Medication (tablet, capsule, solution or suspension)

PROCEDURE	RATIONALE
1. Check physician's order. Check patient's name, medication name, dosage, route and time of administration.	The order sheet is the most reliable source and only legal record of medications that patient is to receive. Ensures that patient receives the correct medications. Illegible medication records are a source of medication errors (Poon et al., 2010).
2. Know actions, special nursing considerations, safe dose ranges, purpose of administration, adverse effects of medication to be administered, and nursing implication.	Allows you to anticipate effects of drug and observe patient's response.
3. Assess for any contraindications to patient receiving oral medication, including being NPO, inability to swallow. Check patient's swallow, cough, and gag reflexes.	Alterations in GI function interfere with medication distribution, absorption, and excretion. Patients with impaired swallowing are at a risk for aspiration
4. Clarify any inconsistencies. Check patient's chart for allergies.	Information reflects patient's need for and potential responses to medications. Communication of allergies is essential for safe, effective care.

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5. Collect appropriate equipment and medication ticket.	Enhances time management and efficiency.
6. Perform hand hygiene.	Reduces transfer of microorganisms.
7. Prepare for administration in medication area.	Organization of equipment saves time and reduces error.
8. Prepare medications for one patient at a time.	Preventing distractions limits preparation errors.
9. Select the proper medication from drawer or cubicle and compare with Kardex or medicine ticket.	Reading labels and comparing them with the transcribed order reduces error. THIS IS THE FIRST ACCURACY CHECK.
10. Check expiration dates and perform calculations if necessary.	Medications used after their expiration date may lose strength, be inactive or harm patient. Double checking reduces risk of error.
11. Prepare solid forms of oral medications: <ul style="list-style-type: none"> a. To prepare tablets or capsules from a stock bottle, pour required number into bottle cap and transfer medication to medication cup. Do not touch medication with fingers. Return extra tablets or capsules to bottle. b. To prepare unit-dose tablets or capsules, place packaged tablet or capsule directly into medicine cup. Do not remove wrapper 	<p>Avoids contamination of medications and avoids waste.</p> <p>Wrapper maintains cleanliness of medications and allows you to identify medication name and dose at patient's bedside.</p>
12. Prepare liquids: <ul style="list-style-type: none"> a. Gently shake container. Remove bottle cap from container and place cap upside down. b. Hold liquid medication bottles with the label against palm. c. Use appropriate measuring device when pouring liquids and read the amount of medication at the bottom of the meniscus at eye level. d. Wipe lip and neck of bottle with paper towel. 	<p>Shaking container ensures that medication is mixed before administration. Placing cap of bottle upside down prevents contamination of inside of cap.</p> <p>This prevents the label from becoming soiled and illegible as a result of spilled liquids. Ensures accuracy of measurement.</p> <p>Prevents contamination of contents of bottle and prevents bottle cap from sticking.</p>

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13. Before going to patient's room, compare patient's name and name of medication on label of prepared drugs with medication ticket.	Reading labels a second time reduces error. THIS IS THE SECOND ACCURACY CHECK.
14. Return stock containers or unused medications to shelf or drawer and read label again.	Reading the label of medications reduces administration errors.
15. Do not leave medications unattended.	Nurse is responsible for safekeeping of drugs.
16. Take medications to patient at correct time. Give time critical, STAT, and single-order medications at time ordered.	Ensures intended therapeutic effect and complies with professional standards.
17. Identify the patient. There are three correct ways to do this: a. Check the name on the patient's identification badge b. Ask his or her name. c. Verify patient's identification with a staff member who knows the patient.	Ensures correct patient.
18. Compare names of medications on labels with medication ticket at patient's bedside.	Final check of medication labels against medication ticket at patient's bedside reduces medication administration errors. THIS IS THE THIRD CHECK FOR ACCURACY.
19. Explain purpose of each medication, its action, and possible adverse effects to patient. Allow patient to ask any questions about drugs	Patient has right to be informed; questions often indicate need for teaching, non-adherence to therapy, or potential medication error.
20. Perform necessary preadministration assessments (e.g., blood pressure, pulse).	Determines whether specific medications should be withheld at that time.
21. Assist patient to sitting or Fowler's position.	Sitting position prevents aspiration during swallowing.
22. Administer medication a. For tablets: Offer water or juice to help patient swallow. b. For sublingual-administered medications: Have patient place medication under tongue and allow it	Choice of fluid can improve fluid intake. Medication is absorbed through blood vessels of undersurface of tongue. If swallowed, gastric juices destroy medication or the liver

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<p>to dissolve completely. Caution patient against swallowing tablet.</p> <p>c. For buccal medications: Have patient place medication in mouth against mucous membranes of the cheek until it dissolves.</p> <p>d. For powdered medications: Mix with liquids at bedside and give to patient to drink.</p> <p>e. Caution patient against chewing or swallowing lozenges.</p> <p>f. Give effervescent powders and tablets immediately after dissolving</p>	<p>detoxifies it.</p> <p>Buccal medications act locally on mucosa or systemically as they are swallowed in saliva.</p> <p>When prepared in advance, powdered medications often thicken and even harden, making swallowing difficult.</p> <p>Medication acts through slow absorption through oral mucosa, not gastric mucosa.</p> <p>Effervescence improves unpleasant taste and often relieves GI problems.</p>
<p>23. Stay until patient has completely swallowed each medication. Ask patient to open mouth if uncertain whether medication has been swallowed.</p>	<p>You are responsible for ensuring that patient receives ordered dosage. If left unattended, some patients do not take dose or save medications, causing risk to health.</p>
<p>24. Help patient return to comfortable position.</p>	<p>Maintains patient's comfort.</p>
<p>25. Perform hand hygiene</p>	<p>Reduces transmission of microorganisms.</p>
<p>26. Document each medication given on medication chart or record using required format. If drug was refused or omitted, record this in appropriate area on medication record.</p>	<p>Recording ensures that the patient receives the right medication at the right time, dosage, frequency and administration.</p>
<p>27. Check on patient within 30 minutes of drug administration to verify response to medication.</p>	<p>Allows the nurse to anticipate effects of drug and observe patients' response.</p>