



University of the Philippines Manila
THE HEALTH SCIENCES CENTER
COLLEGE OF NURSING
World Health Organization Collaborating Center for Nursing Leadership and Development
Commission on Higher Education Center of Excellence
 Sotejo Hall, Pedro Gil St., Ermita, Manila



N11 – NURSING FOUNDATION II

TITLE:	MEDICATION ADMINISTRATION ADMINISTERING ORAL MEDICATIONS				
DEFINITION/ DESCRIPTION:	Oral route is the most common route by which medications are given.				
PURPOSES:	To provide medications that has systemic effects or local effects on the GI tract				
EQUIPMENT:	<ul style="list-style-type: none"> • Medication administration record • medication card (if applicable) • medication cup; plastic calibrated medication cups for liquids • drinking glass with water and drinking straw (if applicable) • clean gloves • pill cutter/crusher 				
ASSESSMENT:	<ul style="list-style-type: none"> • Allergies to medication(s) • Client’s ability to swallow the medication • Presence of vomiting or diarrhea that would interfere with the ability to absorb the medication • Specific drug action, side effects, interactions, and adverse reactions • Client’s knowledge of and learning needs about the medication • Perform appropriate assessments specific to the medication. <p>Determine if the assessment data influence administration of the medication.</p>				
PLANNING	<p>DELEGATION: In the hospital/acute care setting administration of oral/enteral/ medications should be performed by the nursed and should not be delegated to unlicensed assistive personnel. They could be informed of the therapeutic effects and /or side effects and be requested to report specific observations to the nurse.</p> <p>Remember: assessment and evaluation of the effectiveness of the medication remain the responsibility of the nurse</p>				
IMPLEMENTATION					
A. Preparation					
	PROCEDURE	OBSERVED	DONE	N OT DONE	REMARKS
1	Know the reason why the client is receiving the medication, the drug classification, contraindications, usual				

	dosage range, side effects, and nursing considerations for administering and evaluating the intended outcomes for the medication				
2	Check the MAR				
	Check for the drug name, dosage, frequency, route of administration, and expiration date for administering the medication, if appropriate.				
	If the MAR is unclear or pertinent information is missing, compare the MAR with the prescriber's most recent written order				
	Report any discrepancies to the charge nurse or the primary care provider, as agency policy dictates.				
3.	Verify the client's ability to take medication orally. * Determine whether the client can swallow, is NPO, is nauseated or vomiting, has gastric suction, or has diminished or absent bowel sounds				
4.	Organize the supplies.				
	Gather the MAR(s) for each client together so that medications can be prepared for one client at a time.				
B. PERFORMANCE					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Unlock the medication cart.				
3	Obtain appropriate medication.				
	Read the MAR and take the appropriate medication from the shelf, drawer, or refrigerator. The medication may be dispensed in a bottle, box, or unit-dose package.				
	Compare the label of the medication container or unit-dose package against the order on the MAR or computer printout.				
	Check the expiration date of the medication. Return expired medications to the pharmacy.				
	Use only medications that have clear, legible labels.				
B. PERFORMANCE					

	PROCEDURE				
4	Prepare the medication.				
	Calculate the medication dosage accurately.				
	Prepare the correct amount of medication for the required dose, without contaminating the medication				
	While preparing the medication, recheck each prepared drug and container with the MAR again.				
	TABLETS OR CAPSULE				
	Place packaged unit-dose capsules or tablets directly into the medicine cup. Do not remove the medication from the package until at the bedside.				
	If using a stock container, pour the required number into the bottle cap, and then transfer the medication to the disposable cup without touching the tablets.				
	Keep narcotics and medications that require specific assessments, such as pulse measurements, respiratory rate or depth, or blood pressure, separate from the others.				
	Break only scored tablets if necessary, to obtain the correct dosage. Use a cutting or splitting device if needed. Check the agency policy as to how unused portions of a medication are to be discarded.				
	If the client has difficulty swallowing, crush the tablets (check to make sure tablet may be crushed) to a fine powder with a pill crusher, or between two medication cups. Then, mix the powder with a small amount of soft food, such as applesauce.				
	Liquid/Syrup Medication				

	<p>* Thoroughly mix the medication before pouring. Discard any medication that has changed color or turned cloudy.</p> <p>* Remove the cap and place it upside down on the countertop</p> <p>* Hold the bottle so the label is next to your palm and pour the medication away from the label.</p> <p>* Place the medication cup on a flat surface at eye level and fill it to the desired level, using the bottom of the meniscus (crescent-shaped upper surface of a column of liquid) to align with the container scale.</p> <p>* Before capping the bottle, wipe the lip with a paper towel.</p> <p>* When giving small amounts of liquids (e.g., <5 mL), prepare the medication in a sterile syringe without the needle or in a specially designed oral syringe. Label the syringe with the name of the medication and the route (PO).</p>				
	ORAL NARCOTICS				
	<p>* If an agency uses a manual recording system for controlled substances, check the narcotic record for the previous drug count and compare it with the supply available.</p> <p>* Remove the next available tablet and drop it in the medication cup</p> <p>* After removing a tablet, record the necessary information on the appropriate narcotic control record and sign it.</p>				
	ALL MEDICATIONS				
	Place the prepared medication and MAR together on the medication cart.				
	Recheck the label on the container before returning the bottle, box, or envelope to its storage place				

	Avoid leaving prepared medications unattended.				
	Lock the medication cart before entering the client's room.				
	Check the room number against the MAR if agency policy does not allow the MAR to be removed from the medication cart.				
5	Provide for client privacy.				
6.	<p>Prepare the client.</p> <p>* Introduce self and verify the client's identity using agency PROTOCOL</p> <p>* Assist the client to a sitting position or, if not possible, to a side-lying position.</p> <p>* If not previously assessed, take the required assessment measures, such as pulse and respiratory rates or blood pressure. Take the apical pulse rate before administering digitalis preparations. Take blood pressure before giving antihypertensive drugs. Take the respiratory rate prior to administering narcotics.</p>				
7.	<p>Explain the purpose of the medication and how it will help, using language that the client can understand. Include relevant information about effects; for example, tell the client receiving a diuretic to expect an increase in urine output.</p>				
8.	Administer the medication at the correct time.				
	Take the medication to the client within the guidelines of the agency.				
	Give the client sufficient water or preferred juice to swallow the medication. Before using juice, check for any food and medication incompatibilities.				
	If the client is unable to hold the pill cup, use the pill cup to introduce the medication into the client's mouth, and				

	give only one tablet or capsule at a time				
	If an older child or adult has difficulty swallowing, ask the client to place the medication on the back of the tongue before taking the water.				
	If the medication has an objectionable taste, ask the client to suck a few ice chips beforehand, or give the medication with juice, applesauce, or pudding if there are no contraindications.				
	If the client says that the medication you are about to give is different from what the client has been receiving, do not give the medication without first checking the original order.				
	Stay with the client until all medications have been swallowed. The nurse may need to check the client's mouth to ensure that the medication was swallowed and not hidden inside the cheek. A primary care provider's order or agency policy is required for medications left at the bedside.				
9.	Document each medication given.				
	Record the medication given, dosage, time, any complaints or assessments of the client, and your signature.				
	If medication was refused or omitted, record this fact on the appropriate record; document the reason, when possible, and the nurse's actions according to agency policy.				
10.	Dispose of all supplies appropriately.				
	Replenish stock and return the cart to the appropriate place				
	Discard used disposable supplies and dispose appropriately.				
OTHER COMMENTS					

NAME AND SIGNATURE OF FACULTY/DATE

REFERENCES:

Berman, A., Snyder, S. and Frandsen, G. (2016). *Kozier & Erb's Fundamentals of Nursing: Concepts, Process, and Practice* (10th ed.). New Jersey: Pearson Education, Inc.

Lynn, P. (2011). *Taylor's handbook of clinical nursing skills* (1st ed.). Wolters Kluwer Health / Lippincott Williams & Wilkins.