
MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

The following specific procedures for medication administration are applicable to residents who manage and self-administer medications. In addition, AFH Community staff who provide medication assistance for residents who self-administer medications, and home health agency, hospice and AFH Community staff who administer medications to residents should also adhere to these medication administration procedures. Proper medication administration techniques should be used regardless of who administers the medication.

CONTENTS

ORAL MEDICATION ADMINISTRATION – TABLETS, CAPSULES, AND LIQUIDS	2
SUBLINGUAL MEDICATIONS.....	3
ORALLY DISINTEGRATING TABLETS (ODT)	4
GENERAL GUIDELINES FOR ORAL INHALATION	5
INHALATION – ORAL.....	6
INHALATION – NASAL	7
NOSE DROPS	8
NASAL SPRAY	9
OPHTHALMIC – EYE DROPS.....	10
OPHTHALMIC – EYE OINTMENT.....	11
OTIC – EAR DROPS	12
RECTAL SUPPOSITORIES	13
VAGINAL MEDICATIONS.....	14
VIALS AND AMPULES OF INJECTABLE MEDICATION	15
INTRAMUSCULAR ADMINISTRATION.....	16
SUBCUTANEOUS ADMINISTRATION	18
INSULIN ADMINISTRATION: Vial and Syringe.....	20
INSULIN ADMINISTRATION: Pen and Safety Needle.....	22
TRANSDERMAL MEDICATION DELIVERY (PATCHES)	23



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

ORAL MEDICATION ADMINISTRATION – TABLETS, CAPSULES, AND LIQUIDS

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.

Tablets and Capsules

- A. Pour the correct number of tablets or capsules into the medication cup.
- B. Never touch the medication with fingers.
- C. Crush medications if indicated for the resident only after checking - Medications Not to be Crushed. Crush in tablet crusher and clean immediately after use with warm water and dish washing liquid; rinse thoroughly. For tablets that appear on the list of “Medications Not to be Crushed,” check with pharmacy provider regarding a suitable alternative; request that pharmacy provider obtain a new order from physician if appropriate.

Liquids

- A. Shake well if needed prior to pouring.
- B. Pour correct amount directly into a graduated medication cup or measuring device provided with liquid.
- C. Pour at eye level.
- D. Wipe rim and sides of bottle with tissue or towelette and replace cap after pouring.
- E. Liquid medications may be diluted in any fluid indicated by the physician’s order. Liquid potassium supplements, bulk laxatives, and liquid stool softeners may be diluted in juice.
- F. If resident is in bed, the head of the bed should be elevated to >45° prior to administration of medication and for at least two minutes after.
- G. Administer medication and remain with resident while medication is swallowed.
- H. Follow all medications with 4-8 ounces of water.
- I. Wash hands.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

SUBLINGUAL MEDICATIONS

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.
- E. Offer water or other fluids if the resident's mouth is dry.
- F. Place medication under resident's tongue (allow resident to do this if capable) and instruct resident to leave medication there until dissolved. Make sure the sublingual tablet has dissolved in resident's mouth.
- G. Sublingual medications are generally not properly absorbed if swallowed. If resident is unable to comply with instructions, contact physician for alternative dosage form or medication.
- H. Wash hands.

Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

ORALLY DISINTEGRATING TABLETS (ODT)

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands and completely dry hands.
- E. Do not attempt to push ODT through the foil backing.
- F. Peel back the foil backing of one blister and gently remove the tablet.
- G. Tablet should not be split, crushed or chewed. Tablet should not be swallowed whole.
- H. Immediately place the tablet on top of the resident's tongue where it will dissolve quickly, then ask the resident swallow.
- I. Water may be offered after the tablet has been swallowed.
- J. Wash hands.

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

GENERAL GUIDELINES FOR ORAL INHALATION

Individual Medications for Inhalation

Some residents may have more than one inhaler prescribed, and the administration procedures for each may be different depending on the type of inhaler device (ex: metered dose inhaler vs. IPPB, vs dry powder inhaler) and the nature of the medication itself (ex: aerosol vs. liquid vs. dry powder). The techniques for each are different and those administering the inhaled medications should be familiar with the techniques for each inhaler device.

Current literature indicated that sequencing of inhalers may provide no additional benefit and wait times between different medications need not be long. Manufacturers may have specific instructions regarding wait times between doses or other inhaled medications, and these instructions should be familiar to caregivers and residents and followed.

Combination Inhalant Products

Many of today's inhalation medications are combinations of individual agents so sequencing is not a concern with these products (Advair, Symbicort, Spiriva, Breo, others). These medications are in a "dry powder" form, so technique is important to assure that the powder is not accidentally allowed to fall out of the inhaler device.

Once the device is made ready for the resident, the opening should be held facing upwards until presented to the resident to inhale. The inhalation technique for the resident is the same for all inhalers from this point on.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

INHALATION – ORAL

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.
- E. Shake inhaler well.
- F. Remove the cap.
- G. Have resident tilt the head back slightly and breathe out fully to expel air from lungs.
- H. Hold the inhaler in upright position between second and index fingers, with thumb on bottom of canister.
- I. Position the inhaler in one of the following ways:
 - a. Open mouth with inhaler one to two inches away.
 - b. Use spacer with inhaler; place spacer in mouth, closing lips around it.
 - c. Place inhaler mouthpiece in mouth, closing lips around it.
- J. While resident breathes in deeply, depress medication canister between thumb and fingers to release medication. Have resident breathe in slowly over three to five seconds.
- K. Instruct resident to hold breath for 10 seconds to maintain medication contact with lung tissue.
- L. When resident begins to breathe out, remove inhaler from resident's mouth.
- M. If more than one inhalation is ordered, repeat the administration steps above for each inhalation ordered.
- N. Wipe nozzle with clean tissue to remove any residue.
- O. Replace cap.
- P. Wash hands.

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

INHALATION – NASAL

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.
- E. Have resident gently blow nose to clear the nostrils to ensure that nasal passages are clear.
- F. Shake inhaler well and remove cap from nozzle.
- G. Hold the inhaler in upright position between second and index fingers, with thumb on bottom of canister.
- H. With resident's head tilted back, carefully insert nozzle into one nostril and close the other nostril with one finger.
- I. While resident gently inhales through open nostril, depress medication canister with thumb to release medication.
- J. Instruct resident to hold breath for 10 seconds, then breathe out through the mouth.
- K. Remove nozzle from resident's nostril.
- L. If more than one inhalation is ordered, repeat steps above in each nostril for the number of inhalations ordered.
- M. Wipe nozzle with clean tissue to remove any residue.
- N. Replace cap.
- O. Wash hands.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

NOSE DROPS

Equipment Needed

- A. Medication
- B. Gauze pad or tissue
- C. Disposable gloves (optional)

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands. Examination gloves may be worn.
- E. Have resident gently blow nose to clear the nostrils to ensure that nasal passages are not blocked by mucus.
- F. Position resident properly.
 - a. If resident is seated in chair, instruct resident to hold head well back.
 - b. If administering medications, stand behind resident's head.
 - c. If resident is in bed, place pillow under shoulders to allow head to drop back so forehead will be lower than chin.
- G. Shake medication bottle well if appropriate.
- H. Remove cap from bottle and place on a clean, dry surface.
- I. If bottle has a separate dropper, draw required amount of solution into dropper, holding dropper upright. If self-contained unit, invert bottle.
- J. Instill prescribed number of drops into nostril(s), directing flow toward floor of nasal cavity. Insert dropper tip not more than 1/4 inch into nostril.
- K. Instruct resident to maintain position for about two minutes to allow sufficient contact of medication with nasal tissue and to permit flow of medication into sinuses.
- L. Wipe any excess drainage.
- M. Rinse the outside of dropper/container with hot water and dry with clean tissue, keeping dropper/container pointed down to prevent water from entering dropper/container.
- N. Replace cap.
- O. Wash hands.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

NASAL SPRAY

Equipment Needed

- A. Medication
- B. Tissues

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.
- E. Have resident gently blow nose to clear the nostrils to ensure that nasal passages are not blocked.
- F. Shake medication bottle well if appropriate.
- G. Remove cap from bottle and place on a clean, dry surface.
- H. Instruct resident to hold head in upright position.
- I. Squeeze bottle quickly and forcefully, spraying the prescribed amount of medication while the resident “sniffs.” It may be necessary to have the resident tilt their head back to aid penetration of the medication into the nasal cavity.
- J. Wipe any excess drainage.
- K. Rinse the outside of container with hot water and dry with clean tissue, keeping container pointed down to prevent water from entering the container.
- L. Replace cap. Use aseptic technique to prevent contamination.
- M. Wash hands.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

OPHTHALMIC – EYE DROPS

Equipment Needed

- A. Medication and dropper
- B. Gauze pad or tissue
- C. Disposable gloves (optional)

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Good lighting is necessary for proper administration.
- E. Wash hands. Examination gloves may be worn.
- F. Position resident with head tilted back.
- G. Shake medication bottle well if appropriate.
- H. Remove cap from bottle and place on a clean, dry surface.
- I. If bottle has a separate dropper, draw required amount of solution into dropper, holding dropper upright. If self-contained unit, invert bottle.
- J. Use gauze pad to pull down lower eyelid gently to form a “pouch.” Instruct resident to look up.
- K. Instill ordered number of drops inside lower lid close to the outer corner of eye.
- L. Do not touch eye with medication dropper.
- M. Instruct the resident to close eye slowly to allow for even distribution over surface of the eye. The resident should refrain from blinking. Keep eye closed for 1-2 minutes. The eyelid should not be squeezed shut since this will force the medication out of the eye.
- N. Wipe off excess solution with sterile gauze.
- O. Recap bottle.
- P. When two or more different eye drops must be administered at the same time, allow a five-minute period between each medication.
- Q. Wash hands.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

OPHTHALMIC – EYE OINTMENT

Equipment Needed

- A. Medication
- B. Gauze pad or tissue
- C. Disposable gloves (optional)

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Good lighting is necessary for proper administration.
- E. Wash hands. Examination gloves may be worn.
- F. Position resident with head tilted back.
- G. Remove cap from medication tube and place it on a clean, dry surface.
- H. Use gauze pad to pull down lower eyelid to form a “pouch.” Instruct resident to look up.
- I. Apply a thin line of ointment into the pouch.
- J. Do not touch eye with medication container.
- K. Instruct the resident to close eyes and rotate eyeball to allow for even distribution of medication over surface of the eye. The resident should refrain from blinking. Keep eye closed for 1-2 minutes. The eyelid should not be squeezed shut since this will force the medication out of the eye.
- L. Wipe off excess ointment with sterile gauze.
- M. Replace cap on tube.
- N. Wash hands.
- O. When two or more different eye ointments must be administered at the same time, allow a five-minute period between each medication.

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

OTIC – EAR DROPS

Equipment Needed

- A. Medication
- B. Cotton balls
- C. Disposable gloves (optional)

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands. Examination gloves may be worn.
- E. If medication was refrigerated, allow to warm to room temperature or hold between hands to warm.
- F. Instruct resident to lie down and to turn head so that the affected ear is facing up.
- G. Shake medication bottle well if appropriate.
- H. Remove cap from bottle and place on a clean, dry surface.
- I. If bottle has a separate dropper, draw required amount of solution into dropper, holding dropper upright. If self-contained unit, invert bottle.
- J. Straighten the ear canal by gently pulling earlobe up and backward.
- K. Instill prescribed number of drops into the ear canal.
- L. Do not touch the medication dropper to any surface, including the ear.
- M. Wipe bottle nozzle with sterile gauze to remove excess liquid.
- N. Recap bottle.
- O. Instruct the resident to remain in position approximately 5 minutes with affected ear upward. Use sterile cotton ball to prevent excessive leakage of the medication if necessary.
- P. Wash hands.

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

RECTAL SUPPOSITORIES

Equipment Needed

- A. Medication
- B. Disposable gloves
- C. Lubricant
- D. Tissues
- E. Paper towel

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.
- E. Put on disposable gloves.
- F. Assist resident in turning to left lateral position.
- G. Remove wrapper from suppository.
- H. Lubricate index finger and suppository.
- I. Separate buttocks.
- J. Ask the resident to take a deep breath, and to relax the anal sphincter.
- K. Insert suppository gently into rectum about three inches beyond sphincter.
- L. Apply pressure with tissue over anus briefly until desire to expel suppository has passed.
- M. Instruct resident to retain suppository for 10-15 minutes if possible.
- N. Place tissue and gloves in paper towel and dispose of in accordance with AL Community policy for contaminated waste.
- O. If suppository was for bowel evacuation, assist resident onto a bedpan, commode, or toilet. Make the resident comfortable.
- P. Wash hands.
- Q. If suppository was a PRN (as needed) order for bowel evacuation, note results, including color, amount, and consistency, on the Medication Record.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

VAGINAL MEDICATIONS

Equipment Needed

- A. Medication
- B. Disposable gloves
- C. Water-soluble gel, if appropriate
- D. Applicator, if appropriate
- E. Tissues
- F. Paper towel

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record.
- C. Maintain security of medications.
- D. Wash hands.
- E. Put on disposable gloves.
- F. Place tablet/suppository in applicator or draw cream/gel into applicator.
- G. Have resident lie on back with knees flexed and legs spread apart, or in the Sims position.
- H. Wearing sterile gloves, examine perineum. Clean area if discharge is noted.
- I. Lubricate tablet, suppository, or applicator prior to administration, if required.
- J. With one hand, spread the labia apart.
- K. Place applicator into vagina and advance the plunger to instill gel or cream or to release tablet or suppository. If without applicator, insert lubricated tablet or suppository approximately 3-4 inches into vaginal area.
- L. Wipe lubricant from vaginal area with tissue.
- M. Advise resident to remain lying down for 30 minutes.
- N. Place tissue and glove in paper towel and dispose of per AFH Community policy.
- O. Clean applicator if reusable with warm water and dish washing liquid; rinse thoroughly and dry.
- P. Wash hands.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

VIALS AND AMPULES OF INJECTABLE MEDICATION

Policy

Injectable medications are administered as prescribed only by persons legally authorized to do so. Personnel authorized to administer injectable medications do so only after they are adequately trained in the techniques of injectable medication administration and are familiar with the medication to be administered.

Procedures

- A. Vials or ampules sent from the pharmacy provider in a box or container with a resident-specific label on the outside are kept in the box or container.
- B. For multidose vials, date and initial the vial when first opened.
- C. Ampules and single-dose vials (containing no preservatives) are discarded immediately after use.
- D. The solution in multidose vials is inspected prior to each use for unusual cloudiness, precipitation, or foreign bodies. The rubber stopper is inspected for deterioration.
- E. If a multidose vial shows visible evidence of precipitation or contamination, its use is discontinued immediately and the pharmacy provider is notified. The pharmacy provider determines the need for reporting a defective solution to the manufacturer and/or filing a Drug Product Problem Report.
- F. Multi-dose vials/containers should not be used beyond 28 days after initially entering or opening (e.g., needle-punctured) unless specified by the manufacturer.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

INTRAMUSCULAR ADMINISTRATION

Equipment Needed

- A. Medication
- B. Syringe capable of holding volume of medication ordered
- C. Sterile needle and syringe (size depends on the size of the resident, viscosity of drug)
- D. Alcohol wipes

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record (MR).
- C. Maintain security of medications.
- D. Wash hands thoroughly.
- E. If medication is a suspension, mix well before withdrawing. Check with pharmacy provider if there is any question about appearance of drug.
- F. Read Medication Record and compare with label on medication.
- G. Calculate correct amount (volume) of medication to administer.
- H. Prepare syringe and needle.
- I. For medication vials:
 - a. Swab vial stopper with alcohol wipe.
 - b. Pull back syringe plunger to draw a volume of air into the syringe equal to volume of medication to be given.
 - c. Insert needle into medication vial, inject air into medication vial, and withdraw correct amount (volume) of medication.
- J. For medication ampules:
 - a. Using an alcohol wipe, break off top of ampule.
 - b. Insert needle into medication ampule and withdraw correct amount (volume) of medication.
- K. Carefully recap needle.
- L. Check medication label with Medication Record again.
- M. Obtain alcohol wipe for skin preparation.
- N. Provide for resident privacy.
- O. Select an appropriate site for intramuscular injection.
- P. Adjust resident's position.
- Q. Cleanse skin with alcohol wipe using circular motion from center of chosen injection site until an area about three inches in diameter has been prepared.
- R. Uncap needle and expel air from syringe.
- S. Using one hand, stretch the skin so that it is taut.
- T. Insert needle at a 90-degree angle using a quick, dart-like thrust.
- U. Confirm correct placement. Pull back on plunger to see if needle is in a blood vessel. If blood appears in syringe, withdraw needle, secure new equipment and medication, and repeat procedure.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

- V. If placement correct, inject medication at a slow, even rate.
- W. Withdraw needle quickly. Do not recap needle.
- X. Wipe area with alcohol wipe and apply pressure over the injection site for two minutes.
- Y. Dispose of needle and syringe in sharps container in accordance with facility policies and procedures.
- Z. Wash hands.
- AA. Document the administration and injection site (to ensure rotation of injection sites) on the Medication Record using the appropriate injection site code.

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

SUBCUTANEOUS ADMINISTRATION

Equipment Needed

- A. Medication
- B. Sterile syringe
- C. 1-inch needle
- D. Alcohol wipes

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record (MR).
- C. Maintain security of medications.
- D. Wash hands thoroughly.
- E. If medication is a suspension, mix well before withdrawing. Check with pharmacy provider if there is any question about appearance of drug.
- F. Read Medication Record and compare with label on medication.
- G. Calculate correct amount (volume) of medication to administer.
- H. Prepare syringe and needle.
- I. For medication vials:
 - a. Swab vial stopper with alcohol wipe.
 - b. Pull back syringe plunger to draw a volume of air into the syringe equal to volume of medication to be given.
 - c. Insert needle into medication vial, inject air into medication vial, and withdraw correct amount (volume) of medication.
- J. For medication ampules:
 - a. Using an alcohol wipe, break off top of ampule.
 - b. Insert needle into medication ampule and withdraw correct amount (volume) of medication.
- K. Carefully recap needle.
- L. Check medication label with Medication Record again.
- M. Obtain alcohol wipe for skin preparation.
- N. Select an appropriate site for subcutaneous injection.
- O. Adjust resident's position.
- P. Cleanse skin with alcohol wipe using circular motion from center of chosen injection site until an area about three inches in diameter has been prepared.
- Q. Uncap needle and expel air from syringe.
- R. Gently tap injection site to stimulate nerve endings and minimize pain.
- S. Grasp and pinch a cushion of flesh.
- T. Hold syringe with needle bevel side up and insert at a 45-degree angle.
- U. Insert needle quickly.
- V. Confirm correct placement. Pull back on plunger to see if needle is in a blood vessel. If blood appears in syringe, withdraw needle, secure new equipment and medication, and repeat procedure.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

- W. If placement correct, inject medication slowly.
- X. Withdraw needle quickly. Do not recap needle.
- Y. Wipe area with alcohol wipe and apply pressure over the injection site for two minutes.
- Z. Dispose of needle and syringe in sharps container in accordance with facility policies and procedures.
- AA. Wash hands.
- BB. Document the administration and injection site (to ensure rotation of injection sites) on the Medication Record using the appropriate injection site code.

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

INSULIN ADMINISTRATION – VIAL AND SYRINGE

Equipment Needed

- A. Medication
- B. Insulin syringe
- C. Alcohol wipes

Procedures

- A. Obtain insulin from refrigerator or cart if already open. Observe the open date. Never use expired insulin.
- B. Insulin straight out of the fridge needs to be warmed up.
- C. Write an open date on new vials.
- D. Provide for resident privacy.
- E. Maintain confidentiality of the Medication Record (MR).
- F. Maintain security of medications.
- G. Wash hands thoroughly.
- H. If insulin is a suspension, mix well before withdrawing. Rotate vial of insulin gently between hands to mix; do not shake vial. Check with pharmacy provider if there is any question about appearance of insulin.
- I. Read Medication Record and compare with label on insulin vial. Check on the injection site so it is rotated appropriately.
- J. Calculate correct amount (volume) of insulin to administer.
- K. Prepare syringe and needle.
- L. Swab vial stopper with alcohol wipe.
- M. Pull back syringe plunger to draw a volume of air into the syringe equal to volume of insulin to be given.
- N. Insert needle into insulin vial, inject air into vial, and withdraw correct amount (volume) of insulin. Hold insulin syringe with calibration in view and withdraw ordered dosage of insulin.
 - 1) If the prescriber has ordered two types of insulin to be administered together, DRAW UP THE REGULAR OR CLEAR INSULIN FIRST, then the NPH or any of the insulin suspensions.
- O. Pull back on plunger to admit a bubble of air to prevent loss of insulin.
- P. Carefully recap needle.
- Q. Check insulin label with Medication Record again; have witness check dose.
- R. Obtain alcohol wipe for skin preparation.
- S. Select an appropriate site for subcutaneous injection.
- T. Adjust resident's position.
- U. Cleanse skin with alcohol wipe using circular motion from center of chosen injection site until an area about three inches in diameter has been prepared.
- V. Uncap needle and expel air from syringe.
- W. Grasp and pinch a cushion of flesh.

- X. Hold syringe with needle bevel side up and insert at a 45-degree angle.
- Y. Insert needle quickly.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

- Z. Confirm correct placement. Pull back on plunger to see if needle is in a blood vessel. If blood appears in syringe, withdraw needle, secure new equipment and medication, and repeat procedure.
- AA. If placement correct, inject insulin slowly.
- BB. Withdraw needle quickly. Do not recap needle.
- CC. Wipe area with alcohol wipe and apply pressure over the injection site for two minutes to prevent seepage of insulin. Do not rub injection site area.
- DD. Dispose of needle and syringe in sharps container in accordance with AL Community policies and procedures.
- EE. Return insulin to the cart.
- FF. Wash hands.
- GG. Document the administration, dose (if sliding scale), and injection site (to ensure rotation of injection sites) on the Medication Record using the appropriate injection site code.

Special Considerations

AL Communities that have no licensed staff available to administer medications may request pre-filled insulin syringes. Prior to dispensing pre-filled syringes, it is recommended that the pharmacy document in the resident's pharmacy profile that all other treatment alternatives, including the use of insulin pens, have been considered and reviewed with the prescriber, AL community, resident, and family member/responsible party, as appropriate. The AL community should agree in writing that they can ensure that the required storage conditions will be maintained, and that used syringes and expired medication in syringes will be disposed of properly per AL Community policy. The pharmacy will obtain a written order from the prescriber that specifically directs the pharmacy to dispense the insulin ordered in a pre-filled or pre-drawn syringe, including the number of units per syringe and administration times or other specific information, as required by state regulation. Each individual syringe should have a proper label affixed that will not interfere with the administration of the medication.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

INSULIN ADMINISTRATION – PEN AND SAFETY NEEDLE

Equipment Needed

- A. Medication
- B. Insulin syringe
- C. Alcohol wipes

Procedures

- A. Obtain insulin from refrigerator or cart if already open. Ensure that the pen is not cracked.
- B. Check the open date or write one if for new pens.
- C. Provide for resident privacy.
- D. Maintain confidentiality of the Medication Record (MR).
- E. Maintain security of medications.
- F. Wash hands thoroughly.
- G. If insulin is a suspension, mix well before withdrawing. Keeping it horizontal, roll the insulin pen gently between your hands 10 times then slowly wave the pen up and down 10 times. Do not shake the pens. Check with pharmacy provider if there is any question about appearance of insulin.
- H. Read Medication Record and compare with label on insulin pen.
- I. Calculate correct amount (volume) of insulin to administer.
- J. Swab end of the pen with an alcohol wipe and then attach a safety needle.
- K. Dial up 2U and hold the pen with the needle pointing up. Press down on the injection button to prime. Priming needs to be done before each injection. If no insulin comes out, prime again.
- L. Dial up the prescribed number of units.
- M. Check insulin label with Medication Record again; have witness check dose.
- N. Obtain alcohol wipe for skin preparation.
- O. Select an appropriate site for subcutaneous injection.
- P. Adjust resident's position.
- Q. Cleanse skin with alcohol wipe using circular motion from center of chosen injection site until an area about three inches in diameter has been prepared.
- R. Uncap needle. Hold syringe with needle straight up and down and insert quickly at 90-degrees. Note: If you must pinch the skin, make sure you release it before injecting.
- S. Use your thumb and press down on the injection button until it is all the way down and the counters read 0. Slowly count to 10.
- T. Withdraw the needle. Do not recap needle.
- U. Dispose of needle in sharps container in accordance with AFH Community policies and procedures. It is best to leave the needle attached until you are at the sharps container and can drop it in right away.
- V. Return insulin to cart.
- W. Wash hands.
- X. Document the administration, dose (if sliding scale), and injection site (to ensure rotation of injection sites) on the Medication Record using the appropriate injection site code.



Effective Date: June 2019

MEDICATION ADMINISTRATION – SPECIFIC PROCEDURES

TRANSDERMAL MEDICATION DELIVERY (PATCHES)

Equipment Needed

- A. Medication
- B. Alcohol wipes

Procedures

- A. Provide for resident privacy.
- B. Maintain confidentiality of the Medication Record (MR).
- C. Maintain security of medications.
- D. Wash hands.
- E. Remove patch from package and envelope.
- F. Provide for resident privacy.
- G. Select an appropriate site for application. Observe site of previous application. If patch remains from previous administration, remove prior to administering new patch; dispose of per AFH Community policy. Rotate sites of patch application.
- H. Consult package information for acceptable placement sites. Generally, extremities and hairy areas of the body should be avoided.
- I. Adjust resident's position/clothing and swab area for patch application with alcohol wipe. Allow to dry.
- J. Remove adhesive backing from patch and apply patch.
- K. Date and initial patch.
- L. Wash hands.
- M. Document administration and site of patch placement on Medication Record (to ensure rotation of administration sites) using the following codes:



Effective Date: June 2019