

MVH - PROCEDURE

ORIGINAL DATE: 05/18

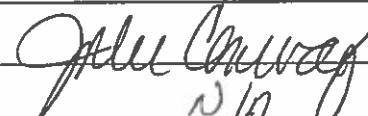

REVISED:

SUBJECT: MEDICATION ROUTE: Oral

PURPOSE: To outline care objectives and procedures for the clinical management of medication administered orally.

PROCEDURE:

1. MVH has adopted the VNAA recommended Hospice and Palliative Care approach as outlined in Section: 12.12. (See attached)

Nature of Change	N/A - New	
CCO Signature:		<u>5/21/18</u> Date
CEO Signature:	N/A 	<u> / / </u> Date

KEY POINTS

1. Oral medications include:
 - a. Tablets, capsules or liquids to be swallowed
 - b. Sublingual, buccal or oral disintegrating medications, which should not be swallowed
2. Home care clinicians have the responsibility for ensuring the patient has a viable medication plan for:
 - a. Taking all meds correctly, including right med, at right dose, at right time. This frequently involves:
 - 1) Setting up a Medication Planner Device
 - 2) Teaching patient/caregiver how to use the Medication Planner Device, with return demonstration
 - 3) Checking on appropriate device use over stay in homecare
 - 4) Making referrals to Occupational Therapy for appropriate medication devices for patients with special needs, e.g., low visual acuity, difficulty holding pills
 - b. Ensuring the patient has all the medications the primary care provider has ordered and has a plan for obtaining them after discharge, including referral to MSW for financial help obtaining medications
 - c. Evaluating the effectiveness of the medications in addressing/relieving signs/symptoms of the condition for which they were prescribed
 - d. Monitoring and teaching the patient about signs and symptoms of adverse effects
3. Patients who complain about difficulty swallowing medications may be at risk for aspiration. Consider a referral to Speech Language Pathologist for evaluation.
4. Patients who have difficulty swallowing pills may wish to crush pills. Ensure patients know that some medications cannot be crushed such as capsules, enteric-coated, and long-acting/slow release. Check the Institute of Safe Medication Practices (2014) website (<http://www.ismp.org/tools/donotcrush.pdf>) for pills that can't be crushed.
5. Scored pills can be broken/cut in half. But if not scored, the tablet may not have equal doses in each half. If a half dose is prescribed, consult with a pharmacist to ensure pill can be halved. When halving pills, use a pill cutter.
6. When preparing liquid medications:
 - a. Shake container gently before pouring medication.
 - b. Use a calibrated oral syringe for liquid medication amounts less than 10 mL. Do not put liquid medications in luerlock syringes which could mistakenly be given by injection.
7. May use a calibrated medication cup for amounts 10 cc or greater. Hold medication cup at eye level to assure accurate measurement.
8. When administering medications, explain purpose of each medication and action.

EQUIPMENT

Medication in original container
 Pill crushing or pill cutting device, if needed
 Calibrated medication cup or oral syringe, for liquid meds
 Med Planner Device, if needed
 Paper towels
 Gloves

PROCEDURE

1. Identify the patient using two identifiers. Adhere to standard precautions.
2. Check order for medication, dose, frequency, and route.
3. Perform hand hygiene. Prepare medication(s).
4. Explain purpose of medications before administering.
5. Assist patient to seated position.
6. Administer medication.

Pills/tablets/capsules

1. Some patients wish to hold pills in hand or cup prior to taking.
2. If unable to hold, give one medication at a time.
3. Give preferred liquid for swallowing.

Liquid medications

1. Give poured med to patient to drink.
2. Offer fluid of choice, if patient desires.

Orally disintegrating formulations (tablets or strips)

1. Place on top of tongue.
2. Caution against chewing.
3. Do not give fluids until completely dissolved.

Sublingual medications

1. Place under tongue.
2. Caution against swallowing tablet or saliva.
3. Do not give fluids until completely dissolve.

Buccal medications

1. Have patient place in mouth against mucous membranes.
2. Do not give fluids until completely dissolved.

Powered medications

1. Mix with liquids at time of administration and ask patient to drink.
2. Give effervescent medications immediately after dissolving.

AFTER CARE

1. Communicate:
 - a. With primary care provider:
 - 1) Problems/issues with medication
 - 2) Need for referrals to OT and MSW
 - 3) Concerns about polypharmacy
 - b. With family/caregivers about patient's need for assistance to take medications safely, if needed
2. Teach patient/caregiver:
 - a. How to take right medications, right dose, at right time, and what the purpose of each medication is; confirm learning with a "Teach Back."
 - b. If needed, how to set up a Med Planner Device; confirm learning with a return demonstration.
 - c. How to monitor for side effects and effectiveness
 - d. When to notify home health agency and primary care provider about medication problems/issues
 - e. Provide patient/caregiver with instructional medication handouts, teaching guides.
3. Document in patient record:
 - a. Medication name, dose, time, and route
 - b. Response, including any adverse reactions
 - c. Instruction to patient/caregiver; comprehension
 - d. Communications with primary care provider/family/caregivers, as indicated based on patient condition

REFERENCES

- Barstow, N. & Perry, A.G. (2014). Oral and topical medications. In A. G. Perry & P. A. Potter (Eds.), *Nursing skills and techniques* (8th ed.) (pp.492-537). St. Louis, MO: Mosby.
- Harrison, R. L. (2014). Safe medication preparation. In A. G. Perry & P. A. Potter (Eds.), *Nursing skills and techniques* (8th ed.) (pp.472-491). St. Louis, MO: Mosby.
- Home Health Quality Initiative. (2010). *Medication management: Best practice intervention package*. Retrieved from http://www.homehealthquality.org/hh/campaign/mm_bpip/default.aspx