

# MVH - PROCEDURE

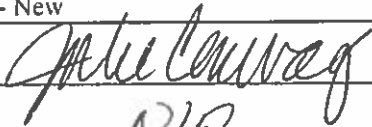

ORIGINAL DATE: 05/18  
REVISED:

**SUBJECT:** MEDICATION ROUTE: TOPICAL

**PURPOSE:** To outline care objectives and procedures for the clinical management of medication applied topically.

**PROCEDURE:**

1. MVH has adopted the VNAA recommended Hospice and Palliative Care approach as outlined in Section: 12.14. (See attached)

Nature of Change	N/A - New	
CCO Signature:		5/21/18
		Date
CEO Signature:	N/A	1/1
		Date



**KEY POINTS**

1. Medications applied to skin include:
  - a. Transdermal patches
  - b. Topical agents to treat the skin
2. Skin encrustations and dead tissue harbor microorganisms and block contact of medication with the affected tissues. Cleanse the skin or wound thoroughly before applying medication.
3. Transdermal patches:
  - a. Rate of absorption for different medications vary; consult package insert or drug information.
  - b. Impaired skin and subcutaneous tissue condition affects absorption. Do not apply transdermal patches on skin that is oily, burned, cut, or irritated.
  - c. Rotate areas of application, if able, to avoid skin irritation.
  - d. Heat affects absorption:
    - 1) Alert primary care provider if patient has a high fever for possible change in orders.
    - 2) Do not apply heat, such as heating pad, over patch. Can result in increased absorption with potentially serious adverse effects.
4. Topical agents:
  - a. Determine amount of topical agent required by assessing area, order, and application directions given with medication.
  - b. A thin, even layer is usually adequate.
  - c. Plastic film or transparent dressing may be used to cover some medications. Follow manufacturer's recommendations.
5. Topical nitroglycerin:
  - a. Pre-packaged ointment: One package = 1 inch. Do not measure smaller amounts from this package. Use a tube to deliver less than 1 inch.
  - b. Nitroglycerin patches removed after 10 - 12 hours. Check order.

**EQUIPMENT**

Gloves

Soap and water, to clean skin as needed

Wash cloth and towel

Wound cleansing supplies, if needed

Ordered medication (powder, cream, lotion, ointment, spray, or patch)

Tongue blades, if needed to remove gels from jars

Dressing supplies, if needed over topical agent

**PROCEDURE**

1. Check order for medication, dose, frequency, and route and manufacturer's specific instructions for application.
2. Identify patient using two identifiers. Adhere to Standard precautions. Perform hand hygiene. Assemble equipment.

3. Ensure skin is clean and dry.

**Transdermal patch**

1. Locate and remove old patch before applying new; cleanse area with tissue.
2. Fold old patch in half with sticky sides together.
3. Discard patch as per manufacturer's instructions, local/state regulations or agency policy.
  - a. Special disposal may be necessary to protect others from exposure.
  - b. Place in sealed bag with unpleasant substance, such as kitty litter, and dispose in regular trash.
4. Choose new site that is clean, dry, and free of hair.
5. Write date, initials, and time on new patch before applying.
6. Remove patch from protective cover. Hold by edge; do not touch adhesive edges.
7. Immediately apply patch; press firmly with the palm of hand for 10 seconds. Make sure it sticks well, including edges.

**Nitroglycerin ointment**

1. Apply ordered inch amount over paper measuring guide.
2. Remove previous dose paper. Wipe off residual medication with tissue.
3. Apply to chest area, back, upper arm, or legs. Do not put on hairy surface or over scar tissue. Rotate site.
4. Apply ointment to skin surface by holding edge or back of measuring guide, place ointment and wrapper directly on the skin. Do not rub or massage into skin.
5. Date, time, and initial paper.
6. Secure with transparent dressing or tape.

**Cream or gel**

1. Place required amount of medication in palm of gloved hand; soften by rubbing between hands.
2. Once softened, spread evenly over skin surface. Use long, even strokes that follow direction of hair growth. Do not vigorously rub skin.

**Suspension-based lotion**

1. Shake container vigorously.
2. Apply small amount lotion to small gauze dressing.
3. Apply to skin by stroking evenly in direction of hair growth.

**Aerosolized spray**

1. Shake container vigorously.
2. Hold container away from area the distance recommended by manufacturer, usually 15 to 30 cm (6 to 12 inches).

3. Spray medication evenly over affected site. Some sprays may be timed for select period of seconds.
4. If neck or upper cheek is being sprayed, ask patient to turn away or briefly, cover face with towel, and/or close eyes.

**Medicated powder**

1. Be sure surface is dry. Fully spread apart any skin folds, and dry with towel.
2. Dust skin lightly with dispenser so that area is covered with fine, thin layer.
3. Cover with dressing, if ordered.

**Complete procedure**

1. Remove gloves.
2. Perform hand hygiene.

**AFTER CARE**

1. Teach patient/caregiver:
  - a. How to care for affected area and when/if to remove medication/patch
  - b. How to apply medication if treatment is ongoing; confirm learning with return demonstration.
  - c. How to dispose of patches properly
2. Document in patient record:
  - a. Medication name, dose/amount, area applied/treated, time of treatment
  - b. Response, including effectiveness and any adverse reactions
  - c. Instruction given to patient/caregiver; comprehension
  - d. Communication with primary care provider 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* (8<sup>th</sup> 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* (8<sup>th</sup> ed.) (pp.472-491). St. Louis, MO: Mosby.