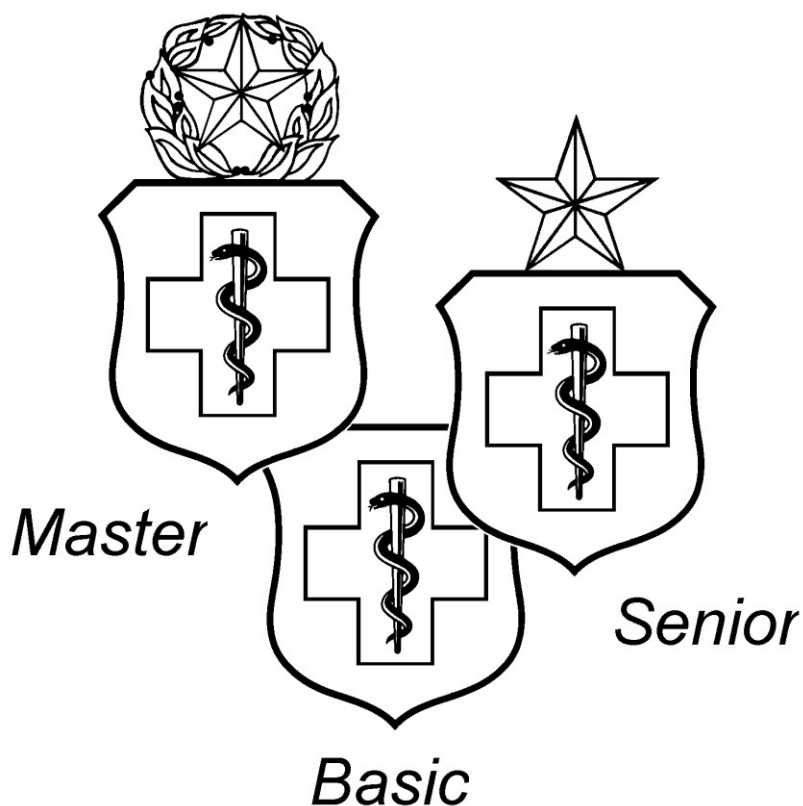


SURGICAL SERVICE SPECIALTY

Medication Administration



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QTP 4N1X1-07
SURGICAL SERVICE SPECIALTY
Volume 07: Medication Administration

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INTRODUCTION

1. This qualification training package (QTP) was developed to make available a training aid which will assist Surgical Service Technicians to develop technical skills essential to performing specialized tasks. The tasks are broken down into teachable elements, which help the trainer guide the trainee into becoming proficient with the tasks. The QTP will also aid the task certifier when evaluating trainees for task certification.
2. As a trainer, go through each module (lesson) and identify which QTP tasks are appropriate for the trainee's duty position (items identified in the CFETP as core tasks are mandatory), then determine the order in which you want the trainee to learn about each subject area. Direct the trainee to review the training references to better understand the objective of each module. Go through the steps in the task performance with the trainee and allow for enough time to learn each step; some objectives may take more time than others. Remember, the objective of the QTP is to ensure the trainee can perform each task thoroughly. When the trainee receives enough training and is ready to be evaluated on an objective, follow the evaluation instructions. Use the performance checklist as you evaluate each objective. If the trainee successfully accomplishes the objective, document appropriately in the individual's training record. If the trainee does not accomplish the objective, review the areas needing more training until the objective is met. Conduct a feedback with the trainee on each module. After the trainer has ensured and documented that the trainee is qualified to perform the task, the trainee should be evaluated by a certifier.
3. The goal of the developers of this QTP is to publish a useful document for trainers and trainees that will meet Air Force needs under the concepts outlined in the Career Field Education and Training Plan (CFETP). We value your expertise in meeting this goal. If you find discrepancies in this QTP, or have suggestions for its improvement, or if you have suggestions for other areas that may benefit from a QTP, please let us know about them by contacting the below individual.

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MEDICATION ADMINISTRATION***Identify Drugs and Solutions***

SUBJECT AREA:	Nursing Care of the Surgical Patient
TASK(s):	Identify Drugs and Solutions
CFETP/STS REFERENCE(s):	7.2. Manage medications intra-operatively 7.2.1. Identify medications 7.2.2. Medication transfer method 7.2.3. Label medications 7.2.4. Monitor medication usage 7.3. Medication administration 7.2.1. Routes 7.3.2. Supplies/equipment 11.28. Breakdown sterile field 11.28.5. Medication disposal
TRAINING REFERENCE(s):	CDC 4N151A, Surgical Service Journeyman, Part I Volume 5, Surgical Pharmacology, Surgical Wound Management, Unit 1 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
EQUIPMENT REQUIRED:	Medication in its original vial/ampule Sterile marker or locally approved device for labeling drugs and solutions on the sterile field
OBJECTIVE:	The trainee will, without error, properly and safely identify drugs and solutions
REMARKS/NOTES:	Since this task involves medications used directly in hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise safety. Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.

EVALUATION INSTRUCTIONS:

1. This QTP should be evaluated during actual performance of the tasks.
2. After the trainee has received instructions, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task *without assistance*.
3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.
4. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS). All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

Medication Administration**PERFORMANCE CHECKLIST**

Identify Drugs and Solutions	SAT	UNSAT
<i>Preparatory Phase</i>		
1. Ensure trainee understands/can explain some of the basic medication safety guidelines		
a. Aseptic technique used during prep, handling & transfer of all drugs/solutions		
b. Empty/used containers remain in room until procedure is complete		
c. If unsure of drug/solution identity, discard it		
d. Always label or otherwise identify (local policy) all drugs/solutions on the sterile field		
e. Always state aloud: name, concentration, and amount of medication, when passing or transferring drugs/solutions		
f. Confirm requests; if in doubt, seek verification		
g. Track volume of each type drug/solution throughout procedure		
h. Never use/accept expired drug/solution		
i. Inspect containers for damage before passing/transferring; never use if damaged		
j. Inspect solutions for cloudiness/discoloration; never use clouded or discolored drugs/solutions		
2. Ensure every identification includes as minimum:		
a. Type (name) of drug/solution		
b. Strength (concentration) of drug/solution		
c. Expiration date of drug/solution		
d. Amount of drug/solution being transferred		
<i>Performance Phase</i>		
1. Identification for use on sterile field		
a. Circulator silently reads label before opening container		
b. Circulator opens container, reads label aloud, then scrub reads aloud		
c. Circulator transfers contents, scrub reads label aloud, then circulator reads aloud		
d. Scrub labels contents (per local method) of sterile field container		
2. Identification for use other than on the sterile field		
a. Label verified when container removed from storage		
b. As drug/solution drawn-up/poured from container		
c. Immediately before administration		
FINAL RESULTS/NOTES:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

Medication Administration**Prepare Drugs and Solutions**

SUBJECT AREA:	Nursing Care of the Surgical Patient
TASK(s):	Prepare Drugs and Solutions
CFETP/STS REFERENCE(s):	7.2. Manage medications intra-operatively 7.2.1. Identify medications 7.2.2. Medication transfer methods 7.2.3. Label medications 7.2.4.. Monitor medication usage 7.3. Medication administration 7.3.1. Routes 7.3.2. Supplies/equipment 11.28. Breakdown sterile field 11.28.5. Medication disposal
TRAINING REFERENCE(s):	CDC 4N151A, Surgical Service Journeyman, Part I Volume 5, Surgical Pharmacology, Surgical Wound Management, Unit 1 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
EQUIPMENT REQUIRED:	Medication in its original vial/ampule Needles/syringes for specific type/amount of drug/solution Sterile marker or locally approved device for labeling drugs and solutions on the sterile field
OBJECTIVE:	The trainee will, without error, properly and safely prepare drugs and solutions
REMARKS/NOTES:	Since this task involves medications used directly in hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise safety. Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.
EVALUATION INSTRUCTIONS:	<ol style="list-style-type: none"> 1. This QTP should be evaluated during actual performance of the tasks. 2. After the trainee has received instructions, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task <i>without assistance</i>. 3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished. 4. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS). All recurring evaluation should be documented using AF Form 1098, <i>Special Task Certification and Recurring Training</i>, or using an approved substitute record.

Medication Administration**PERFORMANCE CHECKLIST**

Prepare Drugs and Solutions	SAT	UNSAT
<i>Preparatory Phase</i>		
1. Ensure trainee understands/explains basic medication safety guidelines		
a. Aseptic technique used during prep, handling and transfer of all drugs/solutions		
b. Empty/used containers remain in room until procedure is complete		
c. If unsure of drug/solution identity, discard it		
d. Always label/identify all drugs/solutions on the sterile field		
e. Always state aloud: name, concentration, and amount of medication when passing or transferring drugs/solutions		
f. Confirm all requests/orders; if in doubt, seek verification		
g. Track volume of each type drug/solution throughout procedure		
h. Never use/accept expired drug/solution		
i. Inspect containers for damage; never use if damaged		
j. Inspect solutions for cloudiness/discoloration; never use clouded or discolored drugs/solutions		
2. Ensure every identification includes as minimum:		
a. Type (name) of drug/solution		
b. Strength (concentration) of drug/solution		
c. Expiration date of drug/solution		
d. Amt of drug/solution being transferred		
e. Identification should be visual(reading) & oral (reciting) by the scrub & circulator		
3. When handling needles/syringes, ensure you do not contaminate:		
a. Syringe tip, plunger (except thumb flange), and inside barrel		
b. Needle tip, shaft, inside hub. NOTE: Ideally entire needle is sterile and only protective cap is handled.		
<i>Performance Phase</i>		
1. Gather all needed supplies according to preference/scheduling slip/card		
a. Open package, ensure items are not contaminated		
b. Assemble needle to syringe (except cartridge/needle & Bristoject)		
c. Keep protective cap over needle shaft and tip		
d. Hold needle in one hand, syringe in other		
e. Guide syringe into needle hub; tighten by turning clockwise		
2. Load syringe:		
a. Cartridge syringe: (dental)		
1. Pull syringe plunger back as far as possible		
2. Insert cartridge, metal cap to needle, rubber stopper to plunger		
3. Engage plunger harpoon to cartridge stopper		
b. Prefilled cartridge/needle syringe		
1. Pull syringe plunger back as far as possible; "break" open back of syringe barrel		
2. Leaving cap over needle, insert cartridge/needle unit into syringe barrel until needle/cap fully protrude		
3. Replace back of syringe; engage harpoon to cartridge stopper		
c. "Bristoject" syringe		
1. "Pop" plastic cap from end of barrel/needle unit		
2. "Pop" plastic cap from cartridge/plunger unit		
3. Insert cartridge into barrel with rubber stopper toward needle		

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4. Twist cartridge clockwise until it stops and needle penetrates rubber stopper		
d. Withdrawing drugs from ampules		
1. Hold ampule upright and "flick" side until all solution is in bottom chamber		
Prepare Drugs and Solutions	SAT	UNSAT
2. Wrap sterile gauze sponge around break-point of ampule		
3. Pointing away from self and others, "snap" top from bottom; discard sponge and ampule top properly		
4. Using syringe (with volume equal or greater than ampule) and large-diameter (18-20ga) needle, insert needle into neck of ampule and withdraw solution NOTE: Local policy in some hospitals requires use of special filter-needles to reduce likelihood of withdrawing small glass fragments into syringe.		
5. Remove needle and discard properly; use new needle for actual administration of drug/solution		
e. Withdrawing drugs from vials		
1. If powdered, the medication is mixed per manufacturer instructions before being withdrawn		
2. Remove metal protective cap from rubber diaphragm		
3. Wipe diaphragm with antiseptic per local policy		
4. Using syringe (with volume equal to or greater than vial) and large bore (18-20ga) needle:		
a. Carefully remove protective cap from needle		
b. Pull syringe plunger back until volume of air in syringe equals volume of solution being withdrawn		
c. Insert needle through rubber diaphragm and inject air		
d. Keeping needle tip immersed, withdraw desired volume		
5. Remove needle and discard properly; use new needle for actual administration of drug/solution		
FINAL RESULTS/NOTES:		

FEEDBACK: Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

Medication Administration

Transfer Drugs and Solutions to the Sterile Field

SUBJECT AREA:	Nursing Care of the Surgical Patient
TASK(s):	Transfer Drugs and Solutions to the Sterile Field
CFETP/STS REFERENCE(s):	7.2. Manage medications intra-operatively 7.2.1. Identify medications 7.2.2. Medication transfer methods 7.2.3. Label medications 7.2.4. Monitor medication usage 7.3. Medication administration 7.3.1. Routes 7.3.2. Supplies/equipment 11.28. Breakdown sterile field 11.28.5. Medication disposal
TRAINING REFERENCE(s):	CDC 4N151A, Surgical Service Journeyman, Part I Volume 5, Surgical Pharmacology, Surgical Wound Management, Unit 1 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
EQUIPMENT REQUIRED:	Medication in its original vial/ampule Sterile marker or locally approved device for labeling drugs and solutions on the sterile field
OBJECTIVE:	The trainee will, without error, properly and safely transfer and/or accept transfer of drugs and solutions
REMARKS/NOTES:	Since this task involves medications used directly in hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise safety. Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.
EVALUATION INSTRUCTIONS:	<ol style="list-style-type: none"> 1. This QTP should be evaluated during actual performance of the tasks. 2. After the trainee has received instructions, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task <i>without assistance</i>. 3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished. 4. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS). All recurring evaluation should be documented using AF Form 1098, <i>Special Task Certification and Recurring Training</i>, or using an approved substitute record.

Medication Administration

PERFORMANCE CHECKLIST

Transfer Drugs and Solutions to the Sterile Field		SAT	UNSAT
<i>Preparatory Phase</i>			
1. Ensure trainee understands/can explain some of the basic medication safety guidelines			
a. Aseptic technique used during prep handling & transfer of all drugs/solutions			
b. Empty/used containers remain in room until procedure's complete			
c. If unsure of drug/solution identity, discard it			
d. Always label/identify all drugs/solutions on the sterile field			
e. Always state aloud: name, concentration, and amount of medication when passing or transferring drugs/solutions			
f. Confirm all requests/orders; if in doubt, seek verification			
g. Track volume of each type drug/solution throughout procedure			
h. Never use/accept expired drug/solution			
i. Inspect containers for damage; never use if damaged			
j. Inspect solutions for cloudiness/discoloration; never use clouded or discolored drugs/solutions			
2. Ensure every identification includes as minimum:			
a. Type (name) of drug/solution			
b. Strength (concentration) of drug/solution			
c. Expiration date of drug/solution			
d. Amount of drug/solution being transferred			
<i>Circulator "Squirt" Transfer Method</i>			
1. Circulator & scrub identify drug/solution before transfer by visual (reading) & oral (reciting) communication			
2. Circulator draws-up drug solution from ampule or vial			
3. Circulator removes needle used to draw-up solution, replaces with new sterile large-bore needle			
4. Circulator "squirts" contents into sterile container at edge of sterile field NOTE: Only the sterile needle shaft may extend over the field.			
5. Scrub and circulator identify drug/solution after transfer			
6. Scrub labels contents (per local method) of sterile field container			
<i>Circulator "Vial-Pour" Transfer Method</i>			
NOTE: This method is only used for vials			
1. Circulator and scrub identify drug/solution before transfer			
2. Circulator removes entire lid from vial, including metal retaining ring and rubber stopper, without contaminating edges of vial			
3. Circulator pours contents into sterile container at edge of sterile field NOTE: Circulator and vial may not extend over the field.			
4. Scrub and circulator identify drug/solution after transfer			
5. Scrub labels contents (per local method) of sterile field container			
<i>Team Transfer Method</i>			
1. Circulator and scrub identify drug/solution before transfer			
2. Scrub attaches new sterile large-bore needle to syringe (not a needle from the sterile field)			
<i>vial</i>	<i>ampule</i>		
3. Circulator holds vial, stopper down at 45° angle, at or above scrubs eye level	Circulator holds ampule, opening up at 20° angle, at scrubs chest level		

