

## Medication Administration: Administration of Medications While on Social Outings of Less than 24 Hours

### Site Applicability

VGH, UBCH

### Delegated Task

- A Registered Nurse will delegate the administration of pre-poured (regularly scheduled and prn) medications to an unlicensed health care worker (activity worker or family) while clients are on social outings, (for example: socials, home visits).
- "To maintain client safety, RNs must ensure that the following conditions are met prior to delegating nursing tasks or procedures to unlicensed health care workers:
  - the client's health status is stable and the client's response to the proposed task or procedure is predictable
  - the health care worker has the necessary knowledge, skills and abilities to perform the task safely; and
  - professional nursing support and supervision for the health care worker is available." (Registered Nurses Association of British Columbia (RNABC), 1994.

### Background Information

The client will receive regularly scheduled and/or prn medications appropriately during social outings.

### Directive/ Policy/ Standard

1. **PRIOR TO THE OUTING:** the Registered Nurse will:
  - Identify medications required during the outing.
  - Prepare the medications required during the outing. (Note: It may be helpful to show medication to client//family/activity worker).
  - Provide the medications: pour, label and package the necessary medications in envelopes.
  - Record medications dispensed on MAR: indicate on MAR that medications were given to client/family/activity worker to be taken during outing.
  - (Note: Refer to administration/MAR code for comments). Assess client/family/activity worker's knowledge re: medications:
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Does client/family/activity worker understand:

- why each medication has been prescribed
- which, if any, medications must be taken under certain conditions (eg, before or with meals) time of next dose
- possible or usual side effects and drug interactions.
- Review the information in the drug appendix (page 3), if necessary.
- Give prepared medications to the client/family/activity worker.

## 2. DURING THE OUTING:

- The client/family/activity worker will administer regularly scheduled and/or prn medications as per instructions from the Registered Nurse.
- PRN medications will be administered as per guidelines in Drug Appendix (see Page 3).

**Example:**

Name of Medication	What is it For?	Special Consideration
<b>Ativan (lorazepam)</b> - may be given sublingual (SL) OR - may be given by mouth (PO)	Relieves anxiety	Sublingual - put under the tongue  By mouth - put in resident's mouth and give sip of water

## 3. RETURNING FROM THE OUTING:

The client/family/activity worker will:

- report to assigned RN any prn medications given, any difficulties/refusals of routine and/or prn medications.
- return unused medications to RN
- report any relevant changes in client status.

## 4. DOCUMENTATION

It is the responsibility of the Registered Nurse assigned to the client returning from pass to:

- document on the MAR any prn medications given
- document on the MAR any routine and/or prn medications refused.
- document in the Progress Notes any relevant changes in client/resident health
- status as reported by client/family/activity worker.

## PROCEDURE / RECOMMENDATIONS / ASSESSMENT:

### DRUG APPENDIX

NAME OF MEDICATION	WHAT IS IT FOR?	SPECIAL CONSIDERATIONS
Ativan (sublingual SL)	To relieve anxiety	Put under tongue and let it melt
Ativan (by mouth PO)		Put in mouth to swallow
Atrovent Inhaler	Relieves broncho-spasm	<b>Technique for Inhaling Drugs in Pressurized Aerosols (Atrovent, Beclovent, Ventolin)</b> <b>Technique #1:</b> <b>The open-mouth technique:</b> <ul style="list-style-type: none"> <li>- make sure the canister is full and firmly into the outer shell</li> <li>- remove cap from mouthpiece</li> <li>- hold canister in upright position.</li> <li>- Shake well.</li> <li>- breathe out</li> <li>- place inhaler 2 finger widths in front of mouth</li> <li>- breathe in slowly and deeply through wide open mouth and at the same time press the canister down firmly</li> <li>- continue to inhale deeply</li> <li>- hold breath for as long as is comfortable (5-10 seconds)</li> <li>- if a second puff is ordered, wait for at least 30 seconds.</li> </ul> <b>Technique #2:</b> <b>The closed-mouth technique:</b> <ul style="list-style-type: none"> <li>- make sure the canister is full and firmly inserted into the outer shell</li> <li>- remove cap from mouthpiece</li> <li>- hold canister in upright position</li> <li>- shake well</li> <li>- breathe out</li> <li>- place the inhaler over the tongue and well into the mouth</li> <li>- close lips lightly around mouthpiece</li> <li>- breathe in slowly and deeply through mouth and at the same time press canister down firmly</li> <li>- continue to inhale to carry the spray deep into the lungs</li> <li>- hold breath for as long as is comfortable (5-10 seconds)</li> </ul>
Beclovent/Inhaler Becloforte	To prevent shortness of breath by reducing inflammation in the lungs	
Ventolin Inhaler *Give 5 minutes before Atrovent if using both Ventolin and Atrovent.	To open up the airways to the lungs to make breathing easier	

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		- If a second puff is ordered, wait for at least 30 seconds.
Nitroglycerin (Nitro) -sublingual tab (under the tongue)	To Control Chest Pain	<b>If client begins to feel chest pain:</b> - ask client to sit down - place one tablet under the tongue; if pain continues for five more minutes, use a second tablet; if pain continues to persist for five more minutes, use a third tablet If after 3 tablets the pain persists or the client is nauseated, call 911.
Nitrospray - spray under the tongue		As above, use 1 spray under the tongue, may repeat every 5 minutes for a maximum of 3 doses.  If after 3 sprays the pain persists or the client is nauseated, call 911.
Tylenol	To Relieve pain and fever	Give by mouth

## References

### COMMON EMERGENCIES

Refer to Manual - St. John Ambulance. (1995). First on the Scene: The Complete Guide to First Aid and CPR (3rd ed). Ottawa: Canadian Cataloguing.

1. Bites and Stings, insect: (St. John Ambulance, 1995, pp. 8-11, pp. 8-15, pp. 11-7)
2. Choking: (St. John Ambulance, 1995, pp. 3-2 to 3-29)
3. Consciousness, level of (LOC): (St. John Ambulance, 1995, pp. 1-29 - 1-30).
  - a. Assessing level: (St. John Ambulance, 1995, pp. 1-30, 2-13, 2-14)
  - b. Breathing emergencies: (St. John Ambulance, 1995, pp. 1-29)
  - c. Fainting: (St. John Ambulance, 1995, pp. 1-34, 1-35)
  - d. Recovery position: (St. John Ambulance 1995, pp. 1-27, 1-32, 1-33)
  - e. Semi-conscious and unconscious: (St. John Ambulance, 1995, pp. 1-5)
- Diabetes, Management of:
  - f. Hyperglycemia: (St. John Ambulance, 1995, pp. 11-2 to 11-3)
  - g. Hypoglycemia: (St. John Ambulance, 1995, pp.11-2 to 11-3)
4. Seizures, Management of: (St. John Ambulance, 1995, pp. 11-4 to 11-5)

- Nursing Practice (1995). Medications: Preparation for client/resident outings (NPJ0600-M-180). Vancouver, BC: G.F. Strong and George Person Centre

- Registered Nurses Association of British Columbia. (1994). Information for Nurses: Delegating Nursing Tasks and Procedures (PUB. No.98). Vancouver, BC: Registered Nurses Association of British Columbia.
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