



General Medpass Guidelines:

Wash hands/use hand sanitizer before and after med pass.
Wash hands/use hand sanitizer between each direct resident contact.
“READ, READ, READ” carefully during medpass to avoid errors.
Watch resident swallow medications.
Never touch a medication with bare hands. Always put medication directly into dosing cup.
Medications should never be pre-poured or charted before actual administration to the resident.
The prescription label and M.A.R. should always match as well as the Physician's Orders.
If a medication is refused or not given for any reason, appropriate documentation should occur.
Medications should be given no more than 1 hour before or 1 hour after designated administration time unless specifically stated on M.A.R. (ie. 1 hour before or after a meal).
Follow guidelines and orders for administration of medication with regards to meals, pulse, and blood pressure.
“Empty stomach” generally means: 1 hour before or 2 hours after meals.
Document P.R.N.'s (including strength) with reason for use & effectiveness on back of M.A.R.
Document behaviors and side effects when appropriate.
Make sure that snacks/food given with medications are within dietary guidelines.
Food and beverages on medication cart should be covered and dated.
Adequately dilute bulk forming laxatives and liquid KCL with 4-8oz of water or juice.
Check references on medications that can be crushed.
All prescription items should be properly labeled.
The nurse should check all expiration dates before administration.

Resident Rights:

The resident’s privacy should always be maintained.
The nurse should knock on the door and be courteous to the resident when entering and while in the resident’s room.
The nurse should identify the residents by either a picture, name, or armband if available.
Upon new medication orders, the nurse should explain use and side effects when appropriate.
The M.A.R. and medication cart should be protected when unattended.
Medication administration other than “by mouth” route should not be done in view of other residents or visitors.

Medication Carts:

Medication carts should be kept clean and orderly.
Medication carts should be attended by nurse if unlocked or if unattended, they should be locked and/or stored in medication room.
Keys for medication carts should be kept by nurse only at all times.
The nurse should keep the medication cart restocked in advance so he/she will not run out of any medication during the medpass. All labels should be pulled according to pharmacy reorder procedure to assure prompt arrival.

Narcotic Medications:

Narcotic medications should be kept under double lock and key and proper procedure should be followed to assure accountability.
Narcotic medication counts should be checked by two nurses each shift.
When a narcotic medication is discontinued, follow policy and regulations for removal of narcotics from the cart and subsequent relinquishment to appropriate personnel for destruction.
Any discrepancies on the narcotic count should be immediately reported to the D.O.N.



Ophthalmics:

Before giving an ophthalmic drop, explain the procedure to the resident.

Wash hands before and after eye drop administration.

When giving multiple drops in the same eye, wait 1-2 minutes between drops and encourage the resident to keep eye gently closed between drops. When administering different kinds of eye drops, the nurse should wait 5 minutes.

Multiple ophthalmic ointments should be separated by 5 minutes and eye should be kept closed for 1-2 minutes after administration. Ointments should be administered last, after drops.

Use separate tissue/gauze for each eye to avoid contamination.

Inhalers:

Tilt head of resident slightly back to maximize airflow.

Instruct resident on proper technique to maximize results.

Instruct resident to exhale deeply through mouth, close eyes (so active drug does not get into eyes), breathe in slowly through mouth at the time of actuation of product. Hold breathe for 10 seconds, then breathe out slowly through mouth.

Shake inhalers well (vigorously for at least 10 seconds) prior to each puff and separate multiple puffs by 1-2 minutes according to package insert. (ie Combivent Inhaler)

If multiple inhalers are ordered, administer bronchodilators/beta agonists first, wait five minutes, then, administer others next, but steroid is always last, then rinse mouth.

Five minutes should separate different inhalers.

Medication via tubes:

All tubes should be checked for correct placement before administration of medications.

When giving medications down tubes, each medication must be given one at a time, not mixed, then flush the tube as appropriate.

Shake suspensions well. Do not put back extra suspension into original bottle.

An oral syringe should be used for increments not on plastic medication cup.

Pill crusher should be kept clean and free of drug residue.

Injections:

Calculate appropriate volume to be administered.

Aseptic technique should be observed.

Insulin vials should be dated when opened and stored in refrigerator when not in use.

All multiple dose vials should be dated when opened.

The nurse should follow the policy on multiple dose vials.

Injection sites need to be rotated and documented on M.A.R.

Patches:

Patches should be applied to a clean, hairless area on the skin.

Sites should be rotated and documented on the M.A.R.

Observe for skin irritation from patch adhesives and clean area with warm water to reduce further irritation.

Never cut a patch to obtain smaller dosage.

Observe patch on skin after shower/bath to make sure it is still in place.

Discard patches by folding both sides together with drug portions inward. Wash hands.