Administration of Treatments by QMA’s
Introduction

Although the oral route of administering medications is the most common, in some instances, it is not the most effective.

For instance, if there is a skin irritation, the best method of treatment may be to apply the medication directly to the skin at the site of irritation.
To Be Reviewed:

- Applying a Topical Medication
- Instilling an Eye Medication
- Instilling an Ear Medication
- Instilling a Nasal Medication
- Use of Metered-Dose Inhalers
- Inserting a Vaginal Medication
- Inserting a Rectal Suppository
Procedures to Follow for all Treatments:

- Always verify the medicine order
- Only administer those treatments that a QMA is allowed
- Wash hands or use antiseptic gel before and after application of any treatment
- Follow the six rights of medication administration
- Observe any area being treated for signs or symptoms that a QMA must report to the nurse
Topical Medication

- If the treatment is for a burn; the QMA may only treat a 1st Degree burn.
- If the treatment is for a Decubitus Ulcer; the QMA may only treat a Stage I ulcer.
- A QMA may not use any medication that is a debridement agent (ex. hydrogen peroxide, Santyl).
Topical Medication

Specific Procedural Points to Remember:

- Put on gloves to remove any old bandage or dressing
- Put on new gloves prior to application of topical medication
- Pour, squeeze or scoop medication on gauze square, cotton balls, Q-tips or tongue blade
- Swab or pat medication on affected area
- Do not apply medication to different areas on a patient using the same applicator
In medicine, a **finger tip unit (FTU)** is defined as the amount of ointment, cream or other semi-solid dosage form expressed from a tube with a 5mm diameter nozzle, applied from the distal skin-crease to the tip of the index finger of an adult. One FTU is enough to treat an area of skin twice the size of the flat of an adult's hand with the fingers together, i.e. a “handprint”.

Applying Topical Medications
Transdermal Patch

- Date, time and initial the front of a transdermal patch before applying
- On removal of patch, use gloves to remove and fold it in half and place in biohazard container in the med room
- If disposing of a patch that is a controlled substance, a nurse MUST witness the disposal of the patch & sign the control sheet with you
Eye Drops

Specific Procedural Points for Eye Drops:
• Position the patient with head tilted back
• Pull down lower lid to form pouch, and ask the patient to look up
• Hold bottle inverted in other hand which is resting on patient’s forehead
• Gently squeeze the eye drop container to produce the correct number of drops to the center of the lower lid
• Instruct patient to close eye for 1 – 2 minutes and blot excess medication away without rubbing the eye

If you are to use more than one drop in the same eye, wait at least 5 minutes before instilling the next drop
Eye Ointments

Specific Procedural Points for Ointments:
• Position the patient with head tilted back
• Pull down lower lid to form pouch and ask the patient to look up
• Apply ointment on inside of eye lid from the inner aspect to outer
• Instruct patient to close eye for 1 – 2 minutes and roll eyeball around to ensure all of eye is covered
• Wipe excess medication away without rubbing the eye
• Inform patient that vision may be blurry temporarily
Ear Medication

Instilling ear medications is not difficult, but the basic steps and correct placement of the medication are essential to attain the best possible benefits.

Eardrops must be warmed to room temperature, as cold drops cause may cause pain and dizziness.
Ear Drops

Specific Procedural Points for Ear Drops:

- Have the patient positioned so that the affected ear is facing up.
- Straighten the ear canal by gently pulling the upper part of the ear (pinna) backward and upward.
- Position the tip of ear dropper without touching any of the ear surface.
Ear Drops

- Place the correct number of drops in the ear, then gently press on the small skin flap over the ear to help the drops run into the ear canal.

- Have the patient keep the ear tilted up for a few minutes or insert a cotton ball in the ear to prevent leakage, DO NOT block ear canal.
Nose Drops

- Have the patient blow their nose
- For you to administer, the patient needs to lie in bed with their head hanging down over the end of the bed or they can sit with their head tilted as far back as possible
- Do not let the tip of the dropper touch the nose, place the correct number of drops into the correct nostril
- When done, have the patient remain in this position for a few minutes
Nose Sprays

1. Have the patient blow their nose prior to administration of nose drops.
2. The nose drop bottle tip should be gently inserted into the nostril with a finger pressing the other nostril closed.
3. Keeping the head upright, the patient should breathe in quickly while the bottle is squeezed.
Metered-Dose Inhalers

- Remove cap from inhaler and shake the inhaler
- Make sure patient breathes out and tilts head back slightly before placing mouthpiece in their mouth
- As they begin to inhale, they should press down on the inhaler
- Make sure the patient keeps breathing in fully until their lungs are full
The patient then should remove the inhaler from their mouth and close their lips, holding their breath for 10 seconds.

- The patient should then breathe out slowly.
- If more than one puff is prescribed, they need to wait at least 15 seconds before preparing to take the next puff.
- When done, it is important that the patient rinse their mouth with water and spit it out.
REMEMBER…

QMA’s are not allowed to administer breathing treatments
Insertion of a Suppository

General Directions/Precautions:

- Rectal and Vaginal Suppositories may be inserted by a QMA, LPN or RN
- Before a QMA can administer a suppository for the first time, they must have a nurse supervising the entire procedure
- Always explain to the patient everything you are going to do before you begin
- Remember, suppositories must be stored in a cool place
Insertion of a Suppository

- Patients may self administer a suppository only if ordered by the physician and a nurse has instructed the patient how to perform the medication application (the nurse must document this on the patient’s education form)
- Report & document any evidence of discharge or odor noted from vagina prior to administration of a vaginal suppository
Vaginal Suppository

Procedural Points to Remember:

- Place patient in dorsal recumbent position

- Lubricate tip of suppository before inserting, place suppository in applicator if provided
Vaginal Suppository

- Using a disposable glove, separate labia using thumb and forefinger
- Insert suppository gently into vaginal canal at least 2 inches
- Encourage patient to lie quietly in bed for 15 minutes while the medicine is absorbed
- Return in 15 minutes to check on patient
Rectal Suppository

Procedural Points to Remember:

- Place patient in Sim’s (left lateral) position
- Lubricate tip of suppository before inserting
- Using a disposable glove, insert the suppository into the rectal canal beyond the anal sphincter
- Encourage patient to lie quietly in bed for 15 minutes while the medicine is absorbed
- Return after 15 minutes to check on the patient
After Administering Treatments

Remember to accurately document the administration of all treatments after they are complete.

If the patient voices any complaints or you note anything abnormal or that doesn’t look or feel right, REPORT IT to the nurse!
Test

- Click the link below and print the test, please return the completed test to Staff Development to be placed in your training record.

- Administration of Treatment Test