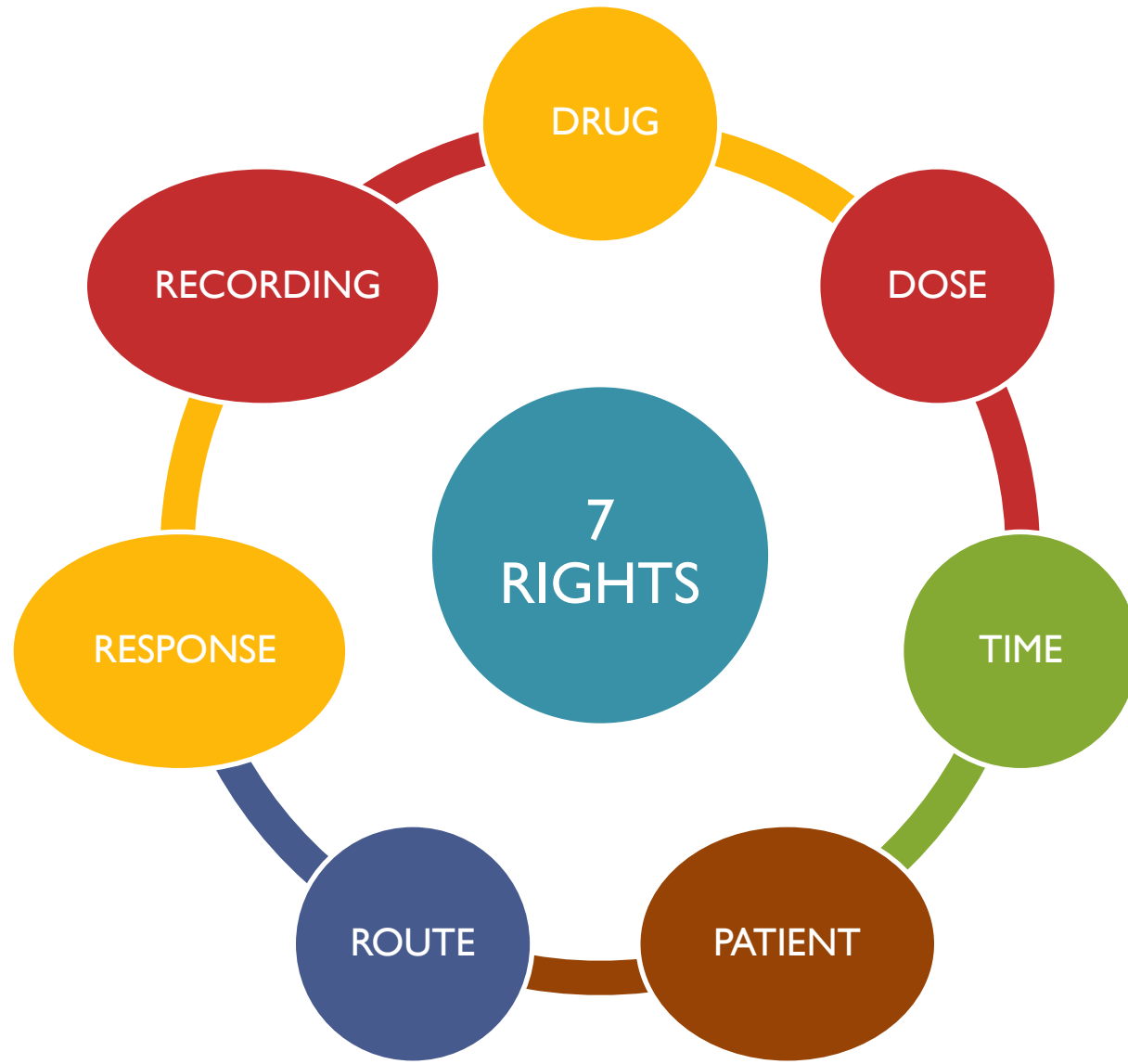




Drug Administration

PRINCIPLES OF ADMINISTERING THE DRUGS





RIGHT PATIENT

- Check the name on the order and the patient.
- Use 2 identifiers.
- Ask patient to identify himself/herself.
- When available, use technology (for example, bar-code system).



RIGHT DRUG

- Check the medication label.
- Check the order of administration
- Check if the drug is viable and doesn't contain precepsitations

RIGHT DOSE

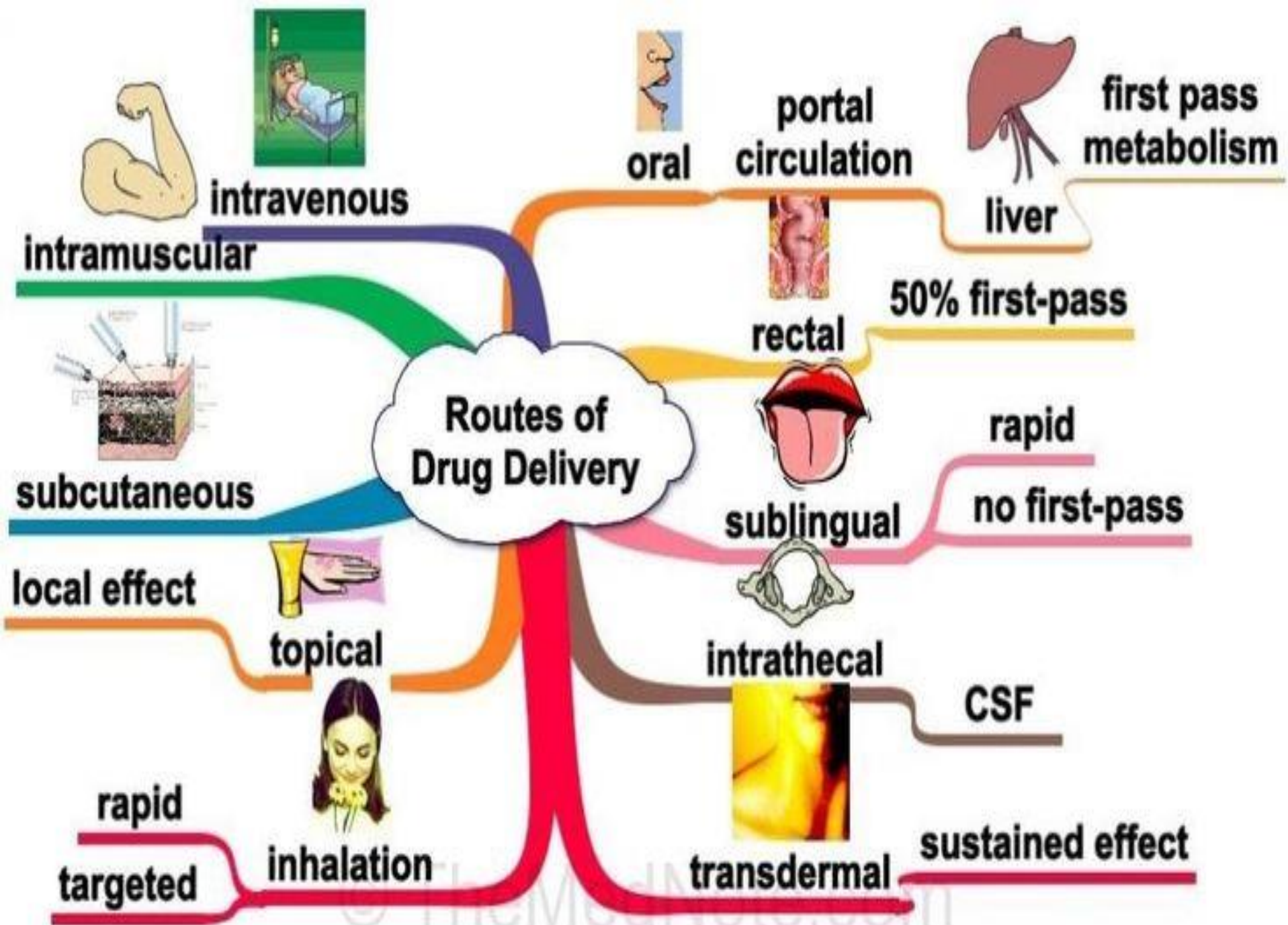
- The dose should indicate the doctor
- Check the order.
- Confirm appropriateness of the dose using a current drug reference.
- If necessary, calculate the dose and have another nurse calculate the dose as well.

RIGHT TIME

- Check the frequency of the ordered medication.
- Double-check that you are giving the ordered dose at the correct time.
- Confirm when the last dose was given.

RIGHT ROUTE

- Again, check the order and appropriateness of the route ordered.
- Confirm that the patient can take or receive the medication by the ordered route.



Drugs are introduced into the body by several routes.

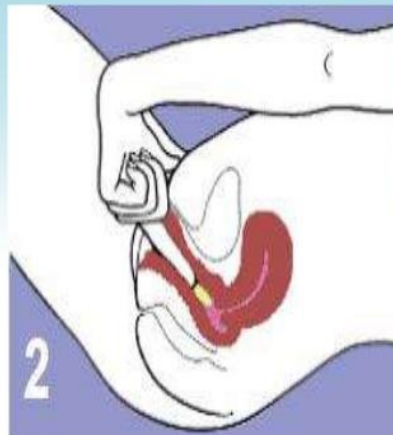
- Taken by mouth (orally)- tablets or suspensions
- Placed under the tongue (sublingually) for rapid action




- Inserted in the rectum (rectally) or vagina (vaginally)-suppositorium



Intra Vaginal



- 
- Placed in the eye (by the ocular route) or the ear (by the otic route) for topic administration
 - Sprayed into the nose and absorbed through the nasal membranes (nasally)
 - Breathed into the lungs, usually through the mouth (by inhalation) or mouth and nose (by nebulization)
 - Applied to the skin (cutaneously) for a local (topical) or bodywide (systemic) effect
 - Delivered through the skin by a patch (transdermally) for a systemic effect
 - Each route has specific purposes, advantages, and disadvantages.

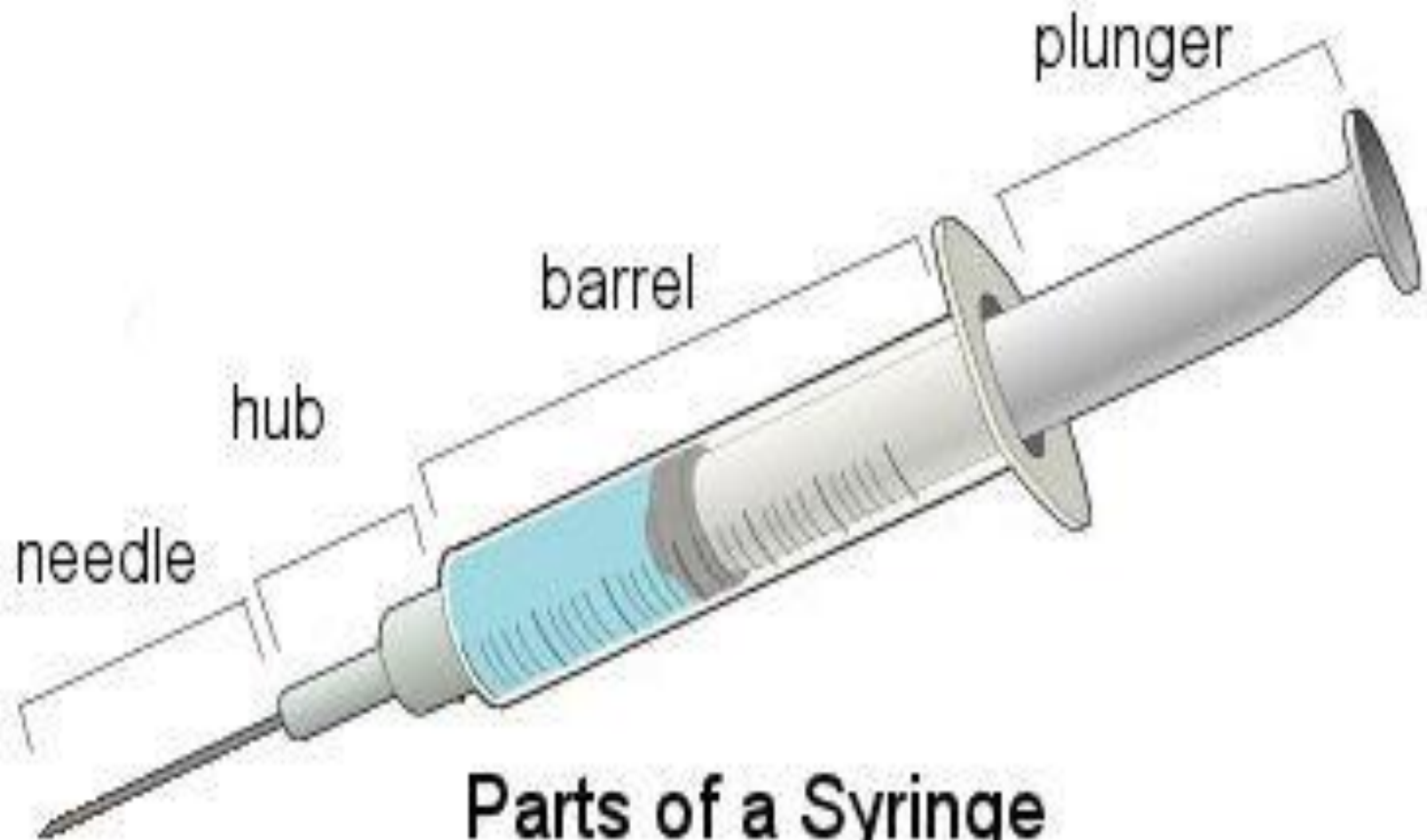
Definition of injections

- An **injection** (often referred to as a "shot" in US English, or a "jab" in UK English) is an infusion method of putting fluid into the body, usually with a syringe
- The **World Health Organization** (WHO) defines a safe injection to be one
 - that does not harm the recipient,
 - does not harm the health care worker,
 - and does not harm the community

Eliminate unnecessary injections because injections may be dangerous

Injections can:

- • Spread hepatitis B virus, hepatitis C virus, HIV and other pathogens
- • Cause nerve and other tissue damage, which can lead to paralysis
- • Cause abscesses and injuries

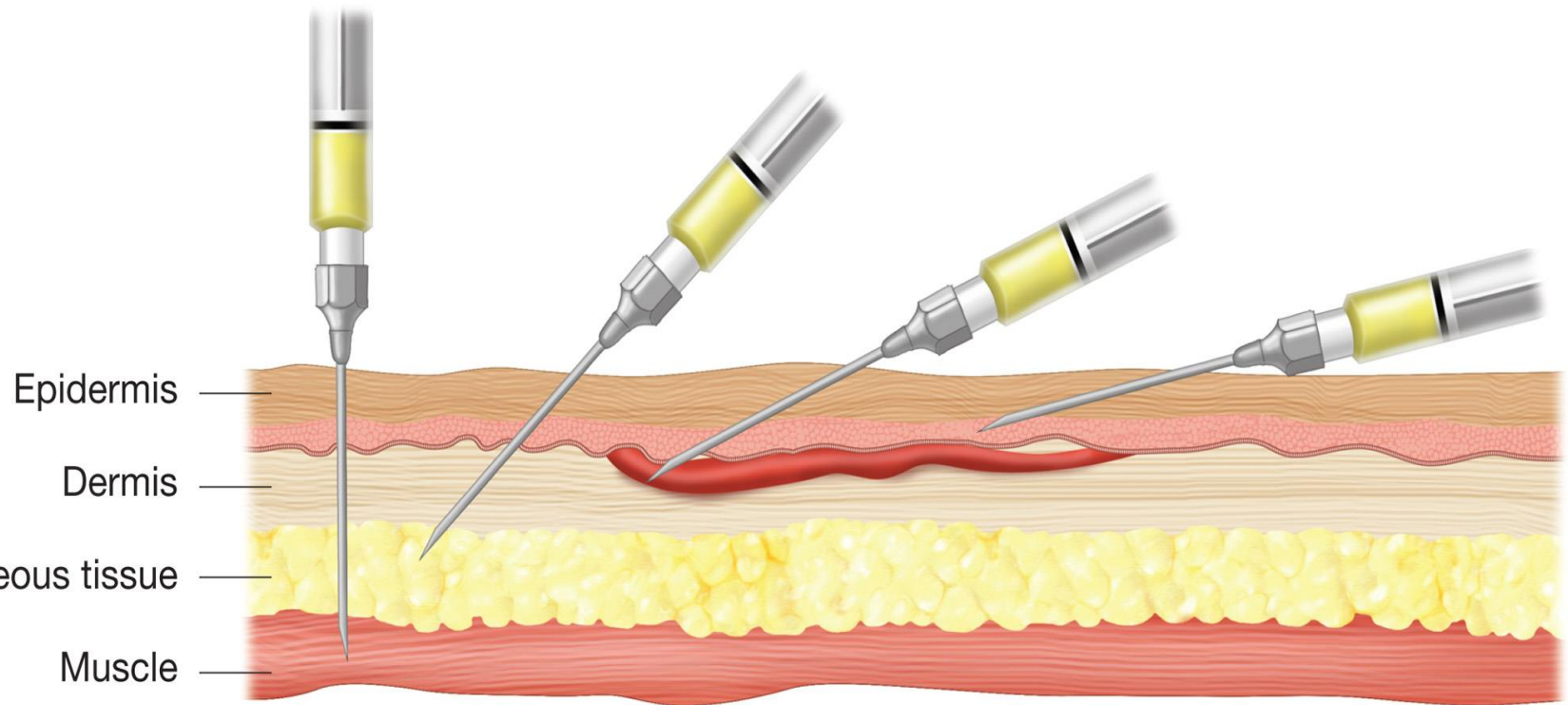


Intramuscular

Subcutaneous

Intravenous

Intradermal



Subcutaneous tissue

Muscle



Intramuscular



Subcutaneous



Intravenous



Intradermal

IMUSCULAR INJECTION

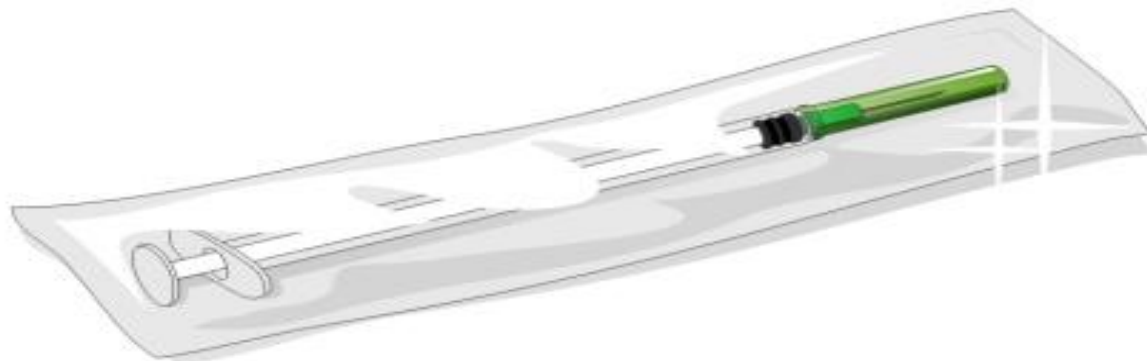
- There are a some standard rules to follow on how to give an IM injection despite the location of the injection site. These are:
- ✓ Always wash hands with soap and dry thoroughly
- ✓ Always prepare the needle and injection dose appropriately
- ✓ Always clean the injection site with an alcohol swab or similar

Use a sterile syringe and sterile needle for every injection

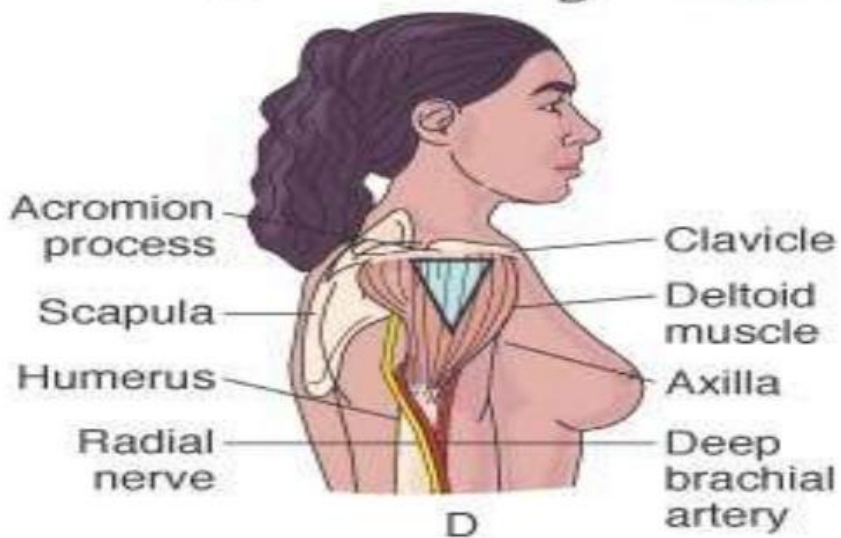
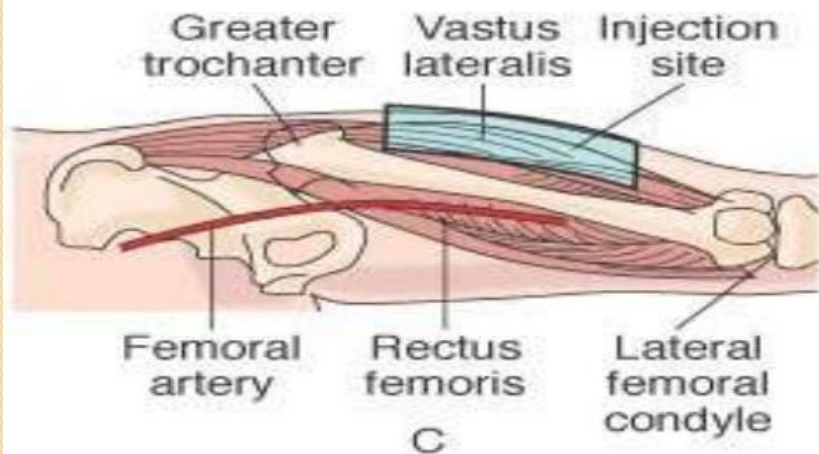
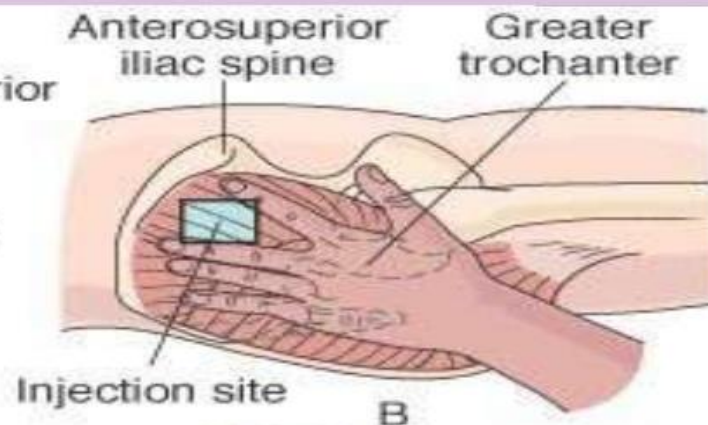
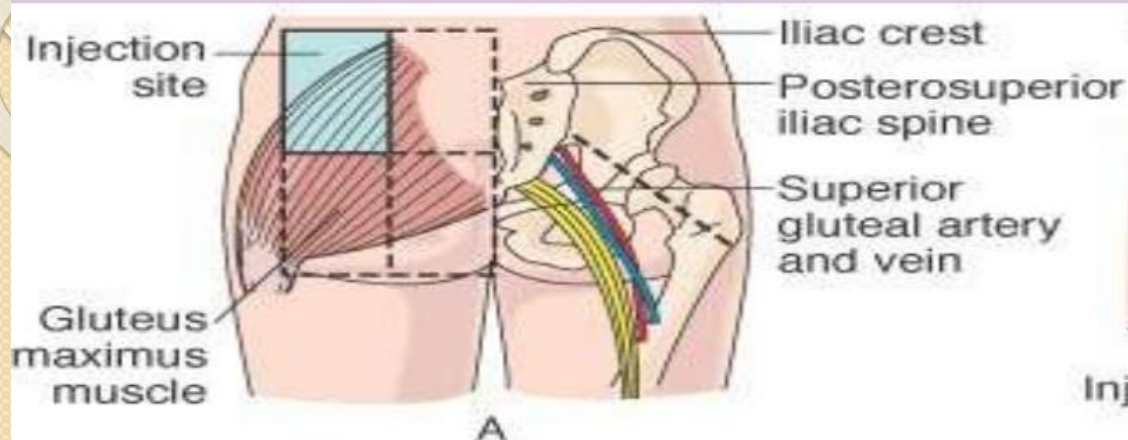
- Open the package in front of patients to reassure them that the syringe and needle have not been used before

2

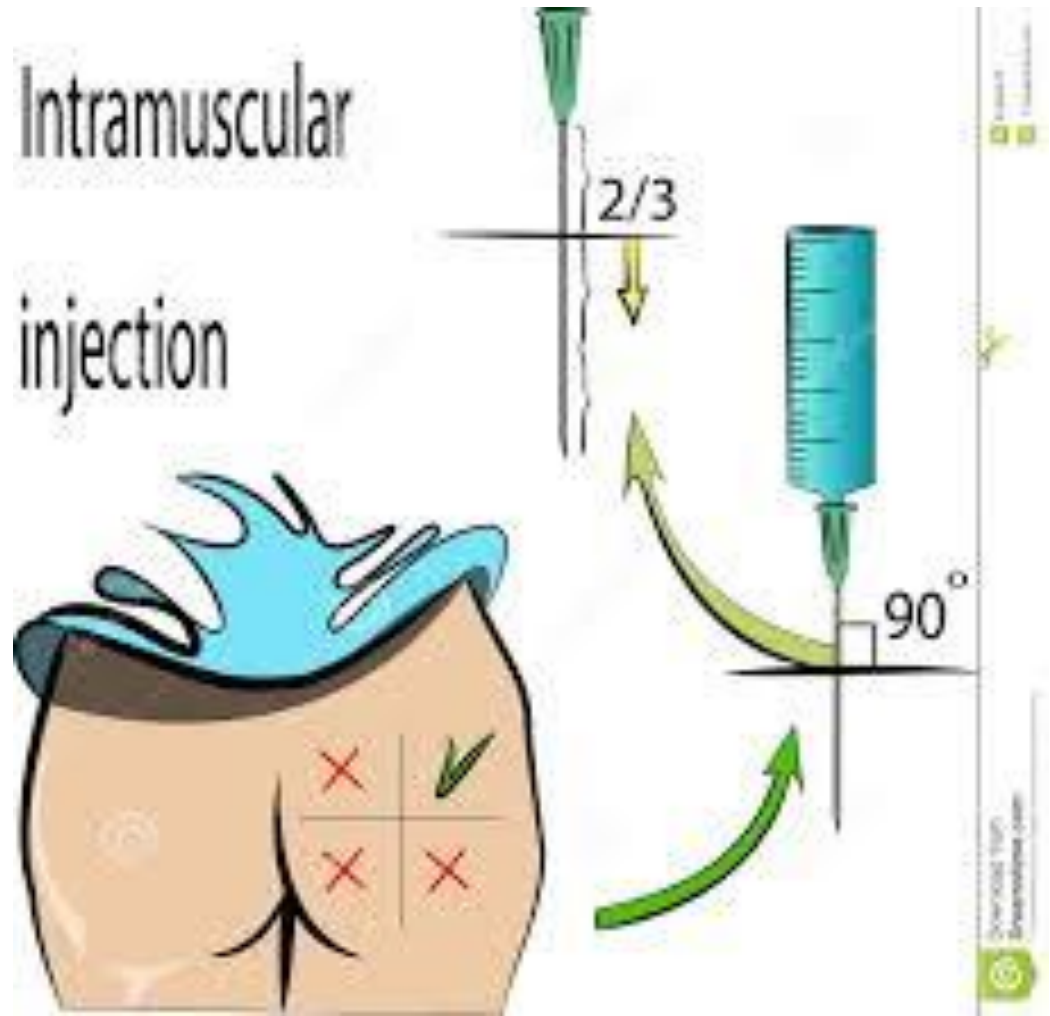
Check the package containing the syringe.
If open or damaged, discard and choose another.



INTRAMUSCULAR INJECTION SITES



- ✓ Always ensure the intramuscular injection angle is at a 90 degree angle
- ✓ If blood appears: remove and dispose of the needle, prepare and apply new shot
- ✓ Inject, not push, the needle and medication slowly



After use, immediately put syringes and needles in a puncture-proof sharps container

- Keep a safety box where the injections are given
- Do not store used sharps in an open container where they can be reused or cause needle-sticks when dumped



Intravenous continuous infusion



D. Injection Port

A. Drip Chamber



D. Injection Port



B. Roller Clamp



C. Slide Clamp

- **1. The administration set**
- **2. IV bag or solution for infusion**
- **3. the tripod**
- **drip chamber** -we measure the speed of a manual IV setup; we look at this chamber and count the number of drops we see per minute. The drip chamber must always be half full.
- **roller clamp** we use to control the rate at which the IV fluid infuses. Every IV medication will be ordered to infuse at a specific rate
- **injection port** is a place where medicine or fluids other than those in the current IV bag

STEPS

- Take the solution for infusion.
- Remove the lid from the solution and process with alcohol(the entrance of the infusion)
- Open and straighten system on a steril table
- Close the roller clamp
- Insert the needle in the bag or bottle
- Put the bottle or bag In the tripod
- Open the air dop to corelate the level in the drip chamber
- Open the roller clamp and remove the air from the administration set

RISCS OF INJECTIONS

- infection at site of injection
- skin irritation at site of injection
- tingling and/or numbness
- allergy reactions
- bleeding
- nerve or blood vessel damage
- pain at site of injection

RIGHT DOCUMENTATION

- Document administration AFTER giving the ordered medication.
- Chart the time, route, and any other specific information as necessary. For example, the site of an injection or any laboratory value or vital sign that needed to be checked before giving the drug.

RIGHT RESPONSE

- Make sure that the drug led to the desired effect. If an antihypertensive was given, has his/her blood pressure improved? Does the patient verbalize improvement in depression while on an antidepressant?
- Be sure to document your monitoring of the patient and any other nursing interventions that are applicable.

Medical diets

- **The full list of therapeutic diets by Pevsner**
- Diet I is indicated during recovery for patients with ulcer disease, acute gastritis, gastritis with high or normal acidity.
- Diet 1A: acute ulcer disease, acute gastritis;
- Diet 1B is indicated for patients with chronic ulcer disease, chronic gastritis in the stage of remission.
- Diet 2: is indicated during recovery for patients with chronic gastritis with secretory insufficiency; colitis, enteritis.
- Diet 3: chronic diseases of intestines, accompanied by constipation.

Medical diets

- Diet 4: intestinal diseases, accompanied by severe diarrhea
- Diet 4A : colitis, fermentation insufficiency
- Diet 4B: diseases of gastrointestinal tract in the stage of recovery
- Diet 5: cholecystitis in stage of recovery, chronic hepatitis in remission, liver cirrhosis;
- Diet 5a: acute cholecystitis, acute hepatitis, acute cholelithiasis, liver cirrhosis;
- Diet 5P: chronic pancreatitis;
- Diet 6: urolithiasis, gout;

Medical diets

- Diet 7: chronic and acute nephritis, renal failure;
- Diet 7a: acute glomerulonephritis; acute renal failure;
- Diet 7b: is indicated after a diet 7a; used in treatment of glomerulonephritis, chronic nephritis;
- Diet 7V: chronic kidney disease, nephrotic syndrome;
- Diet 8: treatment of obesity;
- Diet 9: diabetes;

Medical diets

- Diet 10: cardiovascular diseases; myocardial infarction, CHF (congestive heart failure);
- Diet 10C: atherosclerosis; arterial hypertension;
- Diet 11: tuberculosis; exhaustion after infectious diseases, surgery, injuries;
- Diet 12: diseases of the nervous system;
- Diet 13: acute infectious diseases;
- Diet 14: phosphaturia; problems with metabolism;
- Diet 15: can be used in various diseases that do not require special treatment.