Medication Administration

MEDICATION

BEFORE YOU GIVE

- ✓ Confirm orders; check dosage and expiration date
- ✓ Check drug for cloudiness or particulates
- ✓ Right Dose, Right Route, Right Med, Right Patient
- ✓ Right Time, Right Reason
- ✓ Any patient receiving narcotics/sedation must be monitored by capnography

IV PUSH / IV DRIP / IO INFUSION

- IV Push: rapid bolus; slow IVP titrated to effect or over 2 min
- IV Drip: lower primary infusion below secondary line
- IV Drip: open primary tubing and close secondary
- IO: after 2 IV attempts, or critical need for access
- IO: hemodynamically unstable, extreme respiratory compromise, full cardiac arrest
- IO: humeral head preferred

IM / SC

- IM: 21–25g needle, 3/4"–1" length; 90 degrees, aspirate and inject
- IM: max deltoid 1 mL; max glute 10 mL
- SC: 1 mL TB syringe, 25g 5/8" needle
- SC: 45 degrees into a fold of skin that can be drawn up

INHALATION / TRANSDERMAL / IN

- Inhalation: albuterol, DuoNeb, magnesium sulfate, Decadron (Decadron preferred IV)
- Inhalation: placed in nebulizer at 6–8 LPM, continuous or intermittent, to mist medication
- Transdermal: nitro paste — wipe skin clean, squeeze onto paper and place
- Transdermal sites: chest, belly, shoulder, upper arm
- IN: no IV access — narcotic (fentanyl), benzo (Versed), Narcan
- IN: quick depress plunger to mist medication

Take Home Message:

Check the order, dose, expiration, and the drug itself — then give it by the right route, for the right reason.