Medications: Non-Oral Administration
Answer Sheet

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Segment 1 - Ointments and Creams

List 2 checks you must do before apply skin applications?
  • Check Care Plan and/or
  • Doctors’ orders

Before you apply skin applications you must do 2 things
  • Check the expiry date and label

When you are applying the skin application you must ensure it is massaged into the skin till it almost disappears

What does warm skin do? Absorb the cream of lotion quicker

After you have applied the skin application what must you do? Remove gloves and wash your hands then sign that the application has been applied

Where else must you record skin applications? If not applied for any reason

List 2 things you must never do with ointments, creams or lotions?
  • Never share them
  • Never leave in residents room

What must you always use to get cream out of jars? Spatula
Segment 2 - Eye, Ear, Nasal drops and Sprays and Ear Drops

Eye drops or Ointments
What must you check before instilling eye drops or ointments?

- Medication notes
- Medication label for instruction
- Expiry or use by date

Describe the process of instilling eye drops or ointments

- Wash your hands
- Lie the person flat
- Gently pull down eyelid
- Instil one drop as prescribed or gently squeeze eye ointment along the bottom of the eyelid

What must you ask the person to do after the drop or ointment has been instilled

- Avoid blinking

How long must you wait before instilling a second drop if 2 are prescribed? 5 mins

After the drop has been instilled or ointment applied list what you do

- Keep eye closed
- Apply gentle pressure on tear duct to prevent loss of medication
- Replace dropper or cap to bottle and secure
- Keep eye closed
- Apply gentle pressure on tear duct to prevent loss of medication
- Replace dropper or cap to bottle and secure
- Wipe away tears, excess solution or ointment
- Wash your hands
- Make sure the person is comfortable

Eye drops or ointments must never

- Be used past use by date of opening
- Be shared between people
- Be left in residents rooms
- Let the dropper, bottle or tube touch the eye
- Wash or wipe the dropper before placing back in bottle or replacing cap

How must you store eye drops or ointments?

- As instructed – fridge or at room temperature

Nasal Drops or Sprays
Before you instil nasal drops or sprays you must first check?

- Check for instructions on medicine chart
- Check the expiry date on bottle

Before you start the procedure you must always wash your hands
What are the two instructions you must give to the person before instilling drops or sprays?
  • Gently blow their nose
  • Tilt head back for drops or forward for sprays

What must you do to ensure the spray or drops only go up one nostril?
Press gently on sotril the spray is not going into

What must you do to the bottle or canister before you spray or put the drops into the nostril?  **Shake it**

After the spray or drops have been instilled, what must you ask the person to do?
  • Sniff gently

List the 4 things you must do after instilling nose drops or sprays
  • Recap drops or spray
  • Return bottles or spray to trolley or cupboard
  • Sign in Medication Record
  • Record reason for refusal or not given

**Ear Drops**

Before instilling ear drops you must do what first?
  • Read the instructions
  • Get drops from medication trolley or cupboard
  • Wash your hands

How should you warm the drops to get them to body temperature?
  • Warm bottle in hand

To instil the ear drops you the person must **turn head to one side**

What must you do to the ear lobe and why? **Gently grasp the ear lobe and put it upward and back to straighten the ear canal**

What are the 3 things you do when instilling the ear drops?
  • Administer the required number of drops
  • Avoid contaminating the ear dropper by letting it touch the side of the ear
  • Keep ear tilted upwards for 5 to 10 seconds while continuing to hold the ear lobe

What do you do if there is any seepage from the ear?
  • Put a small amount of cotton wool gently into the ear canal
After instilling the drops what are the 4 things you need to do?

- Wash your hands
- Return bottle to medicine trolley or cupboard
- Sign as being given
- Record in notes if resident refused or if not given for any reason

**Segment 3 - Spacers and Inhalers**

**Using spacers and inhalers**

What is the other name for inhalers? **Puffers**

What do inhalers and spacers do? **Deliver medicine directly to the lungs**

What are the two types of inhalers called?

- Relievers
- Preventers

What do Metre Dose Inhalers do?

- When canister is pushed down a measured dose enters the lung

What does the medicine come in?

- Canisters
- Dry powder

Spacer are used because they **deliver 50% more medicine** into the lungs

Why are spacers used?

- Because it is easier to use and coordinate them

Who use them most?

- Children and older people

What must you do before you first use and inhaler and every 4 weeks after that?

- Prime them

List how you do this?

- Shake inhaler for 5 seconds
- Hold canister away from your face
- Press down the canister with the index finger to release the medication
- Press 3 times more

Before you use a Metered Dose Inhaler (MDI) list what you do?
• Check medication chart
• Wash your hands
• Explain to the person what you are about to do
• Ensure the person is upright in a standing or sitting position
• Remove cap from the mouth piece
• Read the label and follow the instructions

List what you do when using an inhaler with a spacer device?

1. Shake inhaler well
2. Insert the MDI device into the spacer device
3. Ask person to place lips over mouth piece of spacer ensuring there is a good seal around the mouth piece
4. Fire the canister once into the spacer device
5. Instruct the person to breath in and out normally 4-5 times
6. Remove the spacer device from the persons mouth

If a second puff is required, how long must you wait **30 seconds**

What are the steps when giving a MDI without a spacer?

1. Explain to the patient what you are about to do
2. Ensure the person is upright is a standing or sitting position
3. Remove cap from the mouth piece
4. Shake inhaler well
5. Ask the person to take a few deep breaths and then breathe out completely
6. Insert the inhaler into the person’s mouth ensuring the person’s lips form a good seal around the mouth piece
7. Instruct the person to start breathing in slowly and deeply
8. Press the canister once to release the medication after they have started to breathe in
9. Ensure the person continues to breath in as deeply as possible and then to hold their breath for 5-10 seconds
10. If a second puff is required, wait 30 seconds before repeating steps 1-8

How would you clean an inhaler?

• Remove the canister insert,
• Wash the mouth piece and dry thoroughly
• Replace canister into inhaler

How often would you prime a spacer? **Every 4 weeks**

How do you prime a spacer?

• Wash in warm soapy water with washing up liquid
• Then allow to air dry

List what you must never do with a spacer?
Never wipe the inside or rinse the spacer
Never put in a dishwasher

List the 5 important notes about using spacers and inhalers?

• Never share a spacer
• Never share inhalers
• Make sure you sign when inhalers have been given
• Always report anything different or unusual with the person or if they refuse the inhaler
• The spacer must be replaced every 6 months to 1 year

Segment 4 - Transdermal Patches
What are transdermal patches?

• Medicated adhesive patch
• Delivers medication through the skin
• Allows continuous prolonged delivery of a drug

List 3 examples of medicines that are given in transdermal patches?

• Nitroglycerin
• Nicotine
• Analgesics

List 10 precautions you must take when applying or using transdermal patches (Any 10 of these)

• Never apply to the same area twice
• If for some reason a day has been missed, do not use two patches on the next day
• If at risk of being removed by the patient, put on an area they cannot get to
• Apply to a hairless part of the body
• Do not apply to skin that has a rash, is broken or scarred
• Do not remove the patch from the sticky pouch until you are ready to use it
• Do not let your skin touch the medication on the patch
• If the patch get torn for any reason, do not apply it
• Apply to flat area of skin, commonly upper arm, chest wall or upper back
• Never leave a patch on longer than prescribed
• After applying the patch wash your hands with clear water, no soap or other cleansers, to remove any medication that may be on your hands
• Do not apply to skin that is oily
• Do not use soaps, other cleansers, lotions or anything that contains oil or alcohol on the area the patch is to be applied
• If the patch become loose, picture frame it with tape
• Always check manufacturer’s instructions

Explain how you would apply a transdermal patch?

• Read the instructions on the medication chart and the box the patch comes in
• Wash your hands
• Explain to the person what you are going to do
• Make sure the skin is clean
• Apply the patch
• Press down with your hand to ensure it has stuck
• Sign the medication chart that it has been applied
• Record in the notes any observations or any reason the patch was not applied and advise the Registered Nurse

Segment 5 - Suppositories, Enema's and Pessaries
What are suppositories or enemas used for?
• Constipation
• Pain relief

Explain the process of giving an enema or suppository?
• Check medication chart or Care Plan for instructions
• Get suppository from cupboard
• Prepare resident in their room
• Explain to the person what you are going to do and why
• Get the person to lie on their left side
• Cover them and maintain their dignity only exposing their buttocks
• Wash hands and put on gloves
• Insert the suppository as high as possible in the rectum, making sure that it touches the rectal wall
• Instruct the person to hold the suppository in for 20 minutes if possible
• Remove gloves and wash your hands

What you must ensure before you leave a person after inserting the enema or suppository?
• Make sure there is a protective sheet under the persons buttocks
• Ensure the person is comfortable and have a commode handy

How long can you leave a person for after inserting an enema or suppository to get bowels to move? 15 mins

If suppository is very soft, what can you do to make it easier to insert?
• Place in fridge for a short while

What must you always use when inserting an enema or suppository? Lubricating gel

When inserting an enema or suppository what must you make sure you do and why?
• The suppository touches the wall of the rectum as it will not work if placed into faeces

Pessaries
Where are pessaries inserted into? Vagina
List two reasons a pessary may be used

- As a medicine for condition like candida
- A device to treat a prolapsed cervix

**Segment 6 - Insulin**

Insulin is packed in 4 different vials or cartridges. What are they?

- Short acting
- Medium acting
- Long acting
- Combination of the above

Where is insulin always given in the body?

- Subcutaneous fat

Why is it never given into the muscle?

- Because it will be absorbed too quickly/it is painful

Where must you store spare cartridges and vials?

- In the fridge

Where do you store cartridges or vials that are in current use and why?

- Stored at room temperature because it is more comfortable for the person and easier to get rid of bubbles

When must the blood sugar level be done for person receiving insulin?

- Before giving insulin

Insulin is given how long before a meal? **30 mins**

What must you check before giving the insulin? **Medication chart**

What are you looking for? **Amount of insulin to be given**

Once you have all the equipment in the room with the person what are the steps to administer the insulin?

- Take all the equipment and the chart to the person
- Wash your hands before you take the blood sugar measurement
- Wash the persons hands
- Check the expiry date of Insulin with another person
- Invert the Insulin vial and roll it in your hands about 10 times to mix the short and long acting Insulin
• Draw up or dial the required Insulin and get it checked by the second person
• Get the second person to check you have the correct amount against the medication order
• Choose the site it is to be given in
• Pinch the skin and fatty tissue and insert the needle into the subcutaneous fat at 90° angle
• Push down on button
• Leave the needle in for about 5 seconds before removing it
• Sign it has been given and record the site used
• Return the equipment to storage area
• Report any observations to the Registered Nurse
• Follow Policies and Procedures

Why is it important to roll the vial in your hands 10 times before drawing up the insulin?
• To make sure the long acting and short insulin is mixed

List the precautions you must take when giving or using insulin?
• Avoid needle stick injuries
• Pen needles can be used for up to a week
• Always keep pens in the protective pouch

What must you always do after you have taken a blood sugar level?
• Record the blood sugar level

You must never give insulin if the blood sugar level is below 4 and what should you do?
• Contact registered nurse or doctor for instructions

List the sights insulin can be given into
• Thighs of legs
• Upper arms
• Buttocks
• Abdomen

What can happen if you do not rotate sites?
• Lipoatrophy
• Lipohypertrophy

What else can happen when giving insulin?
• Generalized skin rash

List 6 important things you should know when giving insulin (Any six of these)
• Always apply infection control principles
• Get client to give the Insulin themselves if possible
• If you have to give the Insulin, make sure you are trained to give it
• If a client is not eating, don’t give Insulin – report to RN or Doctor
• Insulin without food could kill the person
• Check blood sugar measurement before you give insulin
• If below 4 withhold Insulin and get instructions from Registered Nurse or Doctor
• Food must be eaten within 30 mins of Insulin administration
• If in doubt, ask