

CHAPTER 26 ADMINISTRATION OF MEDICATION AND INTRAVENOUS THERAPY

CHAPTER 26: ADMINISTRATION OF MEDICATION AND INTRAVENOUS THERAPY

THE ADMINISTRATION OF MEDICATION AND INTRAVENOUS (IV) THERAPY IS A CRITICAL ASPECT OF PATIENT CARE IN BOTH HOSPITAL AND OUTPATIENT SETTINGS. THIS CHAPTER DELVES INTO THE PRINCIPLES, TECHNIQUES, AND BEST PRACTICES ASSOCIATED WITH MEDICATION ADMINISTRATION, FOCUSING ON IV THERAPY, WHICH IS OFTEN USED FOR RAPID DELIVERY OF MEDICATIONS AND FLUIDS. UNDERSTANDING THE COMPLEXITIES OF THIS PROCESS IS ESSENTIAL FOR HEALTHCARE PROFESSIONALS TO ENSURE PATIENT SAFETY, EFFICACY OF TREATMENT, AND ADHERENCE TO CLINICAL PROTOCOLS.

UNDERSTANDING MEDICATION ADMINISTRATION

MEDICATION ADMINISTRATION INVOLVES THE ACCURATE DELIVERY OF PHARMACEUTICALS TO PATIENTS, WHICH CAN BE DONE THROUGH VARIOUS ROUTES, INCLUDING ORAL, TOPICAL, INTRAMUSCULAR, SUBCUTANEOUS, AND INTRAVENOUS. EACH METHOD HAS ITS INDICATIONS, ADVANTAGES, AND DISADVANTAGES.

ROUTES OF MEDICATION ADMINISTRATION

1. ORAL: THIS IS THE MOST COMMON ROUTE, INVOLVING PILLS, CAPSULES, OR LIQUIDS SWALLOWED BY THE PATIENT. IT IS CONVENIENT BUT CAN BE AFFECTED BY GASTROINTESTINAL ABSORPTION ISSUES.
2. TOPICAL: MEDICATIONS APPLIED DIRECTLY TO THE SKIN OR MUCOUS MEMBRANES, SUCH AS CREAMS OR PATCHES. THIS ROUTE PROVIDES LOCALIZED EFFECTS AND MINIMIZES SYSTEMIC SIDE EFFECTS.
3. INTRAMUSCULAR: INVOLVES INJECTING MEDICATION INTO A MUSCLE, ALLOWING FOR FASTER ABSORPTION THAN ORAL ROUTES BUT MAY CAUSE DISCOMFORT.
4. SUBCUTANEOUS: MEDICATIONS ARE INJECTED INTO THE LAYER OF FAT BENEATH THE SKIN, PROVIDING A SLOWER ABSORPTION RATE, OFTEN USED FOR INSULIN OR ANTICOAGULANTS.
5. INTRAVENOUS: DIRECTLY DELIVERS MEDICATION INTO THE BLOODSTREAM, ALLOWING FOR IMMEDIATE EFFECT. THIS ROUTE IS CRUCIAL IN EMERGENCY SITUATIONS OR WHEN PATIENTS CANNOT TAKE ORAL MEDICATIONS.

KEY PRINCIPLES OF MEDICATION ADMINISTRATION

- RIGHT PATIENT: ALWAYS VERIFY THE IDENTITY OF THE PATIENT USING TWO IDENTIFIERS.
- RIGHT MEDICATION: ENSURE THAT THE MEDICATION MATCHES THE PRESCRIPTION.
- RIGHT DOSE: CONFIRM THAT THE DOSAGE IS APPROPRIATE FOR THE PATIENT'S AGE, WEIGHT, AND CLINICAL CONDITION.
- RIGHT ROUTE: ADMINISTER THE MEDICATION VIA THE CORRECT ROUTE AS PRESCRIBED.
- RIGHT TIME: ADMINISTER MEDICATIONS AT THE CORRECT TIME TO MAINTAIN THERAPEUTIC LEVELS.
- RIGHT DOCUMENTATION: RECORD ALL ADMINISTRATIONS IN THE PATIENT'S MEDICAL RECORDS ACCURATELY.

INTRAVENOUS THERAPY: AN OVERVIEW

INTRAVENOUS THERAPY IS A METHOD OF DELIVERING FLUIDS, ELECTROLYTES, MEDICATIONS, AND NUTRIENTS DIRECTLY INTO THE BLOODSTREAM. THIS TECHNIQUE IS ESSENTIAL FOR PATIENTS WHO REQUIRE RAPID TREATMENT FOR DEHYDRATION, SHOCK, OR MEDICATION ADMINISTRATION.

INDICATIONS FOR IV THERAPY

- FLUID REPLACEMENT: NECESSARY FOR PATIENTS EXPERIENCING DEHYDRATION OR FLUID LOSS DUE TO VOMITING, DIARRHEA, OR SURGICAL PROCEDURES.
- MEDICATION ADMINISTRATION: CERTAIN MEDICATIONS NEED TO BE GIVEN RAPIDLY OR ARE IRRITANTS TO TISSUES WHEN INJECTED VIA OTHER ROUTES.
- NUTRITIONAL SUPPORT: PATIENTS UNABLE TO CONSUME FOOD ORALLY MAY REQUIRE TOTAL PARENTERAL NUTRITION (TPN) THROUGH IV.
- BLOOD PRODUCTS: BLOOD TRANSFUSIONS ARE ADMINISTERED INTRAVENOUSLY TO TREAT ANEMIA OR SIGNIFICANT BLOOD LOSS.

IV EQUIPMENT AND SETUP

PROPER EQUIPMENT AND SETUP ARE VITAL FOR THE SAFE ADMINISTRATION OF IV THERAPY. THE FOLLOWING ITEMS ARE TYPICALLY REQUIRED:

1. IV CATHETER: A THIN, FLEXIBLE TUBE INSERTED INTO A VEIN.
2. IV FLUIDS: SOLUTIONS SUCH AS NORMAL SALINE, LACTATED RINGER'S, OR DEXTROSE SOLUTIONS.
3. IV PUMP OR GRAVITY SET: FOR REGULATING THE FLOW RATE OF THE IV FLUIDS.
4. BURETTE OR DRIP CHAMBER: TO MEASURE FLUID VOLUME ACCURATELY.
5. ADHESIVE TAPE OR SECUREMENT DEVICES: FOR SECURING THE CATHETER IN PLACE.
6. ALCOHOL SWABS: FOR DISINFECTING THE INSERTION SITE AND EQUIPMENT.

IV ADMINISTRATION TECHNIQUES

ADMINISTERING INTRAVENOUS THERAPY INVOLVES SEVERAL STEPS AND TECHNIQUES TO ENSURE SAFETY AND EFFECTIVENESS.

PREPARING FOR IV THERAPY

1. GATHER SUPPLIES: ENSURE ALL NECESSARY EQUIPMENT IS AVAILABLE BEFORE BEGINNING THE PROCEDURE.
2. HAND HYGIENE: PERFORM THOROUGH HAND WASHING AND WEAR GLOVES.
3. PATIENT POSITIONING: HAVE THE PATIENT IN A COMFORTABLE POSITION, TYPICALLY RECLINING OR SITTING WITH THE ARM EXTENDED.
4. SITE SELECTION: CHOOSE AN APPROPRIATE VEIN, OFTEN IN THE FOREARM OR HAND, AVOIDING AREAS OF INFLAMMATION OR SCARRING.

INSERTION OF IV CATHETER

1. CLEAN THE SITE: USE AN ANTISEPTIC SWAB TO CLEANSE THE INSERTION AREA.
2. INSERT THE CATHETER: ANGLE THE CATHETER APPROPRIATELY AND INSERT IT INTO THE VEIN.
3. CONFIRM PLACEMENT: CHECK FOR BLOOD RETURN IN THE CATHETER TO ENSURE PROPER PLACEMENT.
4. SECURE THE CATHETER: USE ADHESIVE TAPE OR SECUREMENT DEVICES TO KEEP THE CATHETER IN PLACE.

INFUSION OF FLUIDS AND MEDICATIONS

1. CONNECT THE IV BAG: HANG THE IV BAG ON AN IV POLE AND CONNECT IT TO THE CATHETER.
2. ADJUST FLOW RATE: USE AN IV PUMP OR GRAVITY TO SET THE CORRECT FLOW RATE AS PRESCRIBED.
3. MONITOR THE INFUSION: OBSERVE THE INFUSION SITE FOR ANY SIGNS OF INFILTRATION, PHLEBITIS, OR ADVERSE REACTIONS.

COMPLICATIONS OF IV THERAPY

WHILE IV THERAPY IS GENERALLY SAFE, COMPLICATIONS CAN ARISE. AWARENESS AND PROMPT ACTION ARE ESSENTIAL FOR MINIMIZING RISKS.

COMMON COMPLICATIONS

1. INFILTRATION: OCCURS WHEN IV FLUID LEAKS INTO THE SURROUNDING TISSUE. SIGNS INCLUDE SWELLING AND DISCOMFORT.
2. PHLEBITIS: INFLAMMATION OF THE VEIN, WHICH CAN CAUSE REDNESS, WARMTH, AND TENDERNESS ALONG THE VEIN.
3. INFECTION: POTENTIAL FOR BACTERIAL INFECTION AT THE INSERTION SITE. SIGNS INCLUDE REDNESS, SWELLING, AND FEVER.
4. AIR EMBOLISM: RARE BUT SERIOUS COMPLICATION THAT OCCURS IF AIR ENTERS THE BLOODSTREAM, LEADING TO SEVERE CONSEQUENCES.

BEST PRACTICES FOR SAFE MEDICATION AND IV ADMINISTRATION

TO ENSURE THE SAFE AND EFFECTIVE ADMINISTRATION OF MEDICATIONS AND IV THERAPY, HEALTHCARE PROFESSIONALS SHOULD ADHERE TO THE FOLLOWING BEST PRACTICES:

1. CONTINUOUS EDUCATION: ENGAGE IN ONGOING TRAINING AND UPDATES ON THE LATEST PRACTICES AND PROTOCOLS.
2. PATIENT EDUCATION: INFORM PATIENTS ABOUT THEIR MEDICATIONS, POTENTIAL SIDE EFFECTS, AND THE IMPORTANCE OF ADHERENCE TO THERAPY.
3. DOCUMENTATION: METICULOUSLY DOCUMENT ALL MEDICATION ADMINISTRATIONS AND IV THERAPY DETAILS IN THE PATIENT'S MEDICAL RECORD.
4. MULTIDISCIPLINARY COLLABORATION: WORK CLOSELY WITH PHARMACISTS, NURSES, AND PHYSICIANS TO ENSURE COMPREHENSIVE PATIENT CARE.

CONCLUSION

THE ADMINISTRATION OF MEDICATION AND INTRAVENOUS THERAPY IS A FUNDAMENTAL SKILL FOR HEALTHCARE PROFESSIONALS. MASTERING THE PRINCIPLES, TECHNIQUES, AND BEST PRACTICES ASSOCIATED WITH THESE PROCESSES IS VITAL FOR ENSURING PATIENT SAFETY AND ACHIEVING OPTIMAL THERAPEUTIC OUTCOMES. BY ADHERING TO ESTABLISHED PROTOCOLS AND CONTINUOUSLY IMPROVING THEIR SKILLS, HEALTHCARE PROVIDERS CAN SIGNIFICANTLY ENHANCE THE QUALITY OF CARE THEY DELIVER TO THEIR PATIENTS.

FREQUENTLY ASKED QUESTIONS

WHAT ARE THE KEY PRINCIPLES OF SAFE MEDICATION ADMINISTRATION COVERED IN CHAPTER 26?

KEY PRINCIPLES INCLUDE THE 'FIVE RIGHTS' OF MEDICATION ADMINISTRATION: RIGHT PATIENT, RIGHT MEDICATION, RIGHT DOSE, RIGHT ROUTE, AND RIGHT TIME, ALONG WITH PROPER DOCUMENTATION AND PATIENT EDUCATION.

HOW DOES CHAPTER 26 ADDRESS THE PREPARATION OF INTRAVENOUS THERAPY?

CHAPTER 26 DISCUSSES THE IMPORTANCE OF ASEPTIC TECHNIQUE, PROPER EQUIPMENT SELECTION, AND THE STEPS FOR PREPARING AND ADMINISTERING IV MEDICATIONS TO PREVENT COMPLICATIONS AND ENSURE PATIENT SAFETY.

WHAT ARE COMMON COMPLICATIONS ASSOCIATED WITH INTRAVENOUS THERAPY MENTIONED IN CHAPTER 26?

COMMON COMPLICATIONS INCLUDE PHLEBITIS, INFILTRATION, EXTRAVASATION, AND INFECTION, WHICH CAN ARISE FROM IMPROPER TECHNIQUE OR EQUIPMENT FAILURE.

WHAT ROLE DOES PATIENT ASSESSMENT PLAY IN MEDICATION ADMINISTRATION AS OUTLINED IN CHAPTER 26?

PATIENT ASSESSMENT IS CRUCIAL FOR IDENTIFYING ALLERGIES, UNDERSTANDING THE PATIENT'S MEDICAL HISTORY, EVALUATING THEIR CURRENT CONDITION, AND ENSURING THE APPROPRIATENESS OF THE MEDICATION AND DOSAGE.

WHAT DOCUMENTATION PRACTICES FOR MEDICATION ADMINISTRATION ARE EMPHASIZED IN CHAPTER 26?

CHAPTER 26 EMPHASIZES ACCURATE AND TIMELY DOCUMENTATION OF ALL MEDICATIONS ADMINISTERED, INCLUDING THE DRUG NAME, DOSE, ROUTE, TIME, AND ANY PATIENT REACTIONS OR SIDE EFFECTS FOR LEGAL AND SAFETY REASONS.

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