16.3: Checklist for Transdermal, Eye, Ear, Inhalation, and Vaginal Routes Medication Administration

Use the checklist below to review the steps for completion of “Transdermal, Eye, Ear, Inhalation, and Vaginal Routes for Medication Administration.”

Steps

Disclaimer: Always review and follow agency policy regarding this specific skill.

Follow Steps 1 through 12 in 15.4 “Checklist for Oral Medication Administration.”
13. A. Transdermal Patch:
   - Perform hand hygiene and apply clean gloves
   - Remove the old patch (if present).
   - Clean the skin with mild soap and water. Dry the area completely.
   - Assess the skin for any breaks or rashes. Do not use these areas.
   - Apply a new patch wearing gloves. Rotate application site based on manufacturer recommendations. Be careful not to touch the medication surface.
   - Press firmly to the patient’s skin for about ten seconds.
   - Date, time, and initial a piece of tape and place this next to the patch.
   - Perform hand hygiene.

B. Eye Drops:
   - Perform hand hygiene.
   - Clean the eyes from the inner canthus to the outer canthus using water or normal saline.
   - Tilt the patient’s head back or have them lying supine with their head on a pillow.
   - Remove the cap and keep inside sterile. Do not touch the dropper.
   - Pull the lower conjunctival sac open.
   - Squeeze the ordered drops into the conjunctival sac.
   - Apply gentle pressure over the inner canthus.
   - Repeat in the other eye if ordered.
   - Perform hand hygiene.

C. Ear Drops:
   - Perform hand hygiene.
   - Clean the external ear of debris.
   - Tilt the patient’s head so the affected ear is uppermost.
   - Remove the cap and keep inside sterile. Do not touch the dropper.
   - Straighten the auditory canal properly for the age of the patient:
     - Adult: Pinna pulled up and back
     - Child: Pinna pulled straight back
     - Infant and child under three: Pinna pulled back and down
   - Squeeze the bottle and allow drop(s) to fall on the side of the auditory canal.
   - Release the pinna and massage the tragus to help with movement of the drop into the canal.
   - Keep the patient in a lying position with the affected ear up for 5 minutes.
   - Repeat in the other ear if ordered.
   - Perform hand hygiene.

D. Nose Spray:
   - Perform hand hygiene.
   - Have the patient blow their nose.
   - Have the patient tilt their head back.
- Instruct the patient to inhale with administration if necessary.
- Close the opposite nare.
- Place a bottle or dropper in the affected nare.
- Squeeze the bottle or dropper and have the patient inhale.
- Keep the bottle or dropper compressed and remove from the nare.
- Instruct the patient to hold their breath for a few seconds and then breathe out through the mouth.
- Repeat in other nare if ordered.
- Clean tip of bottle with tissue or cloth.
- Perform hand hygiene.

E. Vaginal Cream or Suppository:

- Have the patient void prior to medication administration.
- Position the patient on their back with their knees flexed.
- Perform perineal care. Dispose gloves and perform hand hygiene.
- Put on new gloves.
- Fill the vaginal applicator with the correct dose and lubricate the applicator, OR open the suppository and lubricate dominant index finger and suppository.
- With the nondominant hand spread the labia.
- Insert the applicator completely OR insert the suppository along the posterior vaginal wall.
- Instruct the patient to remain in supine position for 5-10 minutes.
- Perform hand hygiene.

F. Metered-Dose Inhaler (MDI):

- Perform hand hygiene.
- Shake the inhaler.
- IF SPACER IS USED: Attach the inhaler opposite to the mouthpiece.
- Have the patient place the mouthpiece of the spacer into their mouth and grasp with teeth and seal lips around the mouthpiece.
- Push down on inhaler to release medication.
- Instruct the patient to inhale slowly and deeply through the mouthpiece of the spacer.
- IF NO SPACER USED: Patient should exhale out breath and hold the inhaler one to two inches from their mouth and inhale slowly and deeply as they push down on the inhaler to release the medication. The patient will then hold their breath for 5 to 10 seconds and release their breath through pursed lips. This can be repeated for a second puff after 1-5 minutes.
- Instruct the patient to rinse mouth after finishing with the inhaler.

G. Dry Powder Inhaler (DPI):

- Perform hand hygiene.
- Remove the mouthpiece cover and load the medication if necessary.
- Activate the inhaler per manufacturer directions.
- Have the patient exhale out slowly and completely.
- Instruct the patient to place the mouthpiece of the inhaler in their mouth and inhale deeply and forcefully for at least 2-3 seconds.
• Remind the patient to hold their breath for 10 seconds and then breath out through pursed lips.
• Instruct the patient rinse mouth after finishing with the inhaler.

14. Assist the patient to a comfortable position, ask if they have any questions, and thank them for their time.

15. Ensure safety measures when leaving the room:
   ◦ CALL LIGHT: Within reach
   ◦ BED: Low and locked (in lowest position and brakes on)
   ◦ SIDE RAILS: Secured
   ◦ TABLE: Within reach
   ◦ ROOM: Risk-free for falls (scan room and clear any obstacles)

16. Perform hand hygiene.

17. Document medication administration and related assessment findings. Report any concerns according to agency policy.