

Oral drug administration to a psychiatric patient

Introduction

Most drugs are administered orally because this route is usually the safest, most convenient, and least expensive method of administration. Oral drugs are available in many forms, including tablets, enteric-coated tablets, capsules, syrups, elixirs, oils, liquids, suspensions, powders, and granules. Some oral drugs require special preparation before administration. For example, oils, powders, and granules commonly need to be mixed with juice to make them more palatable.

In all health care settings, nurses must carefully monitor drug administration, making sure that the correct drug is given to the correct patient. In the psychiatric setting, the nurse must also consider the patient's psychiatric condition to avoid triggering certain behaviors and to ensure that the medication is properly administered. Additionally, the nurse must understand the patient's baseline physical and psychiatric functioning in order to assess the patient's response to the drug.

Equipment

- Prescribed medication
- Medication cup
- Optional: Appropriate vehicle (such as jelly or applesauce for crushed pills or juice, water, or milk for liquid medications), drinking straw, mortar and pestle for crushing pills, pill-cutting device for scored tablets

Implementation

1. Verify the order on the patient's medication record by checking it against the doctor's order.² Make sure you have a written order for every medication given. Verbal orders should be signed by the doctor within the specified time period. (Hospitals usually require a signature within 24 hours; long-term care facilities, within 48 hours.)
2. If applicable, verify signed consent for each medication has been obtained.
3. Perform hand hygiene.⁶
4. Check the label on the medication three times *to make sure you have the "right medication"*.³ Check when you take the container from the shelf or drawer, again before you pour the medication into the medication cup, and again before returning the container to the shelf or drawer. If you're administering a unit-dose medication, check the label for the final time at the patient's bedside immediately after pouring the medication and before discarding the wrapper.
5. Confirm the patient's identity using two patient identifiers according to your facility's policy.⁵

Nursing alert: Don't ask the patient his name *because he may give a false name*. Most psychiatric patients don't wear identification bracelets and are identified using a photograph.

- Assess the patient's condition, including level of consciousness and vital signs, as needed.
- Open up the medication in front of the patient and put it into a cup. *Patients who are paranoid tend to want to see that the pill has been packaged and that you haven't contaminated the pill. This procedure also helps with identifying the medication. If the patient sees the packaged pill and refuses to take it, you haven't opened the pill and there is no cost incurred for opening the package.*
- Give the patient the medication and an appropriate vehicle or liquid, as needed, *to aid swallowing, minimize adverse effects, or promote absorption.*
- Make sure the patient has swallowed the medication and hasn't put it in his cheek or kept it in his mouth. *Some psychiatric patients may try to hide the medication because they don't think they need it or they think it's poison.*
- Teach the patient the adverse effects of the drug and when he should contact the doctor.
- Monitor the patient for adverse reactions.⁴
- Document the procedure.⁷

Special Considerations

- Notify the doctor if a medication is withheld, unless parameters to hold the medication are already written.

Complications

Patients taking antipsychotic medications require monitoring for extrapyramidal symptoms. (See the "Extrapyramidal symptom assessment" procedure.)

Patient Teaching

Teach the patient taking antipsychotics to recognize extrapyramidal symptoms and to call the doctor or return to the floor and notify the nurse if these symptoms occur. Instruct the patient to avoid hazardous activities until the effects of the drug are known.

Documentation

Note the drug administered, dose, date and time, and the patient's reaction (if any). If the patient refuses a drug, document the refusal and notify the charge nurse and the patient's doctor as needed. Also note if a drug was omitted or withheld for other reasons, such as radiology or laboratory tests, or if, in your judgment, the drug was contraindicated at the ordered time. Sign out all controlled substances given on the appropriate controlled substances central record.

References

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2. If applicable, verify signed consent for each medication has been obtained.
3. Perform hand hygiene.
4. Check the label on the medication three times.
5. Confirm the patient's identity.
6. Assess the patient's condition as needed.
7. Open up the medication in front of the patient and put it into a cup.
8. Give the patient the medication and an appropriate vehicle or liquid, as needed.
9. Make sure the patient has swallowed the medication.
10. Teach the patient the adverse effects of the drug.
11. Monitor the patient for adverse reactions.
12. Document the procedure.