

#81 - APPLYING TOPICAL MEDICATIONS

(Partner Check-Off)

I acknowledge I have physically practiced and successfully learned the following skill(s):

Student: _____ Date: _____

	P1	P2	P3	Comments
1. Checked the patient's MAR against the provider's orders. Did first verification of the EIGHT RIGHTS OF MEDICATION ADMINISTRATION. Checked for patient allergies.				
2. Gathered the necessary equipment and supplies.				
3. Performed hand hygiene.				
4. <u>Prepared the medication:</u>				
a. Kept the door to the medication room closed, and did not accept telephone calls. Followed "No Interruption Zone" policy.				
b. Arranged the medication tray and cup in a drug preparation area. Accessed the automated dispensing system, or unlocked the medicine drawer or cart.				
c. Prepared medications for one patient at a time. Followed the EIGHT RIGHTS OF MEDICATION ADMINISTRATION (skill # 77).				
d. Selected the correct drug. Confirmed the name of the medication by comparing the label with the MAR.				
e. If the dosages on the label did not match the dosage prescribed, checked or calculated the correct amount of medication to give. Double-checked medication dose calculation. Checked the expiration date of all medications, and returned outdated medication to the pharmacy.				
f. Before going to the patient's room, verified the patient's name on the MAR with the labels on the prepared drugs. Logged out of automated dispensing system after removing drugs.				
5. Took Topical medications to the patient at the correct time. Gave time-critical medications at the precise time ordered. Applied the Eight rights of medication administration.				
4. Introduced self to the patient and family.				
5. Provided for the patient's privacy.				
6. Identified the patient using two identifiers. Compared these identifiers with the information on the patient's identification bracelet.				
7. Verified the patient's allergies and checked the expiration date of the medication.				
8. Took the medication to the patient at the correct time. Gave time-critical medications at the precise time ordered. Applied the Eight Rights of medication administration.				
9. Applied clean gloves. Used sterile gloves if the patient had any open skin areas.				

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| <p>10. Helped the patient into a comfortable position.</p> <p>11. Discussed the purpose of each medication, its action, and possible adverse effects. Allowed the patient to ask questions.</p> <p>12. <u>Applied topical creams, ointments, and oil-based lotions:</u></p> <ol style="list-style-type: none"> Scanned patient's armband Scanned Medication label Exposed the affected area while keeping unaffected areas covered. Washed, rinsed, and dried the affected area before applying medication. For excessively dry or flaking skin, applied the topical agent while skin was still damp. Removed gloves, performed hand hygiene, and applied new clean gloves. Placed the required amount of medication in the palm and warmed it by rubbing it briskly between the hands. Spread the medication evenly over the patient's skin using long strokes in the direction of hair growth. Did not vigorously rub the skin. Applied to the thickness specified by the manufacturer's instructions. Explained to patient that skin may feel greasy after application. <p>13. <u>Applying a transdermal patch:</u></p> <ol style="list-style-type: none"> Scanned patient's armband Scanned Medication Label Applied clean gloves and removed the old patch. Folded the sticky sides of the patch together and disposed according to agency policy. Used a felt-tip marker to note the date, time, and initials of the person applying the new patch. Applied clean gloves. Applied new patch to a clean, dry area, avoiding the previous site for at least a week. Carefully removed the plastic liner of the new patch by holding the patch around the edges without touching the adhesive. Applied the patch immediately to the selected site, pressed it firmly for 10 seconds to ensure that it adhered well. Removed gloves and performed hand hygiene. <p>14. <u>Administering aerosol sprays:</u></p> <ol style="list-style-type: none"> Scanned patient's armband Scanned Medication Label When the area of application was near the face, asked the patient to turn his or her face away from the spray or briefly covered the face with a towel. Shook the container vigorously. Read the container label for the recommended distance at which to hold the spray away from the area. Sprayed the medication evenly over the affected site. <p>15. <u>Applied a suspension-based lotion:</u></p> <ol style="list-style-type: none"> Scanned patient's armband Scanned Medication Label Put on clean gloves. Shook the container vigorously. Applied a small amount of lotion to a small gauze dressing or pad, and applied it to the skin. Dabbed the affected area and avoided rubbing vigorously. Explained to the patient that the area would feel cool and dry. <p>16. <u>Applied a powder:</u></p> <ol style="list-style-type: none"> Scanned patient's armband | | | |
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b. Scanned Medication Label				
c. Made sure skin surface was thoroughly dry. Fully spread apart any skin folds and dried with a towel.				
d. When the area of application was near the face, asked the patient to turn his or her face away from the powder or briefly covered the face with a towel.				
e. Dusted the skin site with a dispenser so that the area was covered with a thin layer of powder.				
17. Disposed of soiled supplies in the appropriate trash receptacle, removed and disposed of gloves, and performed hand hygiene.				
18. Helped the patient into a comfortable position, and placed toiletries and personal items within reach.				
19. Placed the call light within easy reach, and made sure the patient knew how to use it to summon assistance.				
20. Raised the appropriate number of side rails and lowered the bed to the lowest position. Brakes locked				
21. Left the patient's room tidy.				
22. Documented and reported the patient's response and expected or unexpected outcomes.				

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed *****=Must Perform to Pass

By signing below I acknowledge that I witnessed the skill performed and the student successfully passed the skill.

Practice 1: Evaluator: _____ Signature: _____

Practice 2: Evaluator: _____ Signature: _____

FINAL Student Evaluator: _____ Signature: _____