

#82 - APPLYING AN ESTROGEN PATCH AND NITROGLYCERIN OINTMENT (TEST)

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

Student: _____ Date: _____

TIME LIMIT: 20 Minutes	P2	P3	TEST	Points/ 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. Took the medication to the patient at the correct time. Gave time-critical medications at the exact time ordered.				*
3. Performed hand hygiene.				*
4. Provided for the patient's privacy.				1
5. Introduced self to the patient and family.				1
6. Identified the patient using two identifiers. Compared these identifiers with the information in the patient's MAR or medical record. Asked the patient if he or she had allergies.				*
7. Asked patient if they would like to take the medication.				*
8. Assisted the patient into a comfortable position.				1
9. Compared the MAR or computer printout with the names of the medications on the medication labels, twice (Skill #76). Did a third check at the bedside. Noticed the expiration date on the medication.				*
10. Discussed the purpose of each medication, its action, and possible adverse effects. Allowed the patient to ask questions.				*
11. <u>To apply a Nitroglycerin Patch</u>				
a. Put on clean gloves.				*
b. Scanned the patient's Armband				
c. Scanned the medication label				
d. Removed the used patch.				*
e. Folded the used patch in half with sticky sides together. Disposed of the used patch in the appropriate trash receptacle				2

f.	When needed, wiped the skin clean.	1
g.	Removed gloves and discarded in appropriate receptacle.	1
h.	Wrote the date, time, and initials on the new patch.	*
i.	Applied clean gloves.	*
j.	Selected a clean, dry site with intact skin that was away from the previous site and free of hair. Avoided sites where the skin was oily, burned, cut, or irritated.	2
k.	Carefully removed the patch from its protective cover, held it by the edge without touching the adhesive.	1
l.	Immediately applied the patch and pressed it firmly for 10 seconds. Made sure the patch adhered well, especially around the edges.	1
m.	Explained precautions for patch use. Stressed that the patient must not: cut the patch, use a heating pad on or near the patch, reuse the same site within 1 week, or use other forms of the drug simultaneously with the patch.	*
12.	<u>To apply an antianginal (nitroglycerin) ointment:</u>	*
a.	Applied clean gloves.	
b.	Scanned the patient's Armband	
c.	Scanned the medication label	
d.	Removed the previous dose-measuring paper. Folded the used paper containing any residual medication with used sides together. Wiped off any residual medication with a tissue, and discarded it in an appropriate trash receptacle with gloves.	2
e.	Wrote the date, time, and initials on the new application paper.	*
f.	Applied clean gloves.	*
g.	Measured the ointment on the dosing paper according to the health care provider's orders.	1
h.	Applied the desired number of inches of ointment to the paper measuring guide.	*
i.	Selected a new application site. Did not apply on hairy surfaces or over scar tissue.	2
j.	Applied ointment to the skin surface by holding the edge or back of the paper measuring guide and placing the ointment and wrapper directly on the skin. Did not rub or massage the ointment into the skin.	2
k.	Secured the ointment and paper with a transparent dressing or strip of tape.	1
13.	Removed and disposed of gloves. Performed hand hygiene.	*
14.	Reminded the patient to keep a journal/diary of doses and application sites.	1
15.	Helped the patient into a comfortable position, and placed toiletries and personal items within reach.	1
16.	Placed the call button within easy reach, and made sure the patient knew how	*

to use it to summon assistance.

17. Raised the appropriate number of side rails and lowered the bed to the lowest position.

*

18. Disposed of used supplies and equipment. Left the patient's room tidy.

1

19. Documented and reported the patient's response and expected or unexpected outcomes. Documented on the MAR what medication was administered and the site of application according to agency policy.

*

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

TOTAL POINTS _____ / **14** _____

% _____

PASS _____

FAIL _____

Instructor: _____ Date: ____ / ____ / _____

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: _____