

## Study Guide for Medication Administration

**Resources: Video: 615.6-A238m Oral, Topical, Suppository and Inhalant Medications, NSG 123 LRP**

1. Why can you not crush enteric coated pills?
2. How should the nurse prepare medications when using the MAR?
3. When pouring liquid medications how should the medication cup be held?
4. How are sublingual medications given?
5. How long after giving a medication should the nurse recheck the patient?
6. When applying a topical medication on to broken skin, what type of gloves should be used?
7. When applying nitroglycerin ointment how do you administer the ordered dose?
8. What should the nurse do when applying a new dose of a cream, lotion or using a transdermal patch to the skin?
9. On what part of the eye should eye drops be administered?
10. Why can you not use the bottle of eye drops or tube of eye ointment if it touches the eye?
11. How does the nurse apply eye ointment?
12. What should the nurse do to prevent systemic complications when using certain eye medications?
13. Why should eye medications not be allowed to run from one eye to the other?
14. How is the ear positioned when administering ear drops to an adult?
15. How is the ear positioned when administering ear drops to a child?
16. How long should a patient remain on their sides after ear drops are administered and why?
17. Why should a patient remain in the supine position after administering nose drops and how long should they remain in this position?
18. Can cotton balls be routinely used in the ear after medication administration?
19. Why would the nurse not allow the patient to blow their nose after administering nose drops or spray?

20. List the proper procedure for demonstrating the use of an inhaler to a patient.
21. In what position should the patient be placed to administer a rectal suppository?
22. What type of lubricant should be used to insert a rectal suppository?
23. How far should a rectal suppository be inserted?
25. How long should a patient remain on their side after receiving a rectal suppository and why?
26. What position is the patient placed in to receive vaginal medication?
27. How long should the patient remain in the supine position after receiving vaginal suppositories, cream or jellies and why?
28. Why would you advise the patient to use a perineal pad rather than a tampon after administering a vaginal medication?
29. What are the 6 rights of medication administration?