

## ***Medication Administration***

### **Indications for Administration**

1. Need for medication identified by on-scene paramedic or as ordered by on-line
2. medical control.
3. Establish allergies.
4. Paramedic is familiar with the medication, actions, and side effects

### **Preparation for Administration**

1. Medication is checked for:
  - a. Right medication
  - b. Right dose /amount
  - c. Right time
  - d. Right route for administration
  - e. Expiration date

### **Administration**

1. Oral Medications
  - a. Provide medications to patient with direction on the administration (ie: to be chewed, swallowed, held under the tongue, or buccal, etc.)
2. Rectal Medications
  - a. Attach a teflon catheter (from an angiocath) to the end of a syringe that contains medication to be administered. Gently insert catheter into rectum and instill medication.
3. Nebulizer Therapy refer to **Albuterol Nebulizer Procedure**
4. Intramuscular Injections
  - a. Medication is prepared in syringe of less than 5 cc with needle 18-22ga., 1 1/2-2 inches. 0.2 ml of air may be added to syringe.
  - b. Site is selected and cleansed (deltoid, dorsal gluteal, ventro-gluteal, or vastus lateralis).
  - c. Spread skin taut, insert needle at 90 degree angle, aspirate.
  - d. If no blood appears in syringe, inject medication slowly.
  - e. Apply slight pressure to site with alcohol wipe.
  - f. Dispose of syringe in sharps container.
5. Intravenous/Intraosseous Medications: Bolus Dose
  - a. Medication is prepared in syringe with Luer-lock connector or protected-needle. (A needle to insert into a port should only be used as a last resort.)
  - b. All air is cleared from syringe.
  - c. Site is cleansed and syringe is attached via luer-lock to stop-cock, other luer-lock connector, or protected needle is inserted into capped port of IV line.
  - d. Patency of IV is checked by aspirating blood or by monitoring flow with no signs of infiltrate.
  - e. IV line is clamped or flow is controlled to flush medication, as medication is pushed into IV port.

- f. Time taken to administer medication is specific to medication. Flush IV line to assure medication administration.
  - g. Monitor IV catheter site for signs of infiltration.
  - h. Dispose of syringe in sharps container.
6. Intravenous/Intraosseous Medications: Continuous Drip
- a. Pre-mixed intravenous medications are selected or appropriate dose of medication is added to intravenous fluid bag. Affix label to fluid container.
  - b. Calculations of drip rates are completed prior to administration of medication.
  - c. Shake bag to distribute medication, add administration line and flush.
  - d. Connect medication bag to closest port possible. Main-line fluid will be turned off during piggy-back drip administration.
  - e. Control flow rate for desired drops per minute and monitor for consistency.
  - f. IV pumps are the ideal method for volume/rate control.
7. Endotracheal Administration
- a. If IV or IO routes of administration are not able to be obtained, the following medications may be given via the endotracheal tube:
  - b. Atropine, Epinephrine
    - Adults – Dosages given via this route need to be 2 to 2.5 times that of the IV dosage.
    - Children – Dosages given via this route need to be 2 to 3 times that of the IV dosage. All dosages for pediatric epinephrine administered ET are 1:1000 concentration.

### **Post Medication Assessment**

1. Assess patient for change in condition following medication administration.
  - a. Medications are discontinued when possible if untoward effects occur or as directed by Medical Control.

### **Documentation**

1. Documentation on patient care record will include:
  - a. Name of medication
  - b. Dose and concentration of medication
  - c. Time of administration
  - d. Route/site of administration
  - e. Documentation of narcotic waste with witness signature.
  - f. Document response to medication.
2. Medication administration record is signed by a physician.

### **Pediatric Considerations:**

1. A length based/color coded resuscitation tape (i.e., Broselow) should be used for pediatric dosing.