

Medicines used for Palliative Care & Logistics Management For CHO/SN





LEARNING OBJECTIVES



- 1) To describe the role of CHO/staff nurses in administering drugs
- 2) To describe the procedure for stocking and dispensing esp. morphine
- 3) To describe strategies to improve drug compliance

Definitions

- **Medicine or drug** : Any compound that can be used against diseases for diagnosis, prevention, cure, alleviating sufferings, and restoration of health
- **Pharmacology**: The branch of science that deals with the study of drugs are known as Pharmacology.



THE ROLE OF A NURSE IN ADMINISTERING MEDICINE

Wash hands before drug administration

Follow the 10 Rights

For the patient	For the drug	For the HWC
Right patient	Right drug	Right assessment
Right patient education	Right dose	Right documentation
Right to refuse	Right time	Right evaluation
	Right route	



THE ROLE OF A NURSE IN ADMINISTERING MEDICINE

1. Check expiry date
2. Know uses, side effects, and adverse effects/ precautions to be taken while administering the drug.
3. Ensure that the drug has not been administered by the family member/others before the arrival of the home-care team
4. Explain why this medication given
5. Check the medicine wrapper to ensure right drug is in the right package



NAME OF DRUGS

Two ways to name drugs – please give me an example of a drug taken for fever

a) Chemical name or its Pharmacological Name:?

b) Trade name or its brand name?





CLASSIFICATION ACCORDING TO ITS USE

Group	Analgesics	Antipyretics	Anaesthetic s	Anti- inflammator y	Antidotes
Purpose	alleviate pain	lower fever	numb the sensation or to induce sleep	reduce swelling	counteract poisoning
Example	Diclofenac	Paracetamol	Lignocaine, Sensorcaine	Diclofenac, Ibuprofen	Naloxone against excessive Morphine
One more example					



CLASSIFICATION ACCORDING TO ITS USE

Group	Anti-Histamines	Antacids	Anti-Pruritics	Anticonvulsants	Anti-Coagulants
Purpose	reduce allergic reactions	reduce acidity	stop itching and its inflammation	epileptic seizures	prevent clotting of blood
Example	Pheniramine	Gelusil MPS	Calamine lotion	Phenytoin sodium, Phenobarbitone	Heparin Sodium, Aspirin, and Clopidogrel



CLASSIFICATION ACCORDING TO ITS USE

Group	Antibiotics	Antitussives	Anti-asthmatics	Antiseptics	Antifungals
Purpose					
Example					










CLASSIFICATION ACCORDING TO ITS USE

Group	Anti-spasmodics	Anti-emetics	Anti-hypertensive	Anti-depressants	Bronchodilators
Purpose					
Example					





CLASSIFICATION ACCORDING TO ITS USE

Group	Hypoglycaemics	Haemostatics	Expectorants	Diuretics	Corticosteroids
Purpose					
Example					










CLASSIFICATION ACCORDING TO ITS USE

Group	Laxatives	Muscle relaxants	Hypolipide mics	Haematinics	Emollients
Purpose					
Example					

TYPES OF FORMULATIONS

Most Common:

- **Liquid:** The active part of the medicine is combined with a liquid to make it easier to take or better absorbed. Also called 'mixture', 'solution' or 'syrup'.
- **Tablet:** The active ingredient is combined with another substance and pressed into a round or oval solid shape.
- **Capsules:** The active part of the medicine is contained inside a plastic shell that dissolves slowly in the stomach. Eg: Amoxicillin., Eg: Cap. Vitamin E.



Others

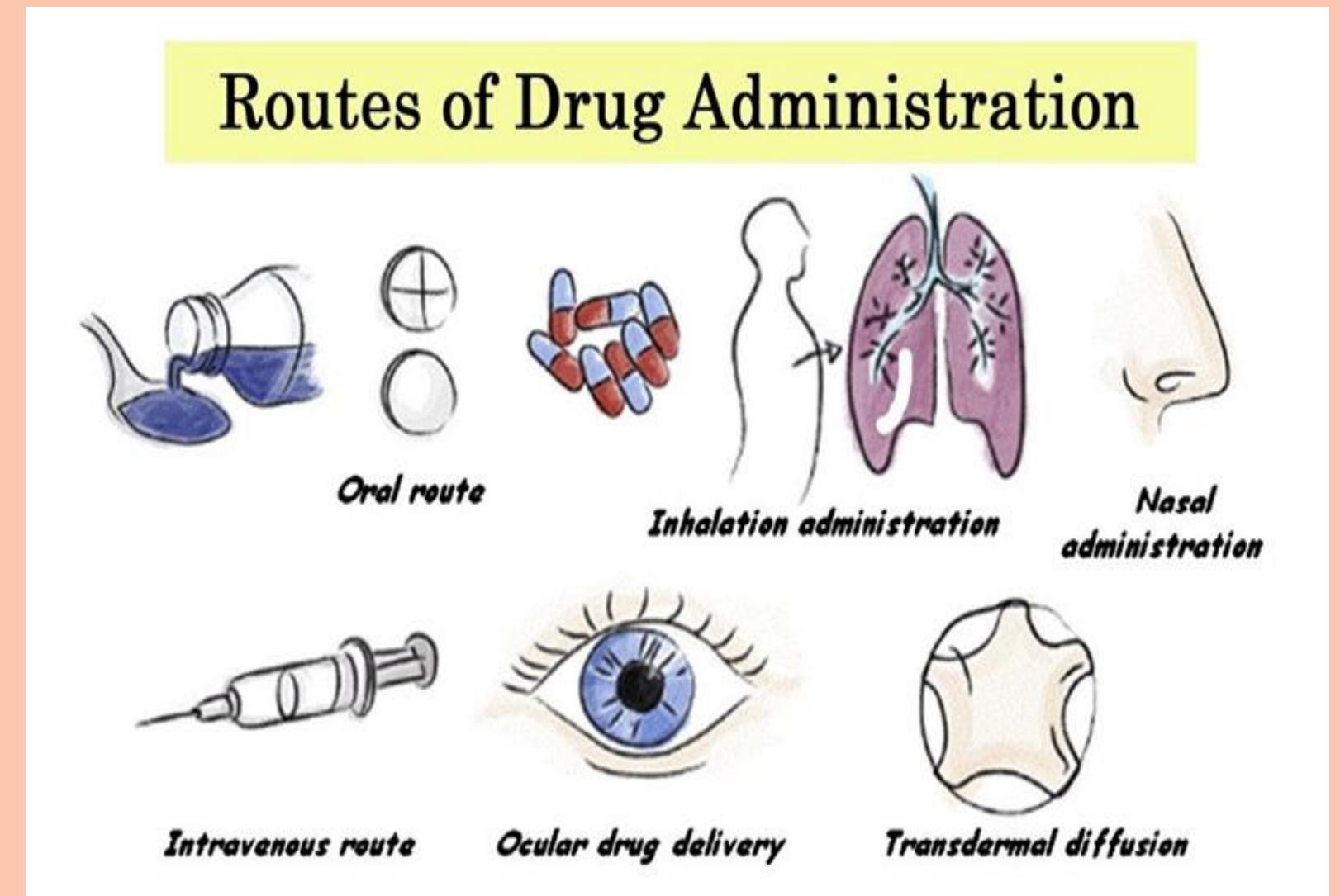
- Topical medicines
- Suppositories
- Drops
- Inhalers
- Injections
- Implants or patches

ROUTES OF ADMINISTRATION

Local Routes: Topical, Deeper Tissues, Arterial supply

Systemic Routes: Oral, Sublingual or Buccal, Inhalation, Nasal, Rectal, Cutaneous,

Parenteral (Intravenous IV, Intramuscular IM, Subcutaneous SC, Intradermal ID)





FACTORS AFFECTING DOSE OF DRUG

- Age
- Weight
- Sex
- Physical Condition
- Cumulative action of the drug
- Tolerance
- Habituation
- Addiction
- Co-Morbidities and Drug Interactions



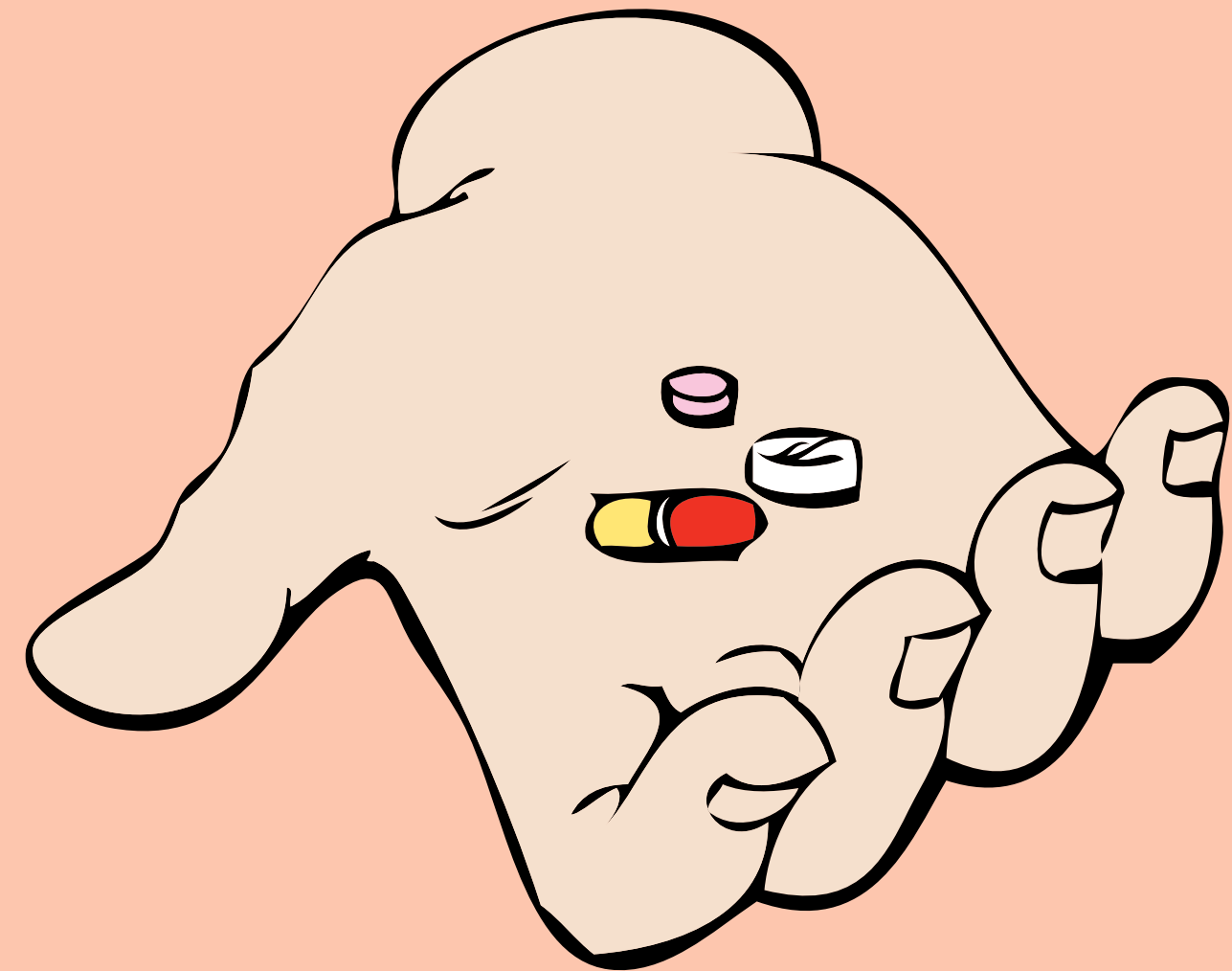
WHAT TO CONSIDER ABOUT A DRUG?

1. Effects of the drug

- a. Use
- b. Systemic effect
- c. Local effect
- d. Side effect

2. Dosage

- a. Minimum Dose
- b. Maximum Dose
- c. Over Dose
- d. Lethal Dose



TIMING OF DRUG ADMINISTRATION



A/F	After food
B/F	Before food
a.m., am, AM	morning
b.i.d., bid, bd	twice a day / twice daily / 2 times daily
h.s.,	at bedtime
ii	two tablets
iii	three tablets
n.p.o., npo, NPO	nothing by mouth / not by oral administration / Nil Per Oral
o.d., od, OD	once a day
p.m., pm, PM	afternoon or evening
p.o., po, PO	Per orally / by mouth / oral administration
q.8.h., q8h	every 8 hours
q.d.s, qds, QDS	4 times a day



p.r., pr, PR	per rectally
p.r.n., prn, PRN/SOS	as and when needed, (also Pertactin - a key antigen of ac.Pertussis vaccine)
q.	every
q.1.d., q1d	Once every day
q.1.h., q1h	every hour
q.2.h., q2h	every 2 hours
q.4.h., q4h	every 4 hours
q.6.h., q6h	every 6 hours
q.i.d, qid	4 times a day
q.o.d., qod	every other day /alternate days
Rx, R _x , R	prescription
Stat.	immediately, with no delay, now
t.d.s, tds, TDS	3 times a day



ABBREVIATIONS

- Inj.- Injection
- Tr. -Tincture
- Syp. -Syrup
- Liq.- Liquid
- Amp- Ampoule
- CR -Controlled Release
- Cap -Capsule
- Tab -Tablet
- Oint- Ointment
- S/L- Sublingual
- SR- Sustained release
- Sus -Suspension
- DS -Double strength
- HS-Half Strength
- DT- Dispersible tablet
- EC- Enteric-coated
- ER- Extended-Release
- FC- Film Coated
- Inf -Infusion

MEDICINES AND COMPLIANCE

- Discuss the need and importance of each medicine.
- Discuss when to take medicine.
- Discuss the way medicines are to be given to patients who are being fed through a tube.
- Discuss the way suppositories are to be inserted into the rectum.
- Discuss how medicines are to be kept under the tongue.
- Discuss the course of action if a dose of the medicine was accidentally not consumed.
- Discuss the side effects, if any, of medicines.
- Discuss how to keep the medicines safely
- Visit the patient at his home and enquire for details about the timing and quantity of each medicine being taken.
- Compare the packaging and the drug chart.
- Find out when and what quantity of medicines were bought and how much was remaining.
- Find out the problems associated with consuming medicines.

STORAGE OF MEDICINES

- The store room for medicines must be a separate room with provisions to keep the storage locked for authorized access.
- Ensure low humidity, ensuring the surfaces and surroundings are free from moisture.
- The site must also be protected from direct sunlight.
 1. Medicines must be labelled and placed in its designated locations
 2. Crosscheck that all essential medicines are available against a master checklist
 3. The medicines rack is categorized in alphabetical order of the name of the medicines





4. Tablets and Capsules must be placed in separate containers

5. Tablets, Capsules, Syrups, Powders should be arranged separately

6. Medicines for internal intake and external use must be stored in separate levels of racks

7. Labels placed on container tops should not be misplaced on other containers.

8. If a change in color, shape or smell is noticed in medicines, then it must not be distributed

9. The required storage temperature for medicine must be marked on the labels.



10. Emergency medicines should be stored by ensuring visibility and quick access

11. While distributing medicines explain the purpose of the medicine, dosage, and medicine intake timings to the patients , mark the same on the medicine covers

12. Recheck that the medicine being distributed matches with the prescription

13. Maintain a register of medicines distributed to patients

14. The storeroom of medicines must always be maintained locked with limited access for authorized people.





SAFETY MEASURES WHILE HANDLING MEDICINES

1. Cross verify the following are matching before administering medicines
 - a) The right medicine
 - b) The right patient
 - c) The right time
 - d) The right dosage
 - e) The right route
 - f) The right documentation



SAFETY MEASURES WHILE HANDLING MEDICINES

2. Medicines must be administered or distributed strictly as per an authorized doctor's prescription.

3. Medicines may be administered as per oral instruction in emergency situations.

4. If a change in colour or smell of the medicines is observed, it should not be distributed

5. Nurses must be educated about the minimum dosage and maximum dosage of each medicine that they handle.





ETHICAL AND LEGAL ASPECTS OF MEDICINE

- The right to prescribe medicines is limited only within the doctors authorized by the IMA
- While a nurse can administer any medicine prescribed by the doctor, the doctor who prescribed it is responsible for all its effects.
- Medicines must be distributed strictly based on the instructions in a prescription from an authorized doctor. As an exception during an emergency
- All the possible side effects of a medicine should be explained to the patient it is being administered to.





ETHICAL AND LEGAL ASPECTS OF MEDICINE

- The patient has the right to reject any treatment that he is not interested in.
- Certain medicines such as Morphine should be prescribed only by authorized doctors with respective licenses to do so.
- The medicines that have passed expiry must be destroyed during disposal.
- If the medicine that is being administered is under clinical trial, then an authorization letter with signed approval by the patient must be collected in advance in prior.
- The documented records on the details of medicines administered must be provided to the patient, with a copy retained at the clinic for a minimum of three years.

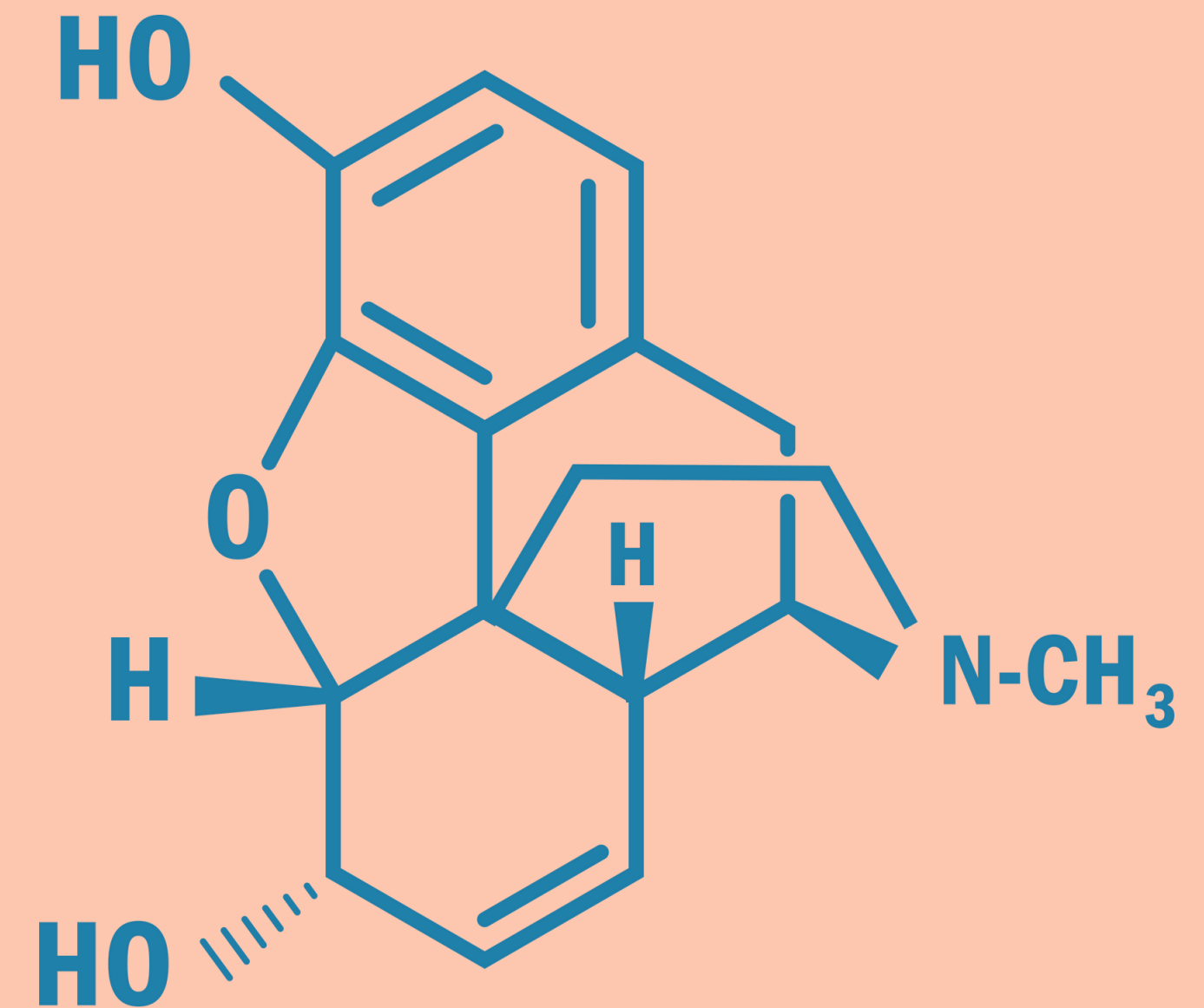


MORPHINE STOCK KEEPING

- Morphine should be kept in stock only by those medical institutions recognized and approved by the Drugs Controller General of India.
- The regulatory body mandates to have a doctor and a separated location to store Morphine to get an authorization.
- Once approved, Morphine should be sourced only from the authorized dealers.

MORPHINE STOCK KEEPING

- A Morphine stock register should be maintained
- The facility to store Morphine should be provided with a dual lock system.
- A stock keeping exercise must be performed exclusively on Morphine, leading to the creation of an audit of the Morphine utilized and an estimate of the Morphine to be procured for the next year.
- This must be documented and submitted for yearly renewal of license from drugs controller to procure and store Morphine.



Morphine

MAINTAINING STOCK AND RECORDS FOR ESSENTIAL NARCOTIC DRUGS IN ANY INSTITUTION

1. The consignment of ENDs is kept in a cupboard or locker safely under the supervision of the doctor in charge of the RMI.
2. Record of the consignment notes is maintained for two years is mandatory
3. The quantity of each formulation of the individual drug should be entered in a specified section of the END register, which is prepared as per Form no 3H.
4. The name and address of each patient for whom END was prescribed are entered in the register along with the quantity disbursed.

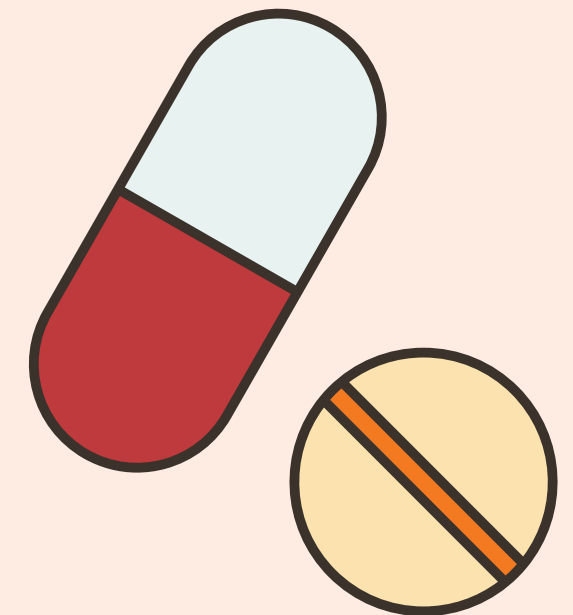
MAINTAINING STOCK AND RECORDS FOR ESSENTIAL NARCOTIC DRUGS IN ANY INSTITUTION

5. At the end of the day, the total quantity of END disbursed that day, should be subtracted from the initial quantity with which the register was started. This amount naturally forms the initial quantity for the next day.

6. Record of day-to-day accounts of every transaction in END is maintained in the format of Form 3D

7. Once verified the doctor in charge signs below the last entry of the day in the register.

8. All records are kept for two years from the date of last entry.





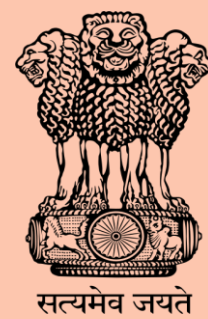
9. MO in charge has the primary responsibility of the stock and dispensing ENDs.

10. The total quantity possessed by the RMI at any one time, should not exceed the submitted estimate (or revised estimate, if any).

11. If the requirement for ENDs has increased during the course of the year, the Officer in charge of the RMI can submit the revised estimate for the same year by the 31st of August.

12. File annual return to the Controller of drugs, for the calendar year on or before 31st of March of the subsequent year in the format of Form 3 I.





Thank You

