Medication Administration Safety & Reporting Quick Guide

This quick-reference guide supports safe medication administration and helps staff recognize what to report and when. All examples are for training purposes only.

Common Medication Routes & Key Safety Notes

1. Oral (PO): Ensure correct swallowing ability; monitor for GI upset.
2. Topical / Transdermal: Apply to clean skin; avoid broken areas unless ordered.
3. Inhalation: Proper technique is critical; rinse mouth if indicated.
4. Ophthalmic (Eye): Avoid touching dropper tip to eye; apply correct number of drops.
5. Otic (Ear): Position patient correctly; warm drops if required.
6. Nasal: Avoid overuse; watch for irritation.
7. Sublingual (SL): Do not chew or swallow.
8. Injectable (IM/SubQ/IV): Follow facility policy and scope of practice.

What Should Be Reported

1. Medication refusals or missed doses
2. Medication errors or near misses
3. Adverse reactions or unexpected side effects
4. Changes in patient condition
5. Concerns about medication effectiveness

When to Report Immediately

1. Difficulty breathing, swelling, or signs of allergic reaction
2. Chest pain or loss of consciousness
3. Seizures or sudden neurological changes
4. Suspected overdose

When to Report (Non-Emergency)

1. Mild or expected side effects
2. Repeated medication refusals
3. Behavioral or appetite changes
4. Medication supply issues
5. Questions or clarification about orders

Who to Report To

1. Nurse or supervising clinician
2. Physician or prescriber
3. Facility supervisor
4. Follow your facility reporting policy

Educational Use Only: This guide is for training purposes and uses fictional examples. Always follow your facility’s policies and procedures.