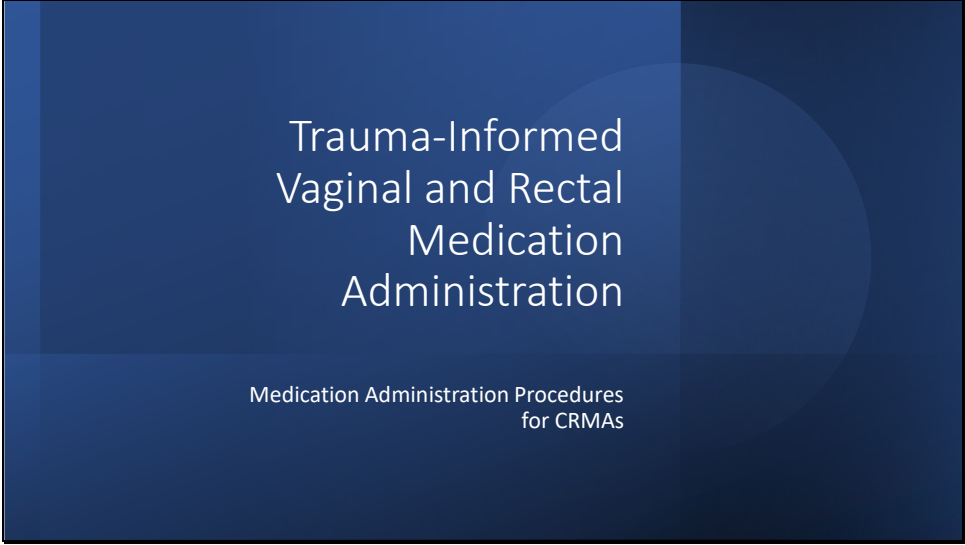


Module 11E

Instructor's Guide



Trauma-Informed Vaginal and Rectal Medication Administration

Medication Administration Procedures
for CRMAs

Learning Objectives

Explain trauma-informed medication administration principles

Compare and contrast things that trauma-informed medication administration should and should not include

Role play a trauma-informed medication administration interaction


Describe common types of vaginal and rectal medications

Define safety rules for giving vaginal and rectal medications

Explain the procedure for giving vaginal and rectal medications

Vaginal and Rectal Medication Forms

- Vaginal drugs
 - Gels, creams, tablets, foams, suppositories, irrigations
- Rectal drugs
 - Suppositories
- Suppositories
 - Solid, cone-shaped medication
 - Inserted into body opening, rounded end first
 - Body temperature causes it to melt
 - Vaginal suppositories are larger than rectal suppositories
 - Must be stored in a cool place




Vaginal medications are typically in the form of gels, tablets, creams, tablets, suppositories, or irrigation. A douche is used for vaginal irrigation. It might be used if infection or discharge are present.

Rectal drugs are typically in suppository form.

A suppository is a solid, cone-shaped medication that is inserted into a body opening, such as the vagina or rectum. The heat of the body causes the suppository to melt and release the medication. The smaller, rounded end of a suppository is inserted first.


Vaginal suppositories are larger with a more oval shape than rectal suppositories.



General Rules

- Practice hand hygiene **before and after** administration of the medication
- Follow Standard Precautions and the Bloodborne Pathogen Standard
- Follow Transmission-Based Precautions if ordered
- Wear gloves
- Screen for privacy
- Insert rounded end of suppository first
- Always allow person to self-administer medication if able to

Review slide, challenge students to recall infection prevention practices associated with Standard Precautions, Bloodborne Pathogen Standard, and Transmission-Based Precautions



Trauma-Informed Medication Administration

- What is trauma?
 - Person was harmed in a way that caused psychological harm
- You won't know who has experienced trauma in their life
- Use trauma-informed practices with everyone
- Vaginal and rectal exams can be especially upsetting for someone who has experienced trauma
- Trauma-informed practices are your verbal interactions and procedural actions before and medication administration
- Trauma-informed medication administration considers the person's experience of comfort, control, safety, dignity, and respect at all times

Sometimes when people are harmed, it has a lasting psychological effect. The harm could have been physical harm, sexual harm, or emotional harm. It might cause a person to have a strong reaction to physical touch. They might feel “triggered”, or very upset – but they might not show it on the outside.

In your role as a CRMA, you won't necessarily know who has experienced trauma in their lifetime.


It is important to provide trauma-sensitive medication administration services to all people.

Trauma often happens as a result of harm when a person felt like they couldn't protect themselves. It can occur when someone didn't have any control over what someone did to them.

Vaginal and rectal exams can be particularly upsetting or “triggering” for a trauma survivor.

It is important to use trauma-informed support when administering medication. It is especially important to use extra sensitivity when administering vaginal and rectal medication.

Trauma-informed or trauma-sensitive support involves intentional consideration to the words you chose, the way you touch the person, and the way you give the person a sense of control over their own body, safety, dignity, and respect.



Trauma-informed: Before Administering Meds

- Carefully explain what you are going to do
- Speak slowly and clearly
- Make sure you appear pleasant and calm
- Make appropriate eye contact
- Sit or stand at eye level with the person
- Don't make sudden movements
- Do not put hands in pockets
- Ask them if they have any questions
- Watch for the person's non-verbal cues (any behavior unusual for person – more tense, more distracted, shaking, etc.)

Prior to administering a vaginal or rectal medication, it is very important that you slowly, clearly, calmly explain what you are going to do.

- Make sure you appear polite and pleasant.
- Make appropriate eye contact according to the person's comfort level.
- Make sure you are at eye level with the person while you are talking to them.
- Don't make sudden, startling movements
- Do not put your hands in your pockets

After you have explained what you are going to do and how the medication administration process will work, ask them if they have any questions.

Watch for non-verbal signs that the person is uncomfortable, anxious, or stressed. The person might try to appear calm, when they are not. Watch for changes in their behavior – do they appear more irritable, fidgety, or tense than usual? Are they breathing faster than usual? Are they shaking?



Responding to Signs of Trauma

- If the person shows signs of fear or discomfort
 - Pause the medication administration process
 - Speak in a calm, caring way
 - Do not make sudden movements
 - Let them know that you think they appear stressed about the process and ask if they are ok and if you should continue
 - Do not tell them they shouldn't be stressed
 - Reassure the person that they are safe
 - Make sure the person knows where they are
 - Make sure they know what you are doing and why you are doing it
 - Ask if anything might help them feel better (water, additional drape, comfort item)

If the person appears to be afraid, uncomfortable, or upset by the process, pause what you are doing.

- Continue to speak in a calm, caring way.
- Remember to move in a slow, calm, predictable way. Do not make sudden, fast movements.
- Ask them if they are ok. Acknowledge that they seem to be stressed. Ask if it is ok for you to continue.

Do not tell them that they shouldn't be stressed, or that they have nothing to worry about.

Remind them that they are safe. Remind them where they are and what you are doing. For example, you could say something like:

"I am (say your name). You are here at Seaside House. I am going to give you some medication, and you are safe. I will try to make it as comfortable as possible, but let me know at any time if you need for me to stop. It will just take a couple of minutes."

During the Medication Administration Process

- Tell them to let you know if they are uncomfortable
- Let them know that this is part of the medication administration process for anyone who needs this kind of medication
- Offer to have another person in the room if that helps them feel more comfortable
- Make sure **they feel** that they are adequately draped



During the medication administration process, remind them to let you know if they feel uncomfortable.

Describe what you are going to do, and let them know that the process is the same for everyone who needs this medication.

Offer to have someone else in the room if that would make them more comfortable.

Make sure they feel that the drape offers as much privacy as they need.

During the Medication Administration Process



- Tell them what you are doing at every step
- Remind them why they need the medicine
- Let them know how long the process will take
- Warn them when and where you are going to touch them
- Let them know if you are going to move their drape or clothing
- Make sure to only expose the area needed for medication administration
- Both males and females could have experienced trauma
- After administration check in again, ask them how they're doing and if they have any questions

Review and discuss this slide.

Emphasize that you don't know who has experienced trauma. Both males and females experience trauma, and vaginal and rectal exams can cause anxiety for trauma survivors.

When you are finished administering the medication, check in with that. Ask them how they are doing, and whether they have any questions.

Role Play: Groups of Two

If you are playing the part of a resident, show signs of stress and anxiety. You are trying to hide your feelings. You don't want the CRMA to know that you feel stressed and uncomfortable.


If you are playing the part of the CRMA, check in with the person. See what they are feeling, how they are doing, and if they need anything. Let them know that this quick medication administration process will be as safe and comfortable for them as possible. Make sure that they feel in control of what is happening.

In groups of two (or with two people demonstrating for the whole group) role play a conversation between a resident and a CRMA.

The resident needs a rectal medication.

The CRMA is explaining the medication administration process to the resident.

The resident feels embarrassed and anxious about the process.



The diagram, titled "Vaginal Suppositories", shows three white applicators in a blister pack, a single yellow suppository, and a hand using a white applicator to insert a suppository. Labels "Applicator" and "Suppository" point to the respective items.

Vaginal Medications

- Creams, tablets, foams, gels, suppositories
- Typically come with an applicator
- Suppositories often inserted with gloved finger
- Suppositories must be at room temp
- Person should void bladder before administration of drug
- Person should lie on back with pillow under hips and knees bent
- Apply a pad or liner to protect clothing
- Person will need to remain lying on her back with hips elevated for 5-10 minutes to allow suppository to melt and the medicine to spread throughout the vagina
- Often ordered at bedtime so medicine stays in place longer

Vaginal medications are ordered for disorders of the female reproductive organs. They come in the form of creams, gels, tablets, foams, and suppositories.

Medications typically come with an applicator. Suppositories are often inserted with a gloved index finger. **Remember:** determine whether the person is able to self-administer.

Suppositories should be administered at room temperature.

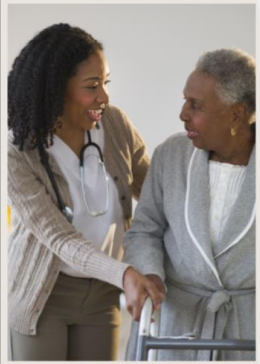
Ask the person to void their bladder before the procedure. A full bladder can cause discomfort.

The person should lie on their back with a pillow used to elevate hips.

A pad should be applied to clothing to prevent staining.

The person should remain in position for 5-10 minutes (or as directed) while the suppository melts and spreads within the vagina.

Vaginal medications are often ordered to be administered at bedtime. This allows the medication to stay in place longer.



QUALITY OF
LIFE

Dignity and Respect

Remember to always:

- Knock before entering
- Address the person by name
- Introduce yourself by name and title
- Explain what you are going to do before beginning
- Explain what you are doing while you are doing it
- Protect the person's rights
- Handle the person gently

How many did you remember?

What you need to know first...

- Can the person self-administer – many people prefer to
- Does a pad or liner need to be applied to the clothing after administration
- How to position the person after administering the drug, and for how long they should stay in position
- If the applicator should be washed with soap and water or should be discarded
- How and where to store a reusable
- What observations to report and record
 - redness, discharge, irritation, bleeding, swelling
 - Color and amount of discharge or bleeding
 - Odor
 - Complaints of pain, burning, discomfort
 - If medicine relieves symptoms



Review the steps on the slide. Emphasize the importance of allowing a person to self-administer if they are able. This is true for all medications, not only vaginal and rectal medications.

First Steps

- Check most recent drug order
- Check with supervisor if you have any questions
- Perform hand hygiene
- Gather needed items:
 - Vaginal applicator
 - Water-soluble lubricant
 - Gloves
 - Paper towels
 - Pillow
 - Panty shield
 - MAR



Review the steps.

Procedure: Vaginal Medication Administration

- Read the order on the MAR
- Select the right drug from the drug cart/system
- Compare the drug order on the MAR against the pharmacy label on the medicine container (**1st Safety Check**)
- Check the drug container for an expiration date and bring the medicine to the person's bedside
- Provide privacy screen
- Identify the person using two methods (Compare MAR, ID bracelet if they have one, call them by name, photo in MAR, etc.)
- Compare the drug order on the MAR with the pharmacy label on the drug container (**2nd Safety Check**)
- Put on gloves
- Position and drape the person so that they are lying on their back with hips elevated on a pillow and knees bent with feet flat on the bed

Procedure: Vaginal Medication Administration (cont'd)



- Prepare the drug
 - Cream, foam, or gel with an applicator:
 - Open the container. Place the lid on a clean surface, upside down
 - Attach the applicator to the container
 - Squeeze the container to fill the applicator
 - Lubricate the applicator tip using the water-soluble lubricant
 - Set the applicator on a paper towel
 - Suppository:
 - Open and remove the wrapper containing the suppository
 - Insert the suppository into an applicator (if using one)
 - Lubricate the suppository using the water-soluble lubricant
 - Set the suppository on a paper towel
- Close the container. Compare the drug order on the MAR against the pharmacy label on the drug container (**3rd Safety Check**)

Procedure: Vaginal Medication Administration (cont'd)

- Expose the perineum by moving drape so that you are able to view the perineum and vaginal opening
- Administer the dose form:
 - Cream, gel, foam, or suppository with applicator:
 - Spread the labia to expose the vagina using your non-dominant hand
 - Insert the applicator as far as possible into the vagina
 - Push the plunger to deposit the medication
 - Remove the applicator
 - Wrap the applicator in the paper towel
 - Suppository without an applicator
 - If not using applicator, lubricate your gloved index finger using water-soluble lubricant
 - Spread labia to expose the vagina using your non-dominant hand
 - Use your gloved, lubricated finger to insert the suppository as far as possible into the vagina

Procedure: Vaginal Medication Administration (cont'd)

- Apply a panty liner to the person's clothing
- Ask the person to remain in position for 10-15 minutes or as directed by the order in the MAR
- Empty and clean the applicator and store it according to agency policy. If the applicator is disposable, throw it away. Throw away the paper towel.
- Return the container to the drug cart/system.
- Follow agency policy for soiled linens
- Remove gloves
- Perform hand hygiene
- Provide for comfort and safety of person. Assist them into a more comfortable position after 10-15 minutes.
- Remove privacy screen
- Provide **right documentation** (from 9 Rights of Medication Administration)
 - Date, time, drug name, dosage, route of administration, your initials
- Report and record any specific concerns




Rectal Medication

- Typically suppositories
- Often used to treat
 - Anal itching
 - Constipation
 - Hemorrhoids
- Not used if:
 - Recent prostate or rectal surgery
 - Person has rectal bleeding or rectal trauma/injury
 - If person has diarrhea

Suppositories are the most commonly used rectal medication. They are typically used to treat anal itching, constipation, and hemorrhoids, and are not used if the person has had recent prostate or rectal surgery, if they have rectal bleeding or rectal injury, or if they have diarrhea

What you need to know first...


- Can the person self-administer? Many people prefer to.
- How should the person be positioned? How long should they stay in position?
- What observations to record and report:
 - Discharge, including color and amount
 - Bleeding
 - Redness, swelling, irritation
 - Odor
 - Complaints of pain, discomfort
 - Vomiting and nausea
 - Increased body temperature or respiratory rate
 - Description of stools



Before you administer rectal medications, you will need some information. Can the person self-administer? Many people feel embarrassed or uncomfortable having someone else administer their rectal medication, so determine whether the care plan or MAR has information about self-administration. If they are able to, stay with them and make sure they know how. You will also need to know how they should be positioned, and how long they should stay in position. Typically, the person is lying on their left side, and should stay that way for about 15-20 minutes. You will need to review the chart and follow the instructions for positioning the person.

You will also need to know what observations you should report and record. If you observe discharge, you will need to record and report that, including the color and amount of discharge. You will also need to report and record any bleeding you observe. Redness, swelling, irritation, odor, complaints of pain and discomfort, nausea, and vomiting, should also be reported and recorded.

You will also need to report and record any increase in body temperature or respiratory rate that you observe, and you will need to describe the color, amount, shape, consistency, and odor of the person's stools.



First Steps

- Check most recent drug order
- Check with supervisor if you have any questions
- Perform hand hygiene
- Gather needed items:
 - Water-soluble lubricant
 - Gloves
 - Paper towels
 - Toilet tissue
 - MAR

Review the steps.

Procedure: Rectal Medication Administration

- Read the order on the MAR
- Select the right drug from the drug cart/system
- Compare the drug order on the MAR against the pharmacy label on the medicine container (**1st Safety Check**)
- Check the drug container for an expiration date and bring the medicine to the person's bedside
- Provide privacy screen
- Identify the person using two methods (Compare MAR, ID bracelet if they have one, call them by name, photo in MAR, etc.)
- Compare the drug order on the MAR with the pharmacy label on the drug container (**2nd Safety Check**)
- Put on gloves
- Position and drape the person so that they are lying on their left side with their top leg bent toward their waist, or position as directed in the MAR or care plan

Procedure: Rectal Medication Administration (cont'd)

- Open the suppository wrapper and remove the suppository
- Lubricate the suppository with the water-soluble lubricant
- Set the suppository on a paper towel
- Compare the drug order on the MAR against the pharmacy label on the medicine container (**3rd Safety Check**)
- Expose the rectal area
- Observe the rectal area
- Insert the suppository
 - Raise the upper buttock to expose the anus
 - Ask the person to take a deep breath
 - Place the rounded tip of the suppository in the anus and insert it about 1 inch into the rectum
- Wipe the anus with toilet tissue to remove excess lubricant
- Ask the person to remain on their left side for about 15-20 minutes, or as directed on the care plan

Procedure: Rectal Medication Administration (cont'd)

- Discard any used supplies
- Follow agency policy for soiled linens
- Remove gloves and perform hand hygiene
- Provide for the person's comfort and safety and do a safety check before leaving the room
- Remove the person's privacy screen
- Record the **right documentation** on the MAR
 - Date, time, drug name, dosage, route of administration, your name or initials
- Report and record any specific concerns

Summary