



Client's Name: _____

PHIN: _____

HOME CARE ATTENDANT ASSIGNMENT TASK PLAN – CLIENT SPECIFIC
Nasal Spray

Important Points to Remember for this Client

Examples:

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Date: _____

Signature: _____

PROBLEMS TO WATCH FOR AND REPORT

- Client complains of pain, burning from nasal spray.
- Visible redness or open skin around nostrils.
- Nose bleeds.
- Client refuses medication.

Procedure – Assistance with Nasal Spray

1. Wash hands.
2. Apply disposable gloves.
3. Review Five Rights of Medication Assistance:
 - Right Person
 - Right Drug
 - Right Dose
 - Right Time
 - Right Route
4. Have client gently blow their nose to remove mucous.
5. Shake the bottle of nasal spray then remove and store cap in a clean location.
6. If using a pump bottle, hold the bottle with thumb at the bottom, index and middle fingers on the top. If using a squeeze bottle hold it mid bottle.
7. Squirt the pump into the air until a fine mist comes out. Once primed, it is ready to deliver a dose into the client's nose. The squeeze bottle does not require priming.
8. Have the client tilt their head down (ask them to look at floor).
9. Hold the bottle in one hand and place the tip of the nozzle into the correct nostril. The nozzle should be aimed toward the outside of the nose and away from the septum (the cartilage that divides our nose in half).
10. Ask the client to breathe out slowly and then instruct them to gently sniff as if smelling their food as you press down on the pump or squeeze the bottle once to deliver the first inhalation.
11. Repeat in the other nostril if ordered and then if more than one inhalation is required per nostril, repeat until the correct dose has been given. Replace cap.
12. Encourage client not to blow nose for 5 minutes after assisting them with the nasal medication.
13. Remove disposable gloves and discard.
14. Wash hands.
15. Document correctly on the Home Care Medication Assignment Record – Home Care Attendant.