Oral Routes of Administration

route Because it has many advantages including:
easy to be apply / Covenient / doesn't need practition / doesn't need someone

- Oral refers to two methods of administration:
 - applying topically to the mouth
 - swallowing for absorption along the gastrointestinal
 (GI) tract into systemic circulation
- to indicate oral route of medication administration

Oral Dosage Forms

- Common dose forms for *oral administration*
 - -tablets like sugar conted tablet / sustained tablet (all type of tablet)
 - **⇒** capsules
 - **■** liquids
 - **⇒** solutions
 - suspensions
 - syrups
 - elixirs

Oral Dose Forms

- Sublingual administration is where the dose form is placed under the tongue مقت تق
- Advantages: = rapidly absorbed by sublingual mucosa + by pass the liver
 - **■** Buccal administration is where the dose form is placed between gums and inner lining of the cheek نست محفظة (buccal pouch) خد
 - ■absorbed by buccal mucosa + by pass the liver
 - Dose forms for sublingual and buccal administration:
 - tablets - lozenges – gum H (used for small doses)

Oral Dose Forms

- Capsules are preferred over tablets for patients with difficulty swallowing مبعوبة بالبلج
 - Water preferred over beverages
- to aid in swallowing

 Some dosage forms are des

 be sprinkled on food when

 swallowing a solid in swallowing Some dosage forms are designed to swallowing a solid is difficult



- Liquid doses are swallowed more easily and are suitable for:
 - patients with swallowing difficulties
 - young children

Advantages of the Oral Route

- Ease and safety of administration
- Active ingredient is generally contained in powders or granules which dissolve in GI tract
- Sublingual (and buccal) administration has a rapid onset (less than 5 minutes) for lipophilic drugs, and the drug bypass the first pass metabolism

Disadvantages of the Oral Route

- Sublingual (and buccal) administration is not suitable for large doses of drugs
- Sublingual (and buccal)medications has a short duration of action
 - سن سي المالات الحارثة نستخدساً less than 30 to 60 minutes بدين بسي المالات الحارثة استخدال
 - not appropriate for routine delivery of medication
- Both sublingual and buccal drugs can be swallowed which decreases their bioavailability
- Buccal route may have
 - medicinal taste
 - local mouth irritation

Disadvantages of the Oral Route

Delayed onset

Ex: table +

- dose form must disintegrate before absorption
- Destruction or dilution of drug by
 - **■**GI fluids
 - food or drink in stomach or intestines
- Not indicated in patients who
 - have nausea or vomiting
- تحت التخدير are comatose, sedated, or otherwise unable to swallow
- Unpleasant taste of some liquid dose forms
 - must be masked by flavorings to promote compliance

Dispensing Oral Medications

Patients should be told:

intact کنے ناخد ک

- Not to crush tablets or open capsules intended to be swallowed whole
 - e.g., sustained-release, long-acting, and enteric-coated drugs مثلا لو قسمتها لنصون کون طربین ۱۱ د مناسرت الدوآ
- What foods to take (and not take) the medication with.

Dispensing Oral Medications

The dispensed drug package may include colorful "auxiliary" labels to remind the patient what to do (or not do) while taking a medication



Dispensing Oral Medications

- Patients need instruction on proper storage of nitroglycerin
- Sublingual nitroglycerin tablets should be stored in their original container (brown glass bottle) المن المنافعة المن

pillboxes are not recommended

refill nitroglycerin with a fresh bottle every 6 months

يعين ما يخ ياخذ الدراكمة ، معلى من وبعودة من من العسليم موبعودة كازم سن تكملها ترجع تجيب موبعدة ويدم الموبية والموبية و

Patient patrick of the sale of

partitioning

Administering Oral Medications

Buccally administered nicotine gum

proper administration allows the gum to release nicotine slowly and decrease cravings -> ~ ~ ,

Proper administration technique:

1. Chew the gum slowly and stop chewing when you notice a tingling sensation in the mouth.

2. "Park" the gum between the cheek and gum, and leave it there until the taste or tingling sensation is almost م ال عور كا بالو فه أو الدعندي gone.

3. Resume slowly chewing a few more times until the taste or sensation returns. كما ي مختلف من المرة الا ول

4. Park the gum again in a different place in the mouth.

5. Continue this chewing and parking process until the taste or tingle no longer returns when the gum is chewed (usually 30 minutes). nicotine totally release from the gum

Administering Oral Medications

- Proper administration technique for buccally administered lozenges: المرات
 - 1. Allow lozenge to dissolve slowly over a 30-minute period without chewing or swallowing.
- expected. 2. A tingling sensation (from the release of nicotine) is

Administrating Oral Medications

EW S

If nicotine gum is chewed vigorously, then too much nicotine will be released, causing unpleasant side effects.

EW S

Remind the patient not to eat or drink for 15 minutes before or while using gum or lozenge dosage forms

Administering Oral Medications

Patients with difficulty in swallowing solids should place the dose on the back of the tongue and (tilt → the head forward)

Liquid medication doses must be accurately measured

- in a medication cup
- medication measuring spoon → actual
- Common household utensils are not accurate
 - an <u>oral syringe</u> or <u>measuring dropper</u> may be used for <u>infants</u> or <u>young children</u>

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Dispensing Oral Medications

Always check the manufacturer recommendations for storage and expiry date on reconstituted products.

When suspensions are dispensed, remind patients to store properly and shake the bottle before dosing.

Topical Routes of Administration

- Topical administration is the application of a drug directly to the surface of the skin
- Includes administration of drugs to any mucous membrane

– <u>Skin</u> - Eye

noseUrethra

EarsVagina

ColonLungs

Topical Dosage Forms

Dosage forms for topical administration include:

- Skin:
 - creams
 - ointments
 - lotions
 - gels
- اصقاة
- transdermal patches
- disks

- Eye or ear:
 - solutions
 - suspensions
 - ointments
- Nose and lungs:

sprays and powders

- Local therapeutic effects
- Not well absorbed into the deeper layers of the skin or ما عدد الم المحادل ال mucous membrane

lower risk of side effects

Transdermal route offers steady level of drug in the system

Topical Dosage Forms

Dosage forms for topical administration include:

- Vagina:
 - tablets
 - creams
 - ointments
- Urethra:
 - inserts
 - suppositories

- Rectum:
 - creams
 - ointments
 - solutions
 - foams

Topical Dosage Forms

- Transdermal administration:
 - delivers drug to bloodstream via absorption through
- major barrier the skin via a patch or disk
 - Skin presents a barrier to ready absorption
 - absorption occurs slowly
 - therapeutic effects last for 24 hours up to 1 week
 - Chemicals in the patch or disc force drug
 - across membranes of the skin
 - into layer where absorption into bloodstream occurs



Topical Dosage Forms

- Ocular administration is the application of a drug to the eye
- Conjunctival administration is the application of a drug to the conjunctival mucosa or lining of the inside of the eyelid
- Nasal administration is the application of a drug into the passages of the nose. Sprays for inhalation through the nose may be for local or systemic effects
- Otic administration is the application of a drug to the ear canal.

Topical Dose Forms

Rectal dosage forms:

- solid at room tempreture and melt in the body tempret Suppository
 - solid dose form formulated to melt in the rectum at body temperature and release the active drug
 - Creams, ointments, and foams
 - used for local effects
 - Rectal solutions, or enemas used for
 - التولون cleansing the bowel
 - laxative or cathartic action
 - drug administration in colon disease

تو مل لا colon ما كرية

Topical Dose Forms

Rectal administration is a preferred method when:

- An oral drug might be destroyed or diluted by acidic fluids in the stomach
- An oral drug might be too readily metabolized by the liver and eliminated from the body
- The patient is unconscious and needs medication
- Nausea and vomiting or severe acute illness in the GI tract make patient unable to take oral drugs.

Rectal administration disadvantages:

- inconvenience شرشب بنوخ erratic and irregular drug absorption

Topical Dosage Forms

- The intrarespiratory route of administration is the application of drug through inhalation into the lungs, typically through the mouth
 - lungs are designed for exchange of gases from tissues into bloodstream
- usual dosage form is an aerosol والمادة المادة ا
 - A metered-dose inhaler (MDI) is a common device used to administer a drug in the form of compressed gas through inhalation into the lungs
 - A diskus is a newer dosage form to administer drug to lungs as micronized powder

Topical administration of drugs

- The <u>vaginal route</u> of administration is application of drug via cream or insertion of tablet into the vagina
- Common dosage forms include:
 - emulsion foams sponges
 - inserts suppositories
 - ointments tablets
 - solutions
 - The vaginal route is preferred for:
 - cleansing the area
 - contraception منع الحل
 - treatment of infections
 - Major disadvantages:
 - inconvenience
 - "messiness"

Topical administration of drugs

- The <u>urethral route</u> of administration is application of drug by insertion into the urethra
- Common dose forms include:
 - **⇒** solutions
 - **■** suppositories
- Urethral delivery may be used to treat
 - تسرب البول/ سلس البول م
- impotence in men العب
 - Disadvantages
 - ■inconvenience → المعانفة
 - localized pain

Dispensing and Administering Topical Medications

- It is important for the patient to understand appropriate use and administration of topical drugs at the time of dispensing
- Improper technique or overuse of topical drugs can
 - increase the risk of side effects
 - alter drug efficacy

Ointments, Creams, Lotions, and Gels

- Dosage forms should be applied as directed
 - penerally applied to the skin
 - ■lotions, creams, and gels are worked into the skin
- When using nitroglycerin ointment the patient or caregiver should wear gloves
- to avoid absorbing excessive amounts of drug, which could cause a headache

Ointments, Creams, Lotions, and Gels

When using topical corticosteroids:

- Apply sparingly to affected areas for short periods of time
- Affected area should not be covered up with a bandage unless directed by the physician
 - occlusive dressings can significantly increase drug absorption and risk of side effects
 - Overuse of potent topical corticosteroids can lead to serious systemic side effects

Transdermal Patches

- Site of administration must be rotated and relatively hair free
- Should not be placed over a large area of scar tissue
- Some are replaced every day, others maintain their effect for 3 to 7 days
- to prevent development of drug tolerance where the body requires higher doses of drug to produce the same therapeutic effect.
 - Some testosterone patches are applied to the skin of the scrotum
 - Transdermal patches should be carefully discarded after use because they could cause serious side effects if ingested by young children or pets.

Ophthalmic Medications

- Must be at room temperature or body temperature before application
- Should be stored according to package information
 - reduces bacterial growth
 - ensures stability
- Considered sterile products
 - only preparations with preservatives can be repeatedly used

Ophthalmic Medications

- Before application, patient should wash hands
 - → prevents contamination of application site
- Tube or dropper should not touch the application site
 - medication may become contaminated
- Only sterile ophthalmic solutions or suspensions should be used in the eye

not preparations intended for other uses (e.g., otic)

- Some products are unit of use
 - to be used for one administration only and then discarded

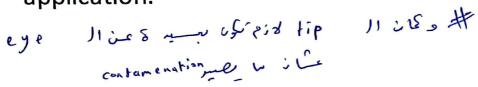
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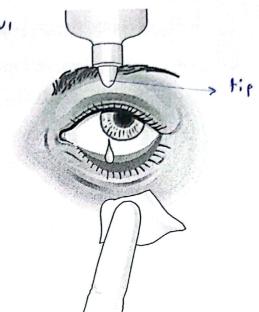
Ophthalmic Medications

- Previously applied medications should be cleaned away
 - also any drainage from the eye
- of medication through the tear duct
 - Poorly placed ointments may be distributed over the eyelids and lashes

Ophthalmic Medications

- Patient's head should be <u>tilted</u> back.
- After administration, the patient should place a finger in the corner of the eye, next to the nose to close the lacrimal gently
 - prevents loss of medication through tear duct
- Patient should also keep the eyes closed for 1 or 2 minutes after application.





Ophthalmic Medications يعني يا ُحَد تعطرتين باليوم لنفس الدرا أو تطرة رابدة باليوم

- When <u>multiple</u> drops of <u>more</u> than one medication are to be administered, the patient should wait <u>5 minutes</u> between different medications
 - the first drop may be washed away
- If an ointment and a drop are used together, the drop is used first
 - wait 10 minutes before applying the ointment

Ophthalmic Medications

Ointments are generally applied at night

drug form of choice when extended contact with the medication is desired مياتت ك تزيد شرهنة العادة

- remind patient that some temporary blurring of vision

Ointment

may occur after application

Ophthalmic Medications

 Unused medication should be discarded 30 days after the container is opened.

inell as the

• Manufacturer expirations do not apply once a patient has opened the medication. يسنى شلر مدحية العلبة وهي سسكرة العلبة مدحيت تكون لدة مثهر

 Ear drops can never be used in the eye, but eye drops can be used in the ear.

sterile 1 1 51 Lie din 100 Was eye 11 2'8

Otic Medications

- Must be at room temperature or body temperature
 - heated drops may cause rupturing of the eardrum
 - = cold drops can cause vertigo and discomfort בייה/ זהים
- Old medication should be removed along with any drainage before applying fresh medication
- Alcohol causes pain and burning sensation
 - should not be used if the patient has a ruptured tympanic membrane (eardrum)

Otic Medications

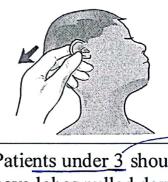
نیر الرأس سجانب بیش برون انکه الازن Tilt head to side سؤیه

→ Tilt head to side with ear facing

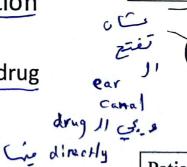
up

■2 to 5 minutes after applecation

- Cotton swabs placed in the ear after administration of drops will prevent excess medication from dripping out of the ear
 - swabs will not reduce drug absorption



Patients under 3 should have lobes pulled down and back.



Patients over 3 should have lobes pulled up and back

ر سوات سعب را س

الذعلى ك

Nasal Medications

- Applied by:
 - drops (instillation)
 - sprays
 - aerosol (spray under pressure) gas t
- Used for:

احتقان الانف relief of nasal congestion or allergy symptoms

- administration of flu vaccine

لقاح للانفلونزا

Nasal Medications

- **■** Patient should:
 - برالاأس tilt head back بيرالاأس
 - insert dropper or spray or aerosol tip into the nostril pointed toward the eyes
 - apply prescribed number of drops or sprays in each nostril
- Breathing should be through mouth to avoid sniffing medication into the sinuses ويبيره

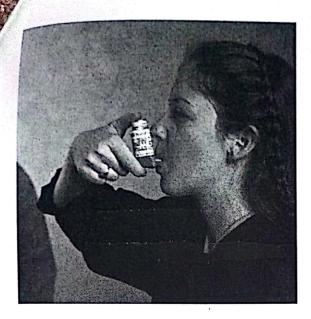
■ Important not to overuse nasal decongestants

Important not to overuse nasal decongestants

Follow label instructions carefully

المناف المام و فوتن المام و المام

Inhaled Medications



- Metered-dose inhalers (MDI) provide medication with compressed gas
 - deliver specific measured dose with each activation
- Some devices <u>use a powder or non-aerosolized spray</u> for <u>inhalation</u> instead of compressed gas
- Nebulizers create a mist when a
 stream of air flows over a liquid
 - commonly utilized for young children or elderly patients with asthma or lung disease



Inhaled Medications

- Proper administration of aerosolized medications:
 - 1. Shake canister well

البخاخ اذا يقلع الله الله الله

- 2. "Prime" by pressing down and activating a practice dose.
- 3. Insert canister into a mouthpiece or spacer to reduce the amount of drug deposited on the back of the throat.
- 4. Breathe out and hold spacer between lips making a seal.
 - 5. Activate MDI and take a deep slow inhalation.
 - 6. Hold breath briefly and slowly exhale through the nose.
- If an MDI contains a steroid, the patient should rinse the mouth thoroughly after dose to prevent oral fungal infection.

Vaginal Medications

- Indicated for
 - bacterial or fungal infection
 - hormone replacement therapy
- The patient is instructed to use the medication for the prescribed period to ensure effective treatment

Rectal Medications

- · Suppository most common
 - remove suppository from its package
 - insert small täpered end first with index finger for the full length of the finger
 - may need to be lubricated with a water-soluble gel to ease insertion
- Enemas
 - rectal injection of a solution

خفظها وللجه

 Refrigeration may make insertion of rectal medications easier in warm climates.

المناخ الحار

buccal buccal buccal buccal

ROUTE OF ADMINISTRATION	ABSORPTION PATTERN	ADVANTAGES	DISADVANTAGES
Oral	Variable; affected by many factors	• Safest and most common, convenient, and economical route of administration	Limited absorption of some drugs Food may affect absorption Patient compliance is necessary Drugs may be metabolized before systemic absorption
inactive	because directly injected into the blood stream	Can have immediate effects Ideal if dosed in large volumes Suitable for irritating substances	Unsuitable for oily substances Bolus injection may result in adverseffects Most substances must be slowly injected Strict aseptic techniques needed Strict aseptic techniques needed
Subcutaneous immediate release	Depends on drug diluents: Aqueous solution: prompt Depot preparations: slow and sustained release.	Suitable for slow-release drugs Ideal for some poorly soluble suspensions	Pain or necrosis if drug is irritating Unsuitable for drugs administered large volumes
Intramuscular	Depends on drug diluents: Aqueous solution: prompt Depot preparations: slow and sustained	Suitable if drug volume is moderate Suitable for oily vehicles and certain irritating substances Preferable to intravenous if patient must self-administer	Affects certain lab tests (creatine kinase) Can be painful Can cause intramuscular hemorrhage (precluded during anticoagulation therapy)



ROUTE OF DMINISTRATION	ABSORPTION PATTERN	ADVANTAGES	DISADVANTAGES
Transdermal (patch)	• Slow and sustained	Bypasses the first-pass effect Convenient and painless Ideal for drugs that are lipophilic and have poor oral bloavailability Ideal for drugs that are quickly eliminated from the body	Some patients are allergic to patches, which can cause irritation Drug must be highly lipophilic May cause delayed delivery of drug to pharmacological site of action Limited to drugs that can be taken in small daily doses
Rectal	● Erratic and variable	Partially bypasses first-pass effect Bypasses destruction by stomach acid Ideal if drug causes vomiting Ideal in patients who are vomiting, or comatose	Drugs may irritate the rectal mucosa Not a well-accepted route
Inhalation	Systemic absorption may occur; this is not always desirable	Absorption is rapid; can have immediate effects Ideal for gases Effective for patients with respiratory problems Dose can be titrated Localized effect to target lungs: lower doses used compared to that with oral or parenteral administration Fewer systemic side effects	Most addictive route (drug can enter the brain quickly) Patient may have difficulty regulating dose Some patients may have difficulty using Inhalers
Sublingual	Depends on the drug: Few drugs (for example, nitroglycerin) have rapid, direct systemic absorption Most drugs erratically or incompletely absorbed	Bypasses first-pass effect Bypasses destruction by stomach acid Drug stability maintained because the pH of saliva relatively neutral May cause immediate pharmacological effects	Limited to certain types of drugs Limited to drugs that can be taken in small doses May lose part of the drug dose if swallowed