

Margaret H. Rollins School of Nursing
Nursing 202 IV Competency

Instructions: You will need to utilize open lab time to practice and be signed off on the below skills to prove competency. Two peers will need to witness you completing the skills satisfactorily. Access your procedure checklists to ensure that skills are being performed correctly. Complete a brief rationale for each procedure step.

**Boxes for duplicate steps have been grayed out. You do not need to write a rationale in those boxes*

For your competency, you will be randomly selected a skill to demonstrate competency to a faculty member. If you are unsuccessful on your skill, you will be required to repeat the competency on the skill that was unsatisfactory and an additional skill that is drawn at random.

Student's Name: _____

Skill	Peer Reviewer Signature and Date	Peer Reviewer Signature and Date
IVP through Infusing Line- Compatible		
IVP through Infusing Line- Incompatible		
IVP Jelco		
Secondary Infusion		

BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
IV Push Medication Procedure

PART A: PREPARATION	RATIONALE
1. Locate and state the need for the physician's order for the medication.	
2. Determine the patient's drug allergies and locate appropriate lab work related to the medication and patient condition.	
3. Carefully check IV tubing for IV solutions and IVPB medications to check for compatibility.	
4. Check medication for: Dose and concentration - Expiration date - Route of and rate of administration	
5. Be knowledgeable of the CADSCAN for the medication to be administered.	
6. Wash hands.	
7. Assemble the equipment: <ul style="list-style-type: none"> • Medication • Syringe for administration (correct size) • Filter needle, if needed for glass ampules • Proper diluents, if needed • Alcohol swabs • N.S. syringe (3-20ml pending compatibility) 	
8. Prepare and draw up medication according to the manufacturer's recommendations using aseptic technique.	
10. Properly identify the patient, check for allergies and explain the procedure and effects/side effects of medication.	
11. Observe IV site for signs of infiltration or inflammation. If necessary, change site before proceeding.	

PART B – INTO EXISTING IV LINE	RATIONALE
1. Select injection port in IV tubing, closest to IV insertion site.	
2. Cleanse IV injection port with alcohol swab, scrubbing the hub for at least 5 seconds. Allow to dry.	
3. Occlude IV tubing above the injection port by pinching the tubing and keeping it pinched when injecting medication to prevent back flush of medication into tubing.	
<p>4. If IV medication and <u>infusing</u> IV solution are COMPATIBLE, insert medication syringe into injection port and inject medication at the prescribed rate using Pinch-Push-Release method to allow medication to dilute with IV fluid. Use a watch to time administration rate.</p> <p>* If IV medication and <u>infusing</u> IV solution in tubing are INCOMPATIBLE, stop IV infusion, flush line with 10ml N.S. before and after administering medication at the prescribed rate. Keep the tubing pinched for the duration of the medication and flush administration. Administer the first 1ml at the same rate that the medication was administered.</p>	
6. Stay with the patient for 5-10 minutes to note any allergic or adverse reaction.	
7. Discard syringe(s) in proper container.	
8. Chart medication administration on EMR. Document any necessary vitals signs and re-evaluate the patient's reaction to the medication.	

PART C – INTO INTERMITTENT IV ACCESS SITE	RATIONALE
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(SALINE LOCK)	
1. Cleanse IV injection port with alcohol swab, scrubbing the hub for at least 5 seconds. Allow to dry.	
2. Attach syringe with NSS. Aspirate to check for blood return.	
3. Inject the first 3ml NSS slowly, and observe for signs of infiltration. Remove syringe.	
4. Cleanse IV injection port with alcohol swab, scrubbing the hub for at least 5 seconds. Attach syringe of medication and inject medication at the prescribed rate. Use a watch to time administration rate. Remove syringe.	
5. Cleanse IV injection port with alcohol swab, scrubbing the hub for at least 5 seconds. Reattach syringe with 3ml NSS to flush the line. Administer the first 1ml at the same rate that the medication was administered.	
6. Remove syringe.	
7. Stay with the patient for 5-10 minutes to note any allergic or other reaction.	
8. Discard syringes in proper container.	
9. Chart medication on EMR. Document any necessary pt reaction and vital signs.	
10. Saline lock is to be flushed with 3ml NSS every 8 hours if medications are not given more frequently to maintain patency of the system.	

BEEBE HEALTHCARE
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Secondary Infusion

PART A – PREPARATION	RATIONALE
1. Check order and compare with medication administration record (MAR).	
2. Question patient concerning drug allergies – also check electronic medical record (EMR).	
3. Assess IV site, IV tubing, and any infusing solutions at bedside prior to preparing medication.	
4. Using proper resources check: <ul style="list-style-type: none"> - Type and volume of fluid for reconstituting medication (NS, sterile water, etc.). - Compatibility of medication with other infusing fluids, in both primary and secondary tubing. (Particularly if planning to use same secondary tubing.) - Over how many minutes to infuse the medication and how to set the IV pump in mL/hour. 	
5. Gather equipment: <ul style="list-style-type: none"> • Alcohol swabs • Patient label • Prescribed medication • Mini-bag • Secondary tubing (if needed) • Tubing label (if needed) • Sterile dark blue cap for tubing (if disconnecting a secondary set that will be reused later) • IV pump and pole • Medication cart with EMR and barcode scanner 	
6. Compare vial with the order in the EMR and show instructor. Check vial for expiration date. Check Mini-bag for expiration date, contamination, and leaks.	

PART A – PREPARATION	RATIONALE
7. Label Mini-bag with date and time initiated, date and time expired, and initials.	
8. Perform hand hygiene.	
<p>9. Activate the Mini-Bag Plus System (immediately prior to administration):</p> <p>a. Assembly</p> <ol style="list-style-type: none"> 1) Remove medication vial cover. 2) Disinfect stopper with alcohol pad. 3) Peel foil cover from Mini-bag adapter. 4) Inspect adapter for moisture (discard if found). 5) Place vial upright on a flat surface. 6) Hold vial firmly and push Mini-bag adapter down until vial snaps into place. 7) Do not twist or remove vial once it is seated in the Mini-bag. <p>b. Reconstitution</p> <ol style="list-style-type: none"> 1) Gently squeeze Mini-bag to ensure vial is in place and nothing is leaking. 2) Break seal to allow fluid to mix with powder. 3) Hold bag upright and above vial. 4) Squeeze solution into vial until HALF FULL. 5) Roll vial in palms of hands to dissolve drug in solution. 6) When drug is completely dissolved, flip bag upside down so that vial is above it. 7) Squeeze and release bag to force air into vial and allow medication to drain back into bag. 8) Repeat until vial is empty and all of medication is inside the bag. 9) Do not remove drug vial from bag even though it should now be empty. 	

PART B – ADMINISTRATION	RATIONALE
1. Perform hand hygiene upon arrival to patient's room.	
2. Confirm patient's identity by having patient <u>state</u> name and date of birth while checking ID band. Scan ID band and compare information with EMR screen. Compare solution with MAR (final check). Scan medication vial and Mini-bag solution. Enter patient's IV site location on EMR. May question patient regarding allergies if not previously done.	

3. Explain procedure to patient.	
4. Perform hand hygiene again.	
5. Unlock and stop the IV pump , if running. Close all roller clamps.	
6. Hang <i>primary</i> IV bag on hanger provided (fully extended). Primary IV bag should be lower than secondary IV bag on IV pole.	
<p>7. Hang secondary medication using one of the following options:</p> <p><i>Piggyback Option 1: Use tubing in room and only change bag (existing tubing is not expired. tubing was used for the same medication or another compatible medication).</i></p> <ol style="list-style-type: none"> Hang new Mini-bag on IV pole. Make sure clamp is CLOSED on secondary tubing. Take empty Mini-bag down from IV pole and invert it (so it does not spill). Remove spike from empty container, maintaining its sterility. Set empty container aside. Maintaining asepsis, insert secondary tubing spike into new Mini-bag port. If not already connected, attach secondary tubing into primary tubing in Y-port above the pump. Make sure to disinfect port first with alcohol pad. 	

- f. Inspect tubing for any air bubbles. Remove bubbles by taking Mini-bag off IV hook and lowering below the primary bag. Slowly open the secondary roller clamp to “back flush” with primary solution. Close roller clamp again and replace Mini-bag on IV pole when all air is removed.

- g. Select “program pri/sec” key on IV pump, review primary infusion setting to make sure settings correct, then “program secondary” key. Type the drug’s first two letters (generic name) and use arrows to scroll down until the correct drug is highlighted. Push OK. Select a concentration that matches the prescribed dose. Confirm your selection.
- h. Enter all required values (*rate* in mL/hr and *volume to be infused* (VTBI)), pressing **OK** on each highlight to confirm your entry. Push START/STOP to begin secondary infusion. Select whether secondary callback is needed at end of infusion (discuss with instructor and select Yes/No accordingly).
- i. Check flow and open all clamps on primary and secondary tubing. Confirm drops are falling in secondary not primary drip chamber. Press YES after visualizing drops falling.

Piggyback Option 2: Prime new secondary tubing with medication. (Use when old tubing is expired or when your new medication and the one currently running are incompatible.) Note: steps a thru c should be done outside of patient’s room this semester.

- a. Hang new Mini-bag on IV pole.
- b. Make sure clamp is **CLOSED** on secondary tubing. This is critical to avoid loss of medication.
- c. Maintaining asepsis, insert new secondary tubing spike into Mini-bag port.
- d. Slowly and carefully prime tubing, removing all air.

<p>e. Attach secondary tubing into primary tubing in Y-port above the pump. Make sure to disinfect port first with alcohol pad.</p> <p>f. Select “program pri/sec” key on IV pump, review primary infusion setting to make sure settings correct, then “program secondary” key. Type the drug’s first two letters (generic name) and use arrows to scroll down until the correct drug is highlighted. Push OK. Select a concentration that matches the prescribed dose. Confirm your selection.</p> <p>g. Enter all required values (<i>rate</i> in mL/hr and <i>volume to be infused</i> (VTBI)), pushing OK on each highlight to confirm your entry. Push START/STOP to begin secondary infusion. Select whether secondary callback is needed at end of infusion (discuss with instructor and select YES/NO accordingly).</p> <p>h. Check flow, open all clamps on primary and secondary tubing. Confirm drops are falling secondary <u>not</u> primary drip chamber. <u>Press YES after visualizing drops falling.</u></p>	
<p>8. Select “sign” on EMR screen once infusion is running.</p>	
<p>9. State need to assess for side effects and reaction.</p>	
<p>10. Ensure blackout label is applied over confidential patient information on empty container. Discard in appropriate receptacle (discuss with instructor).</p>	
<p>11. Perform hand hygiene prior to leaving patient room.</p>	
<p>12. After medication has infused, return to bedside and check to ensure that the pump rate has reverted back to primary rate and that the entire Mini-bag has infused.</p>	
<p>13. Assess patient tolerance and condition of IV site.</p>	
<p>14. Leave secondary tubing connected to main line infusion. Close clamp on secondary tubing.</p>	

