

**Intravenous Therapy**  
**Class Preparation**  
*Nursing 201: Nursing Care of Special Populations*

**After reviewing the Beebe Healthcare IV Therapy and Vascular Access Devices policy with Lippincott Procedures links, answer the following questions.**

1. Hand hygiene and gloves are indicated for IV insertion and removal; for drawing blood; and discontinuing of any vascular access device.

**TRUE**

**FALSE**

2. Prior to accessing an intravascular cap, how many seconds do you scrub the hub?  
The hub should be scrubbed for at least 5 seconds using an antiseptic pad.

3. For incompatible solutions/medications, flush the line with 10ml NS before and 10ml NS after administering the medication.

4. Pediatric IV sites should be assessed Q 1 hours.

5. Only Grade 2 infiltrations require a Safety Tracking Tool (STT) to be completed.

**TRUE**

**FALSE**

6. A physician's order is not required to initiate intravenous (IV) access.

**TRUE**

**FALSE**

7. Intravenous sites must be changed every 96 hours.

**TRUE**

**FALSE**

8. When an extravasation occurs, the nurse should immediately remove the intravenous (IV) site.

**TRUE**

**FALSE**

9. IV sites are assessed and documented on at least every 4 hours and PRN.

10. An intravenous site that is initiated in suboptimal aseptic conditions can stay in place if assessing within normal limits.

**TRUE**

**FALSE**