

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*?

Minimum of 5 seconds

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

Grade 2 is required to be reported to physician

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

TRUE

FALSE

order is not required if there is an order for iv med/therapy, or if a test requires iv placement

7. Intravenous sites must be changed every 96 hours.

should be d/c if no longer indicated and not been used for > 74 hrs.

TRUE

FALSE

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

TRUE

FALSE

stop IV infusion immediately

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

should be d/c and changed w/in 48 hrs.