

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?
5 seconds and allow to dry completely

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