BEEBE HEALTHCARE
MARGARET H. ROLLINS SCHOOL OF NURSING
NURSING 201 – NURSING CARE OF SPECIAL POPULATIONS
IV PUSH MEDICATION PROCEDURE
2025

PART A	
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 medication template for the medication to be administered.
6.	Wash hands.
7.	Assemble the equipment: • 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	
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.
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.
*	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.
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 (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.