

Shannon
O'Malley

preparing IV tubing

- the first thing to remember to do before you prep IV tubing is to wash your hands.
- next make sure you have all appropriate materials
- verify it is the correct medication in the MAR
- check for color, clarity, and expiration date
- remove caps and connect tubing
- turn roller clamp off and compare IV solution to MAR again
- insert tubing, without contaminating the spike, to the bag of fluid
- hang bag and squeeze drip chamber
- open clamp to prime the tubing
- ensure no air bubbles + tap if there are any
- place label + time stamp on bag

initiating IV therapy

- place tubing within reach
- place tourniquet on arm + palpate to find best vein
- release tourniquet
- cleanse IV site from inwards → out + allow to dry
- replace glove + take cap off needle
- take non dominant hand to pull vein taught, and pierce skin quickly until you see blood
- while stabilizing the vein, advance the catheter and click button
- remove tourniquet (spelled wrong)
- check for patency, w/ saline and then secure catheter.
- make sure date and your initials are on IV
- tape tubing to clients arm

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- replacing IV ~~solution~~ ^{solution}
- use 2 acceptable identifiers
- check MAR
- put clamp on off position
- twist + remove spike from bag
- insert spike into new bag and rehang
- inspect tubing for air bubbles
- make sure drip chamber is half full
- unclamp
- replacing IV tubing
- perform hand hygiene, confirm pt, explain procedure
- connect extension to primary tubing
- clamp in off position
- twist ~~sp~~ inverted bag until spike is released, and open new spike to insert it into the solution
- squeeze drip chamber until half full
- open clamp to prime the tubing
- inspect for no bubbles
- secure tubing to pt's arm
- apply light pressure + stabilize catheter and secure hub to new hub
- check for patency ~~with~~ by releasing the clamp
- * preparing saline lock
- hand hygiene + confirm order + gather supplies
- cleanse injection cap
- attach saline to cap + tubing
- prime the tubing and inspect for bubbles
- * converting iv infusion to saline lock
- hand hygiene, confirm pt
- clean adapter and prime it with normal saline
- disconnect primary tubing from extension tubing
- confirm patency

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- document procedure done
- discontinuing a peripheral IV catheter
- hand hygiene, explain procedure to patient
- remove tape while holding catheter in place
- gently pull catheter out and place gauze on insertion site

Specimine Collection

Urine Specimine

- Clean catch, straight catheter, indwelling catheter
- note color, odor, and appearance of the urine
- if its timed, record start time and finish time

Blood Specimine

- can be obtained from veins, peripheral IV line, central line
- note number of specimens collected
- make sure to clean site with alcohol prep pad

Stool Specimine

- color, odor, and consistency of the stool along with any unusual things such as blood or mucus
- testing for occult blood can be positive or negative
- record number of specimens taken

Gastric Specimine

- record if its emesis or NG
- the color + odor of secretions along w/ any unusual things such as coffee grounds appearance

Sputum Specimine

- how it was collected ie productive cough + sputum trap
- amount, color, and consistency of the sputum

Cultures

- type of culture ie aerobic + anaerobic
- the site where it was obtained (nose, throat, wound, vein)
- if a wound, provide description (color + odor + consistency)