

Administration of Intravenous Push/Bolus Medication

Student Name: _____ Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<u>Assessment</u>			
1. Avoid distractions			
2. Check patient's chart for <ol style="list-style-type: none"> a. Active physician's order b. ** Allergies, including sensitivity to latex and tape 			
3. Check Medication Administration Record (MAR) <ol style="list-style-type: none"> a. Date b. Patient name c. Drug name and dosage d. Time for administration e. Route of administration (note volume and rate) 			
3. ** Verify compatibility of medication with current IV solution, if applicable			
5. ** Verify IV access: assess site for patency and note IV solution infusing, if applicable			
<u>Planning</u>			
6. Identify expected outcomes: know actions, special nursing considerations, safe dose ranges, purpose of administration, and adverse effects of medications to be administered.			
7. Identify teaching that may need to be provided to the patient.			
8. Gather equipment <ol style="list-style-type: none"> a. EHR b. ** Proper sized syringe and needleless adapter or blunt cannula c. If dispensed medication is in an ampule: obtain ampule breaker and filter needle d. Gloves e. Alcohol swabs f. Two 10mL 0.9% Normal Saline flushes g. Watch with second hand 			
<u>Implementation</u>			
9. ** Perform hand hygiene			
10. Prepare medication for only one patient at a time <ol style="list-style-type: none"> a. Read MAR and select correct medication b. ** State the 6 rights of medication administration while comparing medication to the MAR (First Check) c. Verbalize the medication is not expired d. Visually inspect medication for color, clarity, sediment 			
11. ** Compare MAR to label on vial, ampule, or prefilled syringe verifying correct medication (Second Check) <ol style="list-style-type: none"> a. Verbalize the medication is not expired 			
12. ** Correctly calculate the amount of medication to be given			
13. ** Correctly identify the appropriate rate at which the medication should be pushed			
14. Prepare medication in syringe using proper technique <ol style="list-style-type: none"> a. Use alcohol swab to disinfect rubber stopper of vial b. ** Inject air into vial in quantity of desired volume to be drawn into syringe c. ** Withdraw correct dose d. ** Recap syringe using scoop method for transport to patient's room e. ** Tap capped syringe to clear any air bubbles f. If not administered immediately, clearly label syringe with medication name, dose, and date 			

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
15. Carry prepared medication, vial(s), alcohol swabs, and saline flushes to patient's room.			
16. Upon entering room a. ** Perform hand hygiene b. Be aware of your spatial safety have the call light within reach c. Identify self d. ** Identify patient using two patient identifiers while comparing MAR to patient ID band e. ** Ask patient if they have any allergies and check for allergy band f. Ensure privacy g. Explain what is about to occur and what medications will be administered h. Allow for patient questions i. Raise bed to comfortable working height j. Don gloves			
17. Collect data a. Patient status, condition of existing IV site and dressing b. ** Perform necessary focused assessments to related to the medication to be given c. Reconfirm patency of IV site d. Verbalize symptoms that would indicate discontinuation of that site e. Scan patient wrist band f. Scan medication g. ** Compare label of vial, ampule, or prefilled syringe to MAR (Third Check) h. Verbalize the medication is not expired			
18. Prepare for administration a. Clamp IV tubing or pause IV pump if fluids are infusing b. Choose the injection port closest to the IV insertion site c. Cleanse the injection port for 15 seconds with an alcohol swab d. ** Flush with 5-10mL of normal saline e. ** Maintaining sterile technique, remove needleless adaptor or blunt cannula from syringe and attach syringe to hub on injection port f. ** Administer the medication in the appropriate time frame using the push-then-pause method while checking watch with second hand g. ** Disconnect syringe and flush again with 5-10mL of normal saline <u>at the same rate as the medication that was pushed</u> h. Unclamp IV tubing or restart IV pump and assess the IV fluid infusion rate			
19. ** Correctly document medication in EHR			
20. Monitor the patient for adverse reactions such as cardiac arrhythmia, anaphylaxis, phlebitis, and extravasation of the IV site.			
21. Dispose of used equipment.			
22. Before leaving room a. ** Reposition patient for comfort and safety b. ** Lower bed c. ** Raise appropriate side rails d. ** Leave call light and belongings in reach e. ** Perform hand hygiene			
<u>Evaluation</u> 23. Verbalize need to follow up on therapeutic effects of medication in a timely manner.			

*S = Satisfactory, ^U = Unsatisfactory

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