

University of the Philippines Manila
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N-11 Procedure Checklists
MEDICATION ADMINISTRATION

Administering ORAL MEDICATIONS

Preparation		Observed	Done	Not done	Comments
1.	Assess: <ul style="list-style-type: none"> • Allergies to medication(s) • Client's ability to swallow the medication • Presence of vomiting or diarrhea that would interfere with the ability to absorb the medication • Specific drug action, side effects, interactions, and adverse reactions • Client's knowledge of and learning needs about the medication • Perform appropriate assessments specific to the medication 				
2.	Assemble equipment and supplies: <ul style="list-style-type: none"> • Medication cards • Disposable medication cups: small paper or plastic cups for tablets and capsules, or waxed or plastic calibrated medication cups for liquids • Medication administration record (MAR), or computer printout • Pill crusher / cutter • Straws to administer medications that may discolor the teeth, or to facilitate the ingestion of liquid medication for certain clients • Drinking glass and water or juice 				
3.	Know the reason why the client is receiving the medication, the drug classification, contraindications, usual dosage range, side effects, and nursing considerations for administering and evaluating the intended outcomes for the medication.				
4.	Check the medication card (MAR) / client.				
	Check the medication card for the drug name, dosage, frequency, route of administration, and expiration date for administering the medication, if appropriate.				
	If the order (MAR) is unclear, or pertinent information is missing, compare the medication card with the most recent physician's written order.				
	Report any discrepancies to the charge nurse or the physician, as agency policy dictates.				
5.	Verify the client's ability to take medication orally.				
	Determine whether the client can swallow, is NPO, is nauseated or vomiting, has gastric suction, or has diminished or absent bowel sounds.				
6.	Organize the supplies.				
	Place the medication cart outside the client's room				

	Assemble the MAR/s for each client together, so that medications can be prepared for one client at a time.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Unlock the medication cart.				
3.	Obtain appropriate medication.				
	Read the MAR and take the appropriate medication from the shelf, drawer or refrigerator.				
	Compare the label of the medication container or unit-dose package against the order on the MAR or computer printout. Report discrepancies				
	Check the expiration date of the medication. Return expired medications to the pharmacy.				
	Use only medications that have clear, legible labels.				
4.	Prepare the medication.				
	Calculate medication dosage accurately.				
	Prepare the correct amount of medication for the required dose, without contaminating the medication.				
	While preparing the medication, recheck each prepared drug and container with the MAR again.				

Tablets or capsules					
	Place packaged unit-dose capsules or tablets directly into the medicine cup. Do not remove the medication from the wrapper until at the bedside.				
	If using a stock container, pour the required number into the bottle cap, and then transfer the medication to the disposable cup without touching the tablets.				
	Keep narcotics and medications that require specific assessments—such as pulse measurements, respiratory rate or depth, or blood pressure—separate from the others.				
	Break scored tablets only, if necessary to obtain the correct dosage. Use a file or cutting device if needed.				
	If the client has difficulty swallowing, crush the tablets (check to make sure tablet may be crushed) to a fine powder with a pill crusher, or between two medication cups. Then, mix the powder with a small amount of soft food, such as applesauce.				

Liquid/Syrup Medication					
	Thoroughly mix the medication before pouring. Discard any medication that has changed color or turned cloudy.				
	Remove the cap and place it upside down on the countertop.				
	Hold the bottle so the label is next to your palm, and pour the medication away from the label.				
	Hold the medication cup at eye level and fill it to the desired level, using the bottom of the meniscus to align with container scale.				
	Before capping the bottle, wipe the lip with a paper towel.				
	When giving small amounts of liquids (< 5 mL), prepare the medication in a sterile syringe without the needle.				

	Keep unit-dose liquids in their packages, and open them at the bedside.				
Oral Narcotics					
	If an agency uses a manual recording system for controlled substances, check the narcotic record for the previous drug count and compare it with the supply available.				
	Remove the next available tablet and drop it in the medication cup.				
	After removing a tablet, record the necessary information on the appropriate narcotic control record and sign it.				
	<i>Note:</i> Computer-controlled dispensing systems allow access only to the selected drug and automatically record its use.				
All Medications					
	Place the prepared medication and MAR together on the medication cart.				
	Recheck the label on the container before returning the bottle, box or envelope to its storage place.				
	Avoid leaving prepared medications unattended.				
	Lock the medication cart before entering the client's room.				
5.	Provide for client privacy.				
6.	Prepare the client				
	Check the client's identification band.				
	Assist the client to a sitting position or, if not possible, to a side-lying position.				
	If not previously assessed, take the required assessment measures, such as pulse and respiratory rates or blood pressure.				
7.	Explain the purpose of the medication and how it will help, using language that the client can understand. Include relevant information about effects.				
8.	Administer the medication at the correct time.				
	Take the medication to the client within 30 minutes before or after the scheduled time.				
	Give the client sufficient water or preferred juice to swallow the medication. Before using juice, check for any food and medication incompatibilities.				
	If the client is unable to hold the pill cup, use the pill cup to introduce the medication into the client's mouth, and give only one tablet or capsule at a time.				
	If an older child or adult has difficulty swallowing, ask the client to place the medication on the back of the tongue before taking the water.				
	If the medication has an objectionable taste, ask the client to suck a few ice chips beforehand, or give the medication with juice, applesauce, or bread, if there are no contraindications.				
	If the client says that the medication you are about to give is different from what the client has been receiving, do not give the medication without first checking the original order.				
	Stay with the client until all medications have been swallowed.				

9.	Document each medication given.				
	Record the medication given, dosage, time, any complaints or assessments of the client, and your signature.				
	If medication was refused or omitted, record this fact on the appropriate record; document the reason, when possible, and the nurse's actions, according to agency policy.				
10.	Dispose of all supplies appropriately.				
	Replenish stock and return the cart to the appropriate place.				
	Discard used disposable supplies.				
11.	Evaluate the effects of the medication.				
	Return to the client when the medication is expected to take effect to evaluate the effects of the medication on the client.				

Preparing Medications from Ampules					
				Not Done	Comments
Preparation		Observed	Done		
1.	Assemble equipment and supplies:				
	<ul style="list-style-type: none"> • MAR or computer printout • Ampule of sterile medication • File (if ampule is not scored) and small gauze square • Antiseptic swabs • Needle and syringe • Filter needle 				
2.	Check medication card (MAR)				
	Check the label on the ampule carefully against the medication card to make sure that the correct medication is being prepared.				
	Follow the three checks for administering medications. Read the label on the medication: <ul style="list-style-type: none"> • When it is taken from the medication cart • Before withdrawing the medication • After withdrawing the medication 				
3.	Organize the equipment.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medication ampule for drug withdrawal.				
	Flick the upper stem of the ampule several times with a fingernail, or, holding the upper stem of the ampule, shake the ampule similar to shaking down a mercury thermometer.				
	Partially file the neck of the ampule, if necessary, to start a clean break.				
	Place a piece of sterile gauze between your thumb and the ampule neck, or around the ampule neck, and break off the top by bending it toward you. <i>Or:</i>				

	Place the antiseptic wipe packet over the top of the ampule before breaking off the top.				
	Dispose of the top of the ampule in the sharps container.				
3.	Withdraw the medication				
	Place the ampule on a flat surface. Using a filter needle to withdraw the medication, disconnect the regular needle, leaving its cap on, and attach the filter needle to the syringe.				
	Remove the cap from the filter needle, and insert the needle into the center of the ampule. Do not touch the rim of the ampule with the needle tip or shaft. Withdraw the amount of drug required for the dosage.				
	With a single-dose ampule, hold the ampule slightly on its side, if necessary, to obtain all the medication.				
	Replace the filter needle with a regular needle, and tighten the cap at the hub of the needle before injecting the client.				

Preparing medications from vials					
				NOT DONE	Comments
Preparation		OBSERVED	DONE		
1.	Assemble equipment and supplies: <ul style="list-style-type: none"> • MAR or computer printout • Vial of sterile medication • Antiseptic swabs • Needle and syringe • Filter needle (check agency policy) • Sterile water or normal saline, if drug is in powdered form 				
2.	Implement same preparation as described in section on how to prepare medications from ampule.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medications vial for drug withdrawal.				
	Mix the solution, if necessary, by rotating the vial between the palms of the hands, not by shaking.				
	Remove the protective cap, or clean the rubber cap of a previously opened vial with an antiseptic wipe by rubbing in a circular motion.				
3.	Withdraw the medication.				
	Attach a filter needle, as agency practice dictates, to draw up premixed liquid medications from multi-dose vials.				
	Ensure that the needle is firmly attached to the syringe.				

	Remove the cap from the needle, then draw up into the syringe the amount of air equal to the volume of the medication to be withdrawn.				
	Carefully insert the needle into the upright vial through the center of the rubber cap, maintaining the sterility of the needle.				
	Inject the air into the vial, keeping the bevel of the needle above the surface of the medication.				
	Withdraw the prescribed amount of medication using either of the following methods: <ul style="list-style-type: none"> Hold the vial down, move the needle tip so that it is below the fluid level, and withdraw the medication. Avoid drawing up the last drops of the vial. Or: <ul style="list-style-type: none"> Invert the vial, ensure the needle tip is <i>below</i> the fluid level, and gradually withdraw the medication. 				
	Hold the syringe and vial at eye level to determine that the correct dosage of drug is drawn into the syringe. Eject air remaining at the top of the syringe into the vial.				
	When the correct volume of medication is obtained, withdraw the needle from the vial, and replace the cap over the needle using the scoop method, thus maintaining its sterility.				
	If necessary, tap the syringe barrel to dislodge any air bubbles present in the syringe.				
	Replace the filter needle, if used, with a regular needle and cover of the correct gauge and length before injecting the client.				

Variation: Preparing and Using Multi-dose Vials

Procedure					
	Read the manufacturer's directions.				
	Withdraw an equivalent amount of air from the vial before adding the diluent, unless otherwise indicated by the directions.				
	Add the amount of sterile water or saline indicated in the directions.				
	If a multi-dose vial is reconstituted, label the vial with the date and time it was prepared, the amount of drug contained in each milliliter of solution, and your initials.				
	Once the medication is reconstituted, store it in a refrigerator or as recommended by the manufacturer.				

Mixing medications using one syringe

Preparation			NOT DONE	Comments
	OBSERVED	DONE		

1.	Assemble equipment and supplies: <ul style="list-style-type: none"> MAR or computer printout Two vials of medication; one vial and one ampule; two ampules; or one vial or ampule and one cartridge Antiseptic swabs Sterile hypodermic or insulin syringe and needle (if insulin is being given, use a small-gauge hypodermic needle—e.g., 26 gauge) Additional sterile subcutaneous or intramuscular needle (optional) 				
2.	Check the medication card (MAR)				
	Before preparing and combining the medications, ensure that the total volume of the injection is appropriate for the injection site.				
	Check the label on the medications carefully against the MAR to make sure that the correct medication is being prepared.				
	Follow the three checks for administering medications. Read the label on the medication: <ul style="list-style-type: none"> When it is taken from the medication cart Before withdrawing the medication After withdrawing the medication 				
3.	Organize the equipment.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medication ampule or vial for drug withdrawal.				
	See procedure (step 2) for preparing ampule.				
	Inspect the appearance of the medication for clarity. Some medications are always cloudy.				
	If using insulin, thoroughly mix the solution in each vial prior to administration. Rotate the vials between the palms of the hands, and invert the vials.				
	Clean the tops of the vials with antiseptic swabs.				
3.	Withdraw the medications.				

Mixing Medications from Two Vials					
	Take the syringe and draw up a volume of air equal to the volume of medications to be withdrawn from both vials A and B.				
	Inject a volume of air equal to the volume of medication to be withdrawn into vial A. Make sure the needle does not touch the solution.				
	Withdraw the needle from vial A and inject the remaining air into vial B.				
	Withdraw the required amount of medication from vial B.				
	Using a newly attached sterile needle, withdraw the required amount of medication from vial A. The syringe now contains a mixture of medications from vials A and B.				

Mixing Medications from One Vial and One Ampule				
	First prepare and withdraw the medication from the vial.			
	Then withdraw the required amount of medication from the ampule.			
Mixing Medications from One Cartridge and One Vial or Ampule				
	First ensure that the correct dose of the medication is in the cartridge. Discard any excess medication and air.			
	Draw up the required medication from the vial or ampule into the cartridge. Note that when withdrawing medication from a vial, an equal amount of air must first be injected into the vial.			
	If the total volume to be injected exceeds the capacity of the cartridge, use a syringe with sufficient capacity to withdraw the desired amount of medication from the vial or ampule, and transfer the required amount from the cartridge to the syringe.			
Variations: Mixing insulins				
Procedure				
	Inject prescribed units of air into the NPH vial and withdraw the needle. (There should be no insulin in the needle.) The needle should not touch the insulin.			
	Inject prescribed units of air into the regular insulin vial, and immediately withdraw the prescribed units of regular insulin. <i>Always withdraw the regular insulin first.</i>			
	Reinsert the needle into the NPH insulin vial, and withdraw the prescribed units of NPH insulin.			

INJECTIONS

Administering An Intradermal (ID) injection

Preparation				NOT DONE	Comments
		OBSERVED	DONE		
1. Assess:	<ul style="list-style-type: none"> • Appearance of injection site • Specific drug action and expected response • Client's knowledge of drug action and response 				
2. Assemble equipment and supplies:	<ul style="list-style-type: none"> • Vial or ampule of the correct medication • Sterile 1-mL syringe calibrated into hundredths of a milliliter (i.e., tuberculin syringe) and a 25- to 27-gauge needle that is ¼ to ⅝ inch long • Alcohol swabs • 2" x 2" sterile gauze square (optional) • Nonsterile gloves (according to agency protocol) • Band-Aid (optional) • Epinephrine (a bronchodilator and antihistamine) on hand 				
3. Check the medication card (MAR)					
	Check the label on the medication carefully against the medication card to make sure that the correct medication is being prepared.				
	Follow the three checks for administering medications. Read the label on the medication:				

	<ul style="list-style-type: none"> When it is taken from the medication cart Before withdrawing the medication After withdrawing the medication 				
4.	Organize the equipment.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medication from the vial or ampule for drug withdrawal.				
	See Procedures on preparing ampule or vial.				
3.	Prepare the client				
	Check the client's identification band.				
4.	Explain to the client that the medication will produce a small wheal, sometimes called a bleb.				
5.	Provide for client privacy.				
6.	Select and clean the site.				
	Select a site.				
	Avoid using sites that are tender, inflamed, or swollen, and those that have lesions.				
	Put on gloves.				
	Cleanse the skin at the site using a firm circular motion, starting at the center and widening the circle outward. Allow the area to dry thoroughly.				
7.	Prepare the syringe for the injection.				
	Remove the needle cap while waiting for the antiseptic to dry.				
	Expel any air bubbles from the syringe.				
	Grasp the syringe in your dominant hand, holding it between thumb and forefinger. Hold the needle almost parallel to the skin surface, with the bevel of the needle up.				
8.	Inject the fluid				
	With the non-dominant hand, pull the skin at the site until it is taut.				
	Insert the tip of the needle far enough to place the bevel through the epidermis into the dermis. The outline of the bevel should be visible under the skin surface.				
	Stabilize the syringe and needle, and inject the medication carefully and slowly, so that it produces a small wheal on the skin.				
	Withdraw the needle quickly at the same angle that it was inserted. Apply a Band-Aid, if indicated.				
	Do not massage the area.				
	Dispose of the syringe and needle safely.				
	Remove gloves.				
	Circle the injection site with ink to observe for redness or per agency policy.				
9.	Document all relevant information.				
	Record the testing material given, the time, dosage, route, site, and nursing assessments.				

Administering Subcutaneous (SQ) Injection			
		NOT	

Preparation		OBSERVED	DONE	DONE	Comments
1.	Assess: <ul style="list-style-type: none"> Allergies to medication Specific drug action, side effects, and adverse reactions Client's knowledge and learning needs about the medication Status and appearance of subcutaneous site for lesions, erythema, swelling, ecchymosis, inflammation, and tissue damage from previous injections Ability of client to cooperate during the injection Previous injection sites used 				
2.	Assemble equipment and supplies: <ul style="list-style-type: none"> MAR or computer printout Vial or ampule of the correct sterile medication Syringe and needle Antiseptic swabs Dry sterile gauze for opening an ampule (optional) Disposable gloves 				
3.	Check the MAR. Check the label on the medication carefully against the MAR to make sure that the correct medication is being prepared.				
	Follow the three checks for administering medications. Read the label on the medication: <ul style="list-style-type: none"> When it is taken from the medication cart Before withdrawing the medication After withdrawing the medication 				
4.	Organize the equipment.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medication from the ampule or vial for drug withdrawal.				
	See procedure for preparing ampule or vial.				
3.	Provide for client privacy.				
4.	Prepare the client				
	Check the client's identification band.				
	Assist the client to a position in which the arm, leg, or abdomen can be relaxed, depending on the site to be used.				
	Obtain assistance in holding an uncooperative client.				
5.	Explain the purpose of the medication and how it will help, using language that the client can understand. Include relevant information about effects of the medication.				
6.	Select and clean the site.				
	Select a site free of tenderness, hardness, swelling, scarring, itching, burning, and localized inflammation.				
	Select a site that has not been used frequently.				
	Put on clean gloves.				

	As agency protocol indicates, clean the site with an antiseptic swab. Start at the center of the site and clean in a widening circle to about 5 cm (2 in). Allow the area to dry thoroughly.				
	Place and hold the swab between the third and fourth fingers of the non-dominant hand, or position the swab on the client's skin above the intended site.				
7.	Prepare the syringe for injection				
	Remove the needle cap while waiting for the antiseptic to dry.				
8.	Inject the medication				
	Grasp the syringe in your dominant hand by holding it between your thumb and fingers. With palm facing to the side or upward for a 45-degree angle insertion, or with the palm downward for a 90-degree angle insertion, prepare to inject.				
	Using the non-dominant hand, pinch or spread the skin at the site, and insert the needle, using the dominant hand and a firm steady push.				
	When the needle is inserted, move your non-dominant hand to the end of the plunger.				
	Aspirate by pulling back on the plunger. If blood appears in the syringe, withdraw the needle, discard the syringe, and prepare a new injection. If blood does not appear, continue to administer the medication.				
	Inject the medication by holding the syringe steady and depressing the plunger with slow, even pressure.				
9.	Remove the needle				
	Remove the needle slowly and smoothly, pulling along the line of insertion while depressing the skin with your nondominant hand.				
	If bleeding occurs, apply pressure to the site with dry sterile gauze until it stops.				
10.	Dispose of supplies appropriately				
	Discard the uncapped needle and attached syringe into designated receptacles				
	Remove gloves. Wash hands.				
11.	Document all relevant information.				
	Document the medication given, dosage, time, route, and any assessments.				
	Many agencies prefer that medication administration be recorded on the medication record.				
12.	Assess the effectiveness of the medication at the time it is expected to act.				

Variation: Administering SQ Heparin Injection				
Procedure				
	Select a site on the abdomen away from the umbilicus and above the level of the iliac crests.			

	Use a 3/8-inch, 25- or 26-gauge needle, and insert it at a 90-degree angle. If a client is very lean or wasted, use a needle longer than 3/8-inch, and insert it at a 45-degree angle. The arms or thighs may be used as alternate sites.				
	Do not aspirate when giving heparin by subcutaneous injection.				
	Do not massage the site after the injection.				
	Alternate the sites of subsequent injections.				

Administering an Intramuscular (IM) Injection					
				NOT DONE	Comments
Preparation		OBSERVED	DONE		
1.	Assess: <ul style="list-style-type: none"> Client allergies to medication(s) Specific drug action, side effects, and adverse reactions Client's knowledge of & learning needs about the medication Tissue integrity of the selected site Client's age and weight, to determine site and needle size Client's ability or willingness to cooperate 				
2.	Determine: <ul style="list-style-type: none"> Whether the size of the muscle is appropriate to the amount of medication to be injected 				
3.	Assemble equipment and supplies: <ul style="list-style-type: none"> medication card (MAR) Sterile medication (usually provided in an ampule or vial) Syringe and needle of a size appropriate for the amount of solution to be administered Antiseptic swabs Disposable gloves 				
4.	Check the Mar				
	Check the label on the medication carefully against the medication card to make sure that the correct medication is being prepared.				
	Follow the "three checks" for administering the medication and dose. Read the label on the medication: <ul style="list-style-type: none"> When it is taken from the medication cart Before withdrawing the medication After withdrawing the medication 				
	Confirm that the dose is correct.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medication from the ampule or vial for withdrawal.				
	See procedures for preparation of ampule vial.				

	Whenever feasible, change the needle on the syringe before the injection.				
	Invert the syringe needle uppermost, and expel all excess air.				
3.	Provide for client privacy.				
4.	Prepare the client				
	Check the client's identification band.				
	Assist the client to a supine, lateral, prone, or sitting position, depending on the chosen site.				
	Obtain assistance in holding an uncooperative client.				
5.	Explain the purpose of the medication and how it will help, using language that the client can understand. Include relevant information about effects of the medication.				
6.	Select, locate and clean the site.				
	Select a site free of skin lesions, tenderness, swelling, hardness, or localized inflammation, and one that has not been used frequently.				
	If injections are to be frequent, alternate sites. Avoid using the same site twice in a row.				
	Locate the exact site for the injection.				
	Put on clean gloves.				
	Clean the site with an antiseptic swab. Using a circular motion, start at the center and move outward about 5 cm (2 in).				
	Transfer and hold the swab between the third and fourth fingers of your non-dominant hand in readiness for needle withdrawal, or position the swab on the client's skin above the intended site. Allow skin to dry prior to injecting medication.				
7.	Prepare the syringe for injection.				
	Remove the needle cover without contaminating the needle.				
	If using a prefilled unit-dose medication, take caution to avoid dripping medication on the needle prior to injection. If this does occur, wipe the medication off the needle with sterile gauze.				
8.	Inject the medication using a Z-track technique				
	Use the ulnar side of the non-dominant hand to pull the skin approximately 2.5 cm (1 inch) to the side.				
	Holding the syringe between the thumb and forefinger, pierce the skin quickly and smoothly at a 90-degree angle, and insert the needle into the muscle.				
	Hold the barrel of the syringe steady with your nondominant hand, and aspirate by pulling back on the plunger with your dominant hand. Aspirate for 5 to 10 seconds. If blood appears in the syringe, withdraw the needle, discard the syringe, & prepare a new injection.				
	If blood does not appear, inject the medication steadily and slowly (approximately 10 seconds per milliliter) while holding the syringe steady.				
	After injection, wait 10 seconds.				
9.	Withdraw the needed				

	Withdraw the needle smoothly at the same angle of insertion.				
	Apply gentle pressure at the site with a dry sponge. Do not massage the site.				
	If bleeding occurs, apply pressure with a dry sterile gauze until it stops.				
10.	Discard the uncapped needle and attached syringe into the proper receptacle. Remove gloves. Wash hands.				
11.	Document all relevant information				
	Include the time of administration, drug name, dose, route, and the client's reactions.				
12.	Assess effectiveness of the medication at the time it is expected to act.				

INTRAVENOUS MEDICATIONS

Adding medications to intravenous fluid container					
Preparation		OBSERVED	DONE	NOT DONE	Comments
1.	Assess: <ul style="list-style-type: none"> Inspect and palpate the intravenous insertion site for signs of infection, infiltration, or a dislocated catheter. Inspect the surrounding skin for redness, pallor, or swelling. Palpate the surrounding tissues for coldness and the presence of edema, which could indicate leakage of the IV fluid into the tissues. Take vital signs for baseline data if the medication being administered is particularly potent. Determine whether the client has allergies to the medication(s). Check the compatibility of the medication(s) and IV fluid. 				
2.	Assemble equipment and supplies: <ul style="list-style-type: none"> medication card Correct sterile medication Diluent for medication in powdered form (see manufacturer's instructions) Correct solution container, if a new one is to be attached Antiseptic or alcohol swabs Sterile syringe and needle of appropriate size or equivalent from needle-less system IV additive label 				
3.	Check the MAR.				
	Check the label on the medication carefully against the medication card to make sure that the correct medication is being prepared.				
	Follow the "three checks" for administering the medication and dose. Read the label on the medication: <ul style="list-style-type: none"> When it is taken from the medication cart Before withdrawing the medication After withdrawing the medication 				
	Confirm that the dosage and route is correct.				
	Verify which infusion solution is to be used with the medication.				
	Consult a pharmacist, if required, to confirm compatibility of the drugs and solutions being mixed.				
5.	Organize the equipment.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				

2.	Prepare the medication ampule or vial for drug withdrawal.				
	See procedure for preparation of ampule vial.				
	Check the agency's practice for using a filter needle or a needle-less system to withdraw premixed liquid medications from multi-dose vials or ampules.				
3.	Add the medication.				

To New IV Container					
	Locate the injection port, and carefully remove its cover. Clean the port with the antiseptic or alcohol swab.				
	Remove the needle cap from the syringe, insert the needle through the center of the injection port, and inject the medication into the bag or bottle.				
	Mix the medication and solution by gently rotating the bag or bottle.				
	Complete the IV additive label with name and dose of medication, date, time, and nurse's initials. Attach it upside down on the bag or bottle.				
	Clamp the IV tubing. Spike the bag or bottle with IV tubing and hang the IV.				
	Regulate infusion rate as ordered.				
To An Existing Infusion					
	Determine that the IV solution in the container is sufficient for adding the medication.				
	Confirm the desired dilution of the medication—that is, the amount of medication per milliliter of solution.				
	Close the infusion clamp.				
	Wipe the medication port with the alcohol or disinfectant swab.				
	Remove the needle cover from the medication syringe.				
	While supporting and stabilizing the bag with your thumb and forefinger, carefully insert the syringe needle through the port, and inject the medication.				
	Remove the bag or bottle from the pole, and gently rotate the bottle or bag.				
	Re-hang the container and regulate the flow rate.				
	Complete the medication label and apply to the IV container.				
4.	Dispose of the equipment and supplies according to agency practice.				
5.	Document the medication(s) on the appropriate form in the client's record.				

Administering intravenous (IV) medications using IV push				
				Comments

Preparation		OBSERVED	DONE	NOT DONE	
1.	<p>Assessment:</p> <ul style="list-style-type: none"> Inspect and palpate the IV insertion site for signs of infection, infiltration, or a dislocated catheter. Inspect the surrounding skin for redness, pallor, or swelling. Palpate the surrounding tissues for coldness and the presence of edema, which could indicate leakage of the IV fluid into the tissues. Take vital signs for baseline data if the medication being administered is particularly potent. Determine if the client has allergies to the medication(s). Check the compatibility of the medication(s) and IV fluid. Determine specific drug action, side effects, normal dosage, recommended administration time, and peak action time. Check patency of IV line by assessing flow rate. 				
2.	<p>Assemble equipment and supplies:</p> <p>IV Push for an Existing Line</p> <ul style="list-style-type: none"> Medication in a vial or ampule Sterile syringe (3–5 mL) (to prepare the medication) Sterile needles 21–25 gauge, 2.5 cm (1 in), or equivalent from a needle-less system Antiseptic swabs Watch with a digital readout or second hand Disposable gloves <p>IV Push for an IV Lock:</p> <ul style="list-style-type: none"> Medication in a vial or ampule Sterile syringe (3–5 ml) (to prepare the medication) Sterile syringe (3 ml) (for the saline or heparin flush) Vial of normal saline to flush the IV catheter or vial of heparin flush solution or both, depending on agency practice. <i>These maintain the patency of the IV lock. Saline is frequently used for peripheral locks.</i> Sterile needles (21 gauge) or equivalent from a needle-less system Antiseptic swabs Watch with a digital readout or second hand Disposable gloves 				
3.	Check the medication card (MAR)				
	Check the label on the medication carefully against the medication card to make sure that the correct medication is being prepared.				
	Follow the three checks for correct medication				

	and dose. Read the label on the medication: <ul style="list-style-type: none"> • When it is taken from the medication cart • Before withdrawing the medication • After withdrawing the medication 				
	Calculate medication dosage accurately.				
	Confirm that the route is correct.				
4.	Organize the equipment.				
Procedure					
1.	Wash hands and observe other appropriate infection control procedures.				
2.	Prepare the medication.				
Existing Line					
	Prepare the medication according to the manufacturer's direction.				
IV Lock					
	Flushing with saline: <ul style="list-style-type: none"> • Prepare two syringes, each with 1 ml of sterile normal saline. 				
	Flushing with heparin and saline: <ul style="list-style-type: none"> • Prepare one syringe with 1 ml of heparin flush solution. • Prepare two syringes with 1 ml each of sterile, normal saline. • Draw up the medication into a syringe. 				
3.	Put a small-gauge needle on the syringe, if using a needle system.				
4.	Wash hands and put on clean gloves.				
5.	Provide for client privacy.				
6.	Prepare the client				
	Check the client's identification band.				
	If not previously assessed, take the appropriate assessment measures necessary for the medication.				
7.	Explain the purpose of the medication and how it will help, using language that the client can understand. Include relevant information about the effects of the medication.				
8.	Administer the medication by IV push				
IV Lock with Needle					
	Clean the diaphragm with the antiseptic swab.				
	Insert the needle of the syringe containing normal saline through the center of the diaphragm, and aspirate for blood.				
	Flush the lock by injecting 1 ml of saline slowly.				
	Remove the needle and syringe.				
	Clean the locks diaphragm with an antiseptic swab.				
	Insert the needle of the syringe containing the prepared medication through the center of the diaphragm.				
	Inject the medication slowly at the recommended rate of infusion. Use a watch or digital readout to time the injection. Observe the client closely for adverse reactions. Remove the needle and syringe when all medication is administered.				

	Withdraw the needle and syringe.				
	Clean the diaphragm of the lock.				
	Attach the second saline syringe, and inject 1 mL of saline.				
	If heparin is to be used, insert the heparin syringe and inject the heparin slowly into the lock.				
IV Lock with Needles-less System					
	Remove the protective cap from the needle-less port.				
	Insert syringe containing normal saline into the lock.				
	Flush the lock with 1 ml sterile saline.				
	Remove the syringe.				
	Insert the syringe containing the medication into the valve.				
	Inject the medication following the precautions described previously.				
	Withdraw the syringe.				
	Repeat injection of 1 ml of saline.				
	Place a new sterile cap over the lock.				
Existing Line					
	Identify the injection port closest to the client. Some ports have a circle indicating the site for the needle insertion.				
	Clean the port with an antiseptic swab.				
	Stop the IV flow by closing the clamp or pinching the tubing above the injection port.				
	Connect the syringe to the IV system. Needle system: <ul style="list-style-type: none"> • Hold the port steady. • Insert the needle of the syringe that contains the medication through the center of the port. Needle-less system: <ul style="list-style-type: none"> • Remove the cap from the needle-less injection port. Connect the tip of the syringe directly to the port. • Pull back on the plunger of the syringe in order to aspirate a small amount of blood. • After observing the blood, continue to keep the clamp closed, and inject the medication at the ordered rate. Use the watch or digital readout to time the medication administration. Release the clamp or tubing. 				
	<ul style="list-style-type: none"> • After injecting the medication, withdraw the needle, or, for a needle-less system, detach the syringe, and attach a new sterile cap to the port. 				
9.	Dispose of equipment according to agency practice.				
10.	Remove and dispose of gloves. Wash hands.				
11.	Observe the client closely for adverse reactions.				
12.	Determine agency practice about recommended times for changing the IV lock.				
13.	Document all relevant information				

	Record the date, time, drug, dose, and route; client response; and assessments of infusion or heparin lock site, if appropriate.				
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Reference:

Kozier, B., Erb, G., Berman, A., Snyder S. (2004). Fundamentals of Nursing: concepts, process, and practice. Upper Saddle River, New Jersey: Pearson Education, Inc.

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