THE STUDY VAULT

Clinical Chaos

IV Medications

SKILL SNAPSHOT

Purpose
- Safely administers medication directly into venous circulation by push, intermittent, or continuous infusion.

When to use
- Ordered when rapid, reliable, titratable, or non-enteral medication delivery is required.

Supplies needed
- MAR/order; medication; drug reference; compatible diluent/tubing/filter; pump; flushes; antiseptic; monitoring and emergency equipment.

PREP + PATIENT SETUP

- Verify rights, allergies, indication, concentration, dilution, rate, compatibility, access type, labs/vitals, and antidote needs.
- Assess IV site/device, patency, dressing, and signs of infiltration, phlebitis, infection, or

VAULT TIP

- Before connecting, answer four questions: right concentration, compatible line, correct rate, and what must be monitored.

STEP-BY-STEP

1. Hand hygiene; identify patient with two identifiers; explain medication and monitoring.
2. Compare medication label with MAR/order at required checkpoints. Inspect for particles, leaks, expiration, and correct concentration.
3. Calculate dose/rate and complete independent double-checks for high-alert medication.
4. Confirm route, vascular access, lumen, compatibility with existing fluids/medications, filter, light protection, and line restrictions.
5. Assess patency with facility-approved technique. Never force a flush or use a painful, swollen, leaking, or resistant site.
6. Prepare medication aseptically in a labeled syringe/bag. Disinfect connector with friction and allow it to dry.
7. For IV push, administer at the manufacturer/reference-recommended rate; use a timer. Never give faster to save time.
8. For intermittent/continuous infusion, use smart pump and drug library; program concentration, dose/rate, weight, and VTBI.
9. Trace line from medication to patient before starting. Verify clamps and dedicated lumen requirements.
10. Monitor during and after for therapeutic response, allergy, hypotension, arrhythmia, sedation, respiratory depression, and extravasation.
11. For infiltration/extravasation, stop infusion and follow drug-specific protocol; initially leave catheter in place if aspiration or antidote may be needed.
12. Flush/lock as ordered, dispose safely, and reassess site and patient.

SAFETY REMINDERS

- IV errors reach circulation immediately; no dose can be retrieved.
- Use independent checks and monitoring for high-alert drugs.
- Never force a flush or ignore pump alarms.
- Know vesicant/extravasation management before administration.

COMMON MISTAKES

- Skipping compatibility check.
- Unlabeled prepared syringe.
- IV push too rapidly.
- Using a questionable IV site.

DOCUMENTATION

- Drug, dose, concentration, route/lumen.
- Rate, pump settings, start/stop time.
- IV site/patency and required assessments.
- Response/adverse effects.
- Interventions, teaching, notifications.