|  |  |  |
| --- | --- | --- |
| **ADMINISTRATION OF INTRAVENOUS MEDICATIONS** |  |  |
| Determine the appropriate method of IV administration? | Yes | No |
| Select necessary equipment? | Yes | No |
| Correctly prepared without Contamination? | Yes | No |
| Correct calculation and dose if applicable ? | Yes | No |
| Two patient identifiers? | Yes | No |
| Medication explained to patient? | Yes | No |
| Correct administration technique? (see below) | Yes | No |
|  |  |  |
| Completed within 15 minutes? | Yes | No |
|  |  |  |
| IV Piggy back:  |  |  |
| Compatibility with other meds and fluids checked | Yes | No |
| Attached correctly above pump | Yes | No |
| Secondary rate and volume is set on pump | Yes | No |
| Primary fluids are lower than secondary fluids | Yes | No |
|  |  |  |
| IV Syringe Pump: |  |  |
| Compatibility with other meds and fluids checked | Yes | No |
| Attached correctly below the pump | Yes | No |
| Pump is correctly loaded and started | Yes | No |
|  |  |  |
| IV Push: |  |  |
| Compatibility with other meds and fluids checked | Yes | No |
| Med is administered over the prescribed period of time | Yes | No |
| Correct method is used (lowest port, swabbed, pinch above port) | Yes | No |
|  |  |  |