

IV DIRECT MEDICATION ADMINISTRATION

Integrative Practicum (IP) Student/Preceptor Competency Validation Tool

STUDENT NAME	POSITION	UNIT	
PRECEPTOR NAME	POSITION	UNIT	

INSTRUCTIONS

Self-Assessment:

□ I am an IP nursing student and have completed the *Intravenous Direct Administration* iLearn.

Prior to performing this skill WITH my preceptor, I achieved a minimum score of 80% on the knowledge test at the end of the iLearn and provided a printout of this page with my full name, date, and signature as proof of this completion.

Preceptor:

When you are ready to perform this skill, consult the clinical educator of the unit on which you're practicing, and you and your preceptor can then complete the competency validation tool together. The preceptor must be competent in this skill prior to evaluating the student. By initialing each section of the competency validation tool, both parties acknowledge that the IP student completed the procedure(s) outlined in each section safely and accurately.

	PROCEDURE (FOR ALL IV DIRECT ADMINISTRATION)	STUDENT	PRECEPTOR
1.	Check order (right medication, dose, reason, etc).		
2.	Consult LHSC's Parenteral Drug Administration Manual (PDAM) to determine the following:		
	Can I give this medication via this route?		
	Do I have to reconstitute or dilute the medication? If so, do I know which and how much		
	diluent to use?		
	Do I have the ability and resources to monitor the patient after giving the medication?		
	Am I familiar with the potential adverse effects associated with administering the		
	medication and how to manage these effects?		
3.	Prepare the medication as per the PDAM.		
4.	Perform hand hygiene.		
5.	Don gloves (minimal PPE required) – please don additional PPE if required.		

	NO INFUSION (SALINE LOCKED)	STUDENT	PRECEPTOR
1.	Remove Curos cap (if present). If no Curos cap present, scrub needleless connector with		
	chlorhexidine swab for at least 15 seconds and allow to dry for at least 30 seconds.		
2.	Confirm patency of line:		
	□ Peripheral IV (PIV)- Flush with 10 mL Normal Saline (NS) syringe \rightarrow Assess for signs and		
	symptoms of infiltration (e.g., pain, redness, swelling, etc).		
	\square Central line (CVAD)- Flush with 10 mL NS syringe \rightarrow Flush 5 mL NS, aspirate for blood		
	return, and flush the remaining volume.		
3.	Attach needleless syringe containing medication to the end of the device and infuse		
	medication at the **PRESCRIBED RATE**.		
	Refer to PDAM for drug specific information .		
4.	Observe infusion site and assess patient response and monitor for signs and symptoms of		
	adverse reactions while administering medication (e.g., rash, anaphylaxis, urticaria,		
	extravasation, etc).		
5.	Flush line with NS.		
	PIV- Flush with 1 X 10 mL NS syringe **AT THE SAME RATE AS THE MEDICATION** to		
	avoid speed shock.		
	CVAD- Flush with 2 X 10 mL NS syringes \rightarrow 1 st 10 mL NS syringe **AT THE SAME RATE AS		
	THE MEDICATION** to avoid speed shock; 2 nd 10 mL NS syringe PUSH/STOP (turbulent)		
	motion.		
6.	Clamp device, attach NEW Curos cap, and continue to monitor patient response.		

Please submit this record to your clinical educator as part of your ongoing documentation of competence.

1. Remove Curos cap (if present). If no Curos cap, scrub needleless connector with chlorhexidine swab for at least 15 seconds and allow to dry for at least 30 seconds. 2. Select an injection port on the administration set CLOSEST TO THE PATIENT (DO NOT DISCONNECT THE SET FROM THE PATIENT). 3. DO NOT stop the pump or clamp the line. 4. Confirm patency of line: PIV- Flush with 10 mL Normal Saline (NS) syringe → Assess for signs and symptoms of infiltration (e.g., pain, redness, swelling, etc). C VAD- Flush with 10 mL NS syringe → Flush 5 mL NS, aspirate for blood return, and flush the remaining volume. 5. Attach needleless syringe containing medication to the lowest port and infuse medication at the **PRESCRIBED RATE**. Refer to PDAM for drug specific information. 6. Observe infusion site and assess patient response and monitor and signs and symptoms of adverse reactions while administering medication (e.g., rash, anaphylaxis, urticaria, extravasation, etc). 7. Flush line with NS PIV- Flush with 1 X 10 mL NS syringe → 1 st 10 mL NS syringe ^{**} AT THE SAME RATE AS THE MEDICATION** to avoid speed shock. C VAD- Flush with 2 X 10 mL NS syringes → 1 st 10 mL NS syringe PUSH/STOP (turbulent) motion. 8. Allow the IV infusion to continue as prescribed, attach NEW Curos cap, and continue to monitor patient response.		INFUSION	STUDENT	PRECEPTOR
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