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IV PUSH MEDICATIONS VIA SYRINGE

Section: Nursing

Compliance: ACHC Infusion Pharmacy

INS Standards: 8, 10, 11, 12, 13, 16, 17, 18, 20, 21, 41, 59

ACHC STANDARDS: DRX2-10D, DRX5-1D,
DRX5-5E, DRX7-8I, DRX7-21A

TJC STANDARDS: IC.02.01.01, MM.05.01.07, MM.06.01.01, MM.06.01.03,
NPSG.01.01.01, PC.02.01.01, PC.02.01.03, PC.02.02.05, PC.02.03.01

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I. POLICY

To ensure safe administration of parenteral medications via IV push administration route.

II. PROCEDURE

A. Supplies (including but not limited to)

1. Non-sterile gloves
2. Antiseptic wipes
3. Prefilled medication syringe
4. Prefilled 0.9% Sodium Chloride syringes
5. Prefilled Heparin syringe, if indicated

B. Verify patient using 2 identifiers.

C. Review prescriber's order. Verify the medication matches the medication label. Compare medication to prescriber's order and medication label to ensure right patient, right dose, right route of administration, rate of administration, and total volume to infuse.

D. Prior to use, allow medication to reach room temperature according to medication label or manufacturer's instructions for use.

E. Perform hand hygiene (refer to CarepathRx *Hand Hygiene* policy).

F. Clean and disinfect work area using an appropriate disinfectant.

G. Explain procedure and educate patient/caregiver:

1. Risks and benefits of treatment

2. Medication preparation (refer to CarepathRx *Withdrawing Medications from a Vial or Ampule policy*) if indicated.
 3. Aseptic technique and infection control
 4. Hand hygiene
 5. Signs and symptoms of reaction
 6. Side effects of treatment
 7. Signs and symptoms of access complications
 8. Safe storage of medication and supplies.
 9. Disposal of medications and disposal of sharps in a sharps container that is puncture resistant, closeable and leakproof.
 10. The appropriate provider of treatment (the nurse, the prescriber, **OR** the pharmacist; **BOTH** the prescriber and the pharmacist) to contact during business hours; the availability of an answering system to receive calls during evenings, nights, weekends and holidays and the accessibility of a Pharmacist and Nurse 24 hours a day, 7 days a week. Notify pharmacy by calling the number listed at the top of the medication label. (See CarepathRx Algorithm for Notification of Pharmacist and Provider).
- H. Gather all supplies on a clean, disinfected, aseptic field.
- I. Unwrap prefilled syringes of 0.9% Sodium Chloride and Heparin.
- J. Remove any air bubbles from the syringes.
- K. Inspect medication syringe for discoloration, cloudiness, or particles.
- L. Hand hygiene is repeated, and non-sterile gloves are donned.
- M. Medication administration procedure:
1. Check compatibility of IVP medication with solutions or medications in primary continuous infusion if present.
 2. Use aseptic technique when preparing and administering IVP medication.
 3. Only dilute IVP medications when recommended by the manufacturer or per prescribed order. “Do not use prefilled 0.9% sodium chloride syringes for diluting medications. These syringes are regulated by the FDA as devices and not as medication. These devices have been approved for the flushing of vascular accesses but have not been approved for the reconstitution, dilution, and/or subsequent administration of IVP meds. Such use would be considered off label.”
 4. Disinfect connection surface (i.e., needleless connector or injection port closest to the patient in an existing continuous IV infusion) with an antiseptic wipe by scrubbing the hub for 30 seconds and allowing to dry for 60 seconds.
 5. Open the clamp on the vascular access device. Attach prefilled syringe of 0.9% Sodium chloride to needleless connector or injection port. Aspirate for blood return and flush line using a push pause method. Remove empty flush syringe.
 6. Scrub the hub for 30 seconds and allow to dry for 60 seconds.
 7. Attach syringe with medication to needleless connector or injection port.
 8. Administer IV push medication at the rate specified in the prescribed order. Remove syringe when empty.

9. Scrub the hub for 30 seconds and allow it to dry for 60 seconds.
10. Attach prefilled 0.9% Sodium Chloride prefilled syringe to needleless connector or injection port. Flush with an appropriate volume of 0.9% sodium chloride at the same injection rate as the medication to ensure entire dose reaches the bloodstream and to prevent a bolus of medication. Remove empty syringe.
11. If Heparin is not ordered, proceed to step 15.
12. If Heparin is ordered, scrub the hub for 30 seconds and allow to dry for 60 seconds.
13. Attach prefilled Heparin syringe and administer as ordered.
14. Remove empty syringe.
15. Clamp vascular access unless patient has a continuous infusion.
16. Discard used supplies, remove gloves, and perform hand hygiene.
17. Assess patient for any signs of infiltration or extravasation.

N. Troubleshooting:

1. If the patient complains of burning/stinging:
 - a. Slow the administration AND/OR
 - b. Dilute the drug further.
 - c. Assess patient for any signs or symptoms of infiltration or extravasation.
2. If the patient complains of dizziness, slow the administration. This is due to a potential Vaso-vagal response with central administration.

O. Document:

1. Education provided both written and verbal
2. Patency of vascular access device
3. Compatibility of medication/solution
4. Patient's response to medication
5. Site condition following administration of medication

REFERENCES

Infusion Nurses Society. 8th Edition (2021). Infusion Therapy Standards of Practice. *Journal of Infusion Nursing*,

Accreditation Commission for Health Care. (07/21/2022). *ACHC Standards*.

The Joint Commission. (2022). *Joint Commission Resources E-dition*.

Institute for Safe Medication Practices (ISMP). *ISMP Safe Practice Guidelines for Adult IV Push Medications*. ISMP; 2015. <https://www.ismp.org/guidelines/iv-push>