

Appendix A – Checklist for Added Competency for Registered Nurses:  
Intravenous Medication Administration Below the Drip Chamber

**Name:** \_\_\_\_\_

**Nursing Unit:** \_\_\_\_\_

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	#1	#2
1. Confirms Physicians Orders.	<input type="checkbox"/>	<input type="checkbox"/>
2. Explains procedure to patient/family.	<input type="checkbox"/>	<input type="checkbox"/>
3. Prepares medication according to instruction in Ottawa parental manual.	<input type="checkbox"/>	<input type="checkbox"/>
4. Identifies monitoring requirements of patient and implements prior to administration as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
5. Performs visual inspection of the IV device.	<input type="checkbox"/>	<input type="checkbox"/>
6. Cleans insertion port of IV tubing to be used using aseptic technique and allows drying time of 30 seconds.	<input type="checkbox"/>	<input type="checkbox"/>
7. Ensures that the luer lock connection is tight.	<input type="checkbox"/>	<input type="checkbox"/>
8. Administers medication BDC at appropriate rate.	<input type="checkbox"/>	<input type="checkbox"/>
9. Flushes medication provided.	<input type="checkbox"/>	<input type="checkbox"/>
10. Completes required monitoring	<input type="checkbox"/>	<input type="checkbox"/>
11. Documents on the patient record.	<input type="checkbox"/>	<input type="checkbox"/>

Signature and Comments of RN (#1):

\_\_\_\_\_  
Date: \_\_\_\_\_

Signature and Comments of RN (#2):

\_\_\_\_\_  
Date: \_\_\_\_\_

**When checklist is completed, please return to unit manager.**