



QUINTE HEALTHCARE CORPORATION

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Intravenous – Intravenous Medication

Title: Intravenous – Intravenous Medication		Policy No:	3.8.4
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Department:	Nursing	Policy Lead:	Professional Practice
Approved By:	Interprofessional Practice Committee		

1. POLICY

Administration of an intravenous medication above the drip chamber is classified as a basic nursing skill, authorized to Registered Nurses (RNs) and Registered Practical Nurses (RPN's) with that competency. At Quinte Healthcare Corporation (QHC) administration of intravenous medication below the drip chamber is restricted to RNs.

a) Approved Reference Sources

The Ottawa Hospital Parenteral Drug Therapy Manual is available on all units to be used as the reference and guide for intravenous drug administration. In addition to the Ottawa Hospital Parenteral Drug Therapy Manual the Intensive care and emergency units will reference the infusion/titration sheets developed by QHC pharmacy. For further drug information, the Compendium of Pharmaceutical and Specialties (CPS) reference should be consulted if the nurse is not familiar with the drug in question. Where questions arise regarding the route, dose and preparation of medication(s) for the neonate the following resources will be used:

- Sick Kids Drug Handbook and Formulary
- CHEO (Children's Hospital of Eastern Ontario) Outreach Pharmacy

If more in-depth information is required, contact Pharmacy or the unit Professional Practice Specialist.

b) Paediatric and Neonatal Considerations

Paediatric and neonatal patients require an infusion pump for the administration of all IV fluids.

c) Buretrol use for paediatric/neonatal patients

- A buretrol shall be used on all patients weighing less than or equal to 20 kg.
- The buretrol will be filled to a maximum of a two-hour volume limit

For further policy statements and procedures related to prescriber orders, please refer to policy 3.11.8 – Medical Orders.

2. DEFINITIONS

Above Drip Chamber (ADC) Intermittent:

Any administration of a medication that is not continuous.

Intermittently delivered medications are delivered via an external delivery system (i.e. minibag, syringe, calibrated burette, volume controlled infusion set or other chamber, infused by gravity, pump or syringe pump) which is attached or “piggy-backed” into the injection port of an existing intravenous line or through a previously placed intravenous catheter with a saline lock. Intermittent IV medications are generally infused over 15 to 90 minutes, depending on the medication, at regular intervals.

Above Drip Chamber (ADC) Continuous:

Refers to the continuous administration of a medication/solution through an existing intravenous line above the drip chamber. This may include a bolus dose administered prior to the continuous infusion.

Bolus Medication Administration

The administration of concentrated medication into a vein given rapidly over a short period of time.

Below Drip Chamber (BDC):

The administration of a medication into a vein through the injection port of an existing intravenous line or through a previously placed intravenous catheter with a saline lock. There is no external system and the medication is “pushed” into the existing IV system via a syringe. This includes administration referred to as IV push, IV direct or IV side arm, and the retrograde IV technique used in Paediatrics or Special Care Nursery.

3. PURPOSE

According to the Regulated Health Professions Act (RHPA), administering a medication by injection is a controlled act within the scope of nursing practice. The policy statements, procedures and attached appendices define the nursing skill level and restrictions that apply to

each intravenous medication.

4. PROCEDURE

- a. If a nurse works on more than one unit, the nurse may only administer a drug that is authorized for the unit where that shift is being worked.
- b. Intravenous solution and drug compatibilities must be considered when diluting and administering intravenous medication.
- c. Administration of any drug below the drip chamber is restricted to RNs with the exception of alteplase (Cathflo). Registered Practical Nurses (RPNs) who are certified in Central Venous Access Device (CVAD) access, care and maintenance and in Alteplase instillation are authorized to give alteplase through PICCs and implanted ports.
- d. IV medication prepared in a syringe must only be administered to the patient the medication is ordered for; syringes are not to be used between patients. When required, multiple doses of a medication may be prepared in a syringe (for example, Morphine 10 mg prepared in a 10 mL syringe with 9 mL of normal saline), the syringe must be labelled with the patient's name, date and time of preparation, name of individual who has prepared the syringe, drug name, drug dose and concentration. It is the responsibility of the regulated health professional who has prepared the medication to ensure the medication is kept in a secure location at all times, and that the medication is disposed of according to QHC policy, which includes any doses not imminently required."
- e. A nurse accompanying a patient during transfer to another facility must have a signed transfer order sheet and be competent to independently administer any medications ordered.
- f. Whenever possible, administration of part doses of pre-mixed intravenous medications in IV bags or in syringes should be avoided. Only the intended dose of medication should be hung for administration.
 - If a part dose [e.g. 250 mg (50 mL) of a 500 mg (100 mL) bag] is required for administration, it is the responsibility of the nurse administering the drug to withdraw and discard the portion not required. (In this example 250 mg (50 mL) would be removed from the bag being hung.).
 - Part doses of pre-filled syringes prepared by the pharmacy department should not be administered. For example, if a 500 mg dose of ceftriaxone is required for administration, then the 1000 mg syringe prepared by pharmacy should not be used. Rather, the nurse should use a 1 g vial of ceftriaxone and prepare the exact dose of 500 mg for administration.
 - Overfill volumes in IV bags do not need to be taken into consideration. (Exception: chemotherapy mixed in the oncology satellite pharmacy by a certified pharmacy technician who is independently checked by a second certified pharmacy technician.).

- Any manipulated IV bag, syringe etc. requires the application of a drug label which must include the following the drug name, dose, volume, date, time that the dose is hung and patient name.
- In the event that part doses are expected to be required for a large number of patients over an extended period of time (e.g. due to a long term backorder), and if stability/sterility data allows, the Pharmacy Department will endeavor to manufacture the required IV dose in bulk.

APPENDICES AND REFERENCES

Appendices: Appendix A – Added Competency Checklist – IV Medications Administration
Appendix B – IV Drug Listing

References:

College of Nurses of Ontario. (2015). Medication, Revised 2015. Toronto, ON: College of Nurses of Ontario