23.5: Checklist for Primary IV Solution Administration

Use the checklist below to review the steps for completion of “Primary IV Solution Administration.” Review the steps to safely administer all types of medication in the "Checklist for Oral Medication Administration" in the "Administration of Enteral Medications” chapter.

Steps

Disclaimer: Always review and follow agency policy regarding this specific skill.

1. Gather supplies: IV fluid, primary tubing, tubing change label, and alcohol pads/scrub hubs.
2. Verify the provider order with the medication administration record (eMAR/MAR).
3. Perform the first check of the six rights of medication administration while withdrawing the IV fluids from the medication dispensing unit. Check expiration date and verify patient allergies.
4. Remove the IV solution from the packaging and gently apply pressure to the bag while inspecting for tears or leaks.
5. Check the color and clarity of the solution.
6. Perform the second check of the six rights of medication administration.
7. Enter the patient room and greet the patient.
8. Perform safety steps:
   ◦ Perform hand hygiene.
   ◦ Check the room for transmission-based precautions.
   ◦ Introduce yourself, your role, the purpose of your visit, and an estimate of the time it will take.
   ◦ Confirm patient ID using two patient identifiers (e.g., name and date of birth).
   ◦ Explain the process to the patient and ask if they have any questions.
◦ Be organized and systematic.
◦ Use appropriate listening and questioning skills.
◦ Listen and attend to patient cues.
◦ Ensure the patient’s privacy and dignity.
◦ Assess ABCs.

9. Perform the third medication check of the six rights of medication administration at the patient’s bedside.
10. Remove the primary IV tubing from the packaging. If administering IV fluid by gravity, note the drip factor on the package and calculate drops/min. Perform the necessary calculations for the infusion rate.
11. Move the roller clamp so that it is halfway up the tubing and clamp it.
12. Remove the cover from the tubing port on the bag of IV fluid.
13. Remove the cap from the insertion spike on the tubing. While maintaining sterility, insert the spike into the tubing port of the bag of IV fluid.
14. Squeeze the drip chamber two or three times to fill the chamber halfway.
15. Loosen the cap from the end of the IV tubing and open the clamp to prime the tubing over the sink:
   ◦ If using multiple port tubing, invert the ports to prime them and to prevent air accumulation in line.
   ◦ If the solution is an antibiotic, take care to not waste solution while priming the tubing to ensure the patient receives the correct dosage.
16. Once primed, clamp the IV tubing and check the entire length of the tubing for air bubbles. Tap the tubing gently to remove any air.
17. Replace or tighten the cap on the end of the tubing.
18. Label the primary IV fluid bag with the date and time. Place the tubing label on the tubing near the drip chamber.
19. Assess the patient’s venipuncture site for signs and symptoms of vein irritation or infiltration. Do not proceed with administering fluids at this site if there are any concerns.
20. Vigorously cleanse the catheter cap on the patient’s IV port with an alcohol pad/scrub hub (or the agency required cleansing agent) for at least five seconds and allow it to dry.
21. Assess IV site patency according to agency policy. Purge a prefilled normal saline syringe of air. Attach the syringe onto the the saline lock cap. Undo the clamp on the extension tubing. Inject 3 to 5 mL of normal saline using a turbulent stop-start technique. If resistance is felt, do not force the flush and do not proceed with IV solution administration; follow up according to agency policy.
22. Remove the syringe from the IV cap and then clamp the extension tubing.
23. Vigorously cleanse the catheter cap on the patient’s IV port with an alcohol pad/scrub hub (or the agency required cleansing agent) for at least five seconds and allow it to dry.
24. Remove the protective cap from the end of the primary tubing and attach it to the IV port while maintaining sterility.
25. Move the slide clamp on the saline lock to open the tubing.
26. Set the infusion rate based on the provider order:
   ◦ For infusion pump: Set volume to be infused and rate (mL/hr) to be administered.
   ◦ For gravity: Calculate drop per minute.
27. Assess the patient’s IV site for signs and symptoms of vein irritation or infiltration after infusion begins.
28. Secure the tubing to the patient’s arm.
29. Assist the patient to a comfortable position, ask if they have any questions, and thank them for their time.
30. Ensure safety measures when leaving the room:

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○ CALL LIGHT: Within reach
○ BED: Low and locked (in lowest position and brakes on)
○ SIDE RAILS: Secured
○ TABLE: Within reach
○ ROOM: Risk-free for falls (scan room and clear any obstacles)

31. Perform hand hygiene.

32. Document the procedure and related assessment findings. Report any concerns according to agency policy. Include IV fluids on patient’s input/output documentation.