



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Nursing		
Document:	Internal Policy and Procedure		
Title:	Administration of Intermittent Intravenous Medications		
Applies To:	All Nursing Staff		
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1. PURPOSE:

- 1.1 To provide guidelines for correct administration of intermittent intravenous medication.

2. DEFINITONS:

- 2.1 Administration of intermittent intravenous medications: intermittently delivers medication through IV route for therapeutic effects most frequently treatment of infections.

3. POLICY:

- 3.1 The nursing staff must know the safe administration of intermittent intravenous medications for patient's safety.

4. PROCEDURE:

4.1 Special Considerations:

- 4.1.1 Verify the compatibility of the medication with primary infusion, flush or admixtures in infusion.
- 4.1.2 Pediatric: use infusion pump or volume controlled chamber, such a Burette to prevent infusion errors related to increased rates or volumes.
 - 4.1.2.1 Use the smallest amount of solution necessary to administer the medication safely to avoid fluid overload and minimize irritation to the blood vessels.

4.2 Procedures :

- 4.2.1 Check the Physician's order.
- 4.2.2 Identify the patient by 2 patient identifiers (four names for Saudi/ complete name for Non-Saudi and the medical record number).
- 4.2.3 Explain procedure and purpose of drug, decreases anxiety and promotes cooperation.
- 4.2.4 Perform hand hygiene reduces microorganism transfer.
- 4.2.5 Wear gloves
- 4.2.6 Prepare medication, adhering to the ten rights of drug administration
- 4.2.7 Check for the expiry date.
- 4.2.8 Ensures drug is prepared safely, decreases medication error.
- 4.2.9 Calculate infusion flow rate and determines accurate infusion rate.
- 4.2.10 Draw up the medication into the syringe and place in a receiver.
- 4.2.11 Draw up 10ml of normal saline 0.9% for injection in two separate syringes, using aseptic technique.
- 4.2.12 Place the syringes in a clinically clean receiver or tray.
- 4.2.13 Check that all necessary equipment is available, to prevent delays and interruption of the procedure.
- 4.2.14 Verify if there is any allergies
- 4.2.15 Hang medication with attached tubing on IV Pole. If Drug is for IV bolus, place syringe with prescribed medication at bedside for easy access.

4.2.16 For an IV lock:

- 4.2.16.1 Inspect the insertion site of cannula, to detect any sign of inflammation or infiltration.
- 4.2.16.2 Place a sterile towel under the patient's arm, to create a sterile field.
- 4.2.16.3 Remove the cover of the three way stopcock, while applying digital pressure at the point in the vein where the cannulas tip rest. This may be achieved easier using sterile gauze, to prevent pulling out of cannula.
- 4.2.16.4 Insert syringe of normal saline into the hub of three way stop cock.
- 4.2.16.5 Pull back on end of plunger and observe for blood return.
- 4.2.16.6 Aspirates blood, ensures cannula is functional and patent.
- 4.2.16.7 If no blood returns reposition extremity and reassess site for redness and edema.
- 4.2.16.8 Check the problems related to positioning, local infiltration or phlebitis.
- 4.2.16.9 Discontinue IV lock and restart if unable to get blood return, to prevent injury due to non-functional cannula and establishes functional line.
- 4.2.16.10 If blood returns, inject the normal saline to flush the cannula.

4.2.17 For an infusion line currently running (primary line)

- 4.2.17.1 Close the three way stop cock towards the running solution and connect the saline syringe and observe for blood return or open stopcock toward primary solution and lower fluid and tubing below level of extremities for 1 to 2 minutes. Allows for one-way flow during aspiration.
- 4.2.17.2 Aspirates for blood return, to verify cannula placement.
- 4.2.17.3 Stop the primary solution disconnect saline syringe and insert syringe or IV tubing of mixed medication into three way stopcock.
- 4.2.17.4 Open tubing roller clamp and slowly inject the medication and adjust drip flow rate as ordered, to prevent adverse reaction from too rapid of infusion rate.
- 4.2.17.5 Periodically assess patient every 10 to 15 minutes during infusion of the medication, to monitor for adverse reactions and effectiveness of infusion.
- 4.2.17.6 If medication is in syringe connect it to three way stop cock and start pushing the plunger slowly. Most medication is administered IV slowly about 15 to 20 minutes.

4.2.18 Remove gloves and perform hand hygiene.

4.2.19 Documentation:

- 4.2.19.1 In the medication form: write the name, dosage and time with signature of the nursing staff.
- 4.2.19.2 In the nurse's note: write patient's response to the medication, by reassessing 30 to 60 minutes after administration.

5. MATERIALS AND EQUIPMENT:

- 5.1 Gloves
- 5.2 Medication to be administered mixed in 50 to 100ml appropriate IV fluid (usually 0.9% saline or 5% dextrose)
- 5.3 Infusion pump
- 5.4 Alcohol swab
- 5.5 Syringes

6. RESPONSIBILITIES:

- 6.1 Nurse

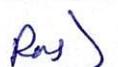
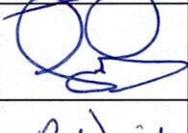
7. APPENDICES:

- 7.1 N/A

8. REFERENCES:

8.1 Jean Smith Temple and Joyce Young Johnson, Nurses Guide to Clinical Procedures, 5th Edition, Lippincott Williams and Wilkins, Page No: 225-231

9. APPROVALS:

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