

Administration of Intravenous Piggyback Medication

Student Name: _____ Student Signature: _____

Evaluator Signature: 1st attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 2nd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

Evaluator Signature: 3rd attempt _____ Date: _____ Satisfactory* Unsatisfactory^

**** Critical Behaviors that need to be stated or done in order to pass the skill.**

PERFORMANCE BEHAVIORS	S*	U^	COMMENTS
<u>Assessment</u>			
1. Avoid distractions			
2. Check Medication Administration Record (MAR)			
a. Date			
b. Patient name			
c. Drug name and dosage			
d. Time for administration			
e. Route of administration (note volume and rate)			
4. **Verify compatibility of IVBP with current IV solutions			
5. **Check for **Allergies, including sensitivity to latex and tape.			
6. **Verify IV access: assess site for patency, if current tubing has a Y-port and note IV solution fusing.			
<u>Planning</u>			
7. Identify expected outcomes: know actions, special nursing considerations, safe flow rate, ranges purpose of administration, and adverse effects of too much or too little infused solution.			
8. Identify what teaching you might need to provide to the patient.			
9. Gather equipment			
a. EHR			
b. Secondary IV tubing			
c. IV tubing label			
d. Alcohol swabs			
<u>Implementation</u>			
10. **Perform hand hygiene			
11. Prepare IV solution for only one patient at a time.			
a. State the ** 6 rights of medication administration using the MAR.			
b. Read MAR and select correct IVPB medication ** (First Check).			
12. Compare MAR to label on IV solution. ** (Second Check).			
a. Check for expiration date, discoloration, cracks or leaks			
b. Note date and time solution was mixed			
13. ** Verbalize that you will calculate correct IVPB flow rate.			
14. Before going to patient's room			
a. Spike new bag of IVPB solution, maintaining sterile technique			
b. Fill drip chamber halfway			
c. Prime tubing, purging air within the tubing			
d. Label tubing, with date/time/initials.			

PERFORMANCE BEHAVIORS	*S	*U	COMMENTS
15. Take the IVPB bag and tubing to patient's room with other supplies and MAR.			
16. Upon entering room <ul style="list-style-type: none"> a. ** Perform hand hygiene b. Be aware of your spatial safety have call light within reach c. Identify self d. **Identify patient using two forms of identification (i.e., Name, birth date, medical record number) while comparing administration record to patient wrist band e. ** Ask patient if he or she has any allergies and check for allergy band f. Ensure privacy g. Explain what is about to occur. h. Allow for patient questions i. Raise bed to comfortable working height. k. Don gloves 			
17. Collect data <ul style="list-style-type: none"> a. Patient status and condition of existing IV site and dressing. b. Verbalize symptoms that lead to discontinuation of that site (redness, swelling, ...) c. Scan patient wrist band d. Scan IVPB medication e. Perform **Third Check of IVPB solution to MAR. Recheck expiration date 18. **Correctly record medication in EHR or IV Solution Record <ul style="list-style-type: none"> a. Any pertinent collected data such as volume administered in previous bag. b. Date and time started 			
19. IVPB <ul style="list-style-type: none"> a. Close the primary tubing with roller clamp. b. Lower the primary bag using provided hook. c. Hang piggyback medication from pole, higher that the primary bag. d. **Confirm that the piggyback tubing is primed and the roller clamp is closed. e. Clamp the old IVPB tubing and disconnect luer lock at hub. f. Assess the tubing for bubbles. g. Swab the appropriate secondary (Y) port on the primary tubing and attach the secondary tubing to the port. h. Open the piggyback roller clamp wide open. 			
20. **Set rate of fluid flow according to the order using the roller clamp on the PRIMARY IV bag or with the IV pump.			
21. Instruct patient to report any pain, redness, drainage, or swelling that may occur during infusion of the IV solution.			
22. Before leaving room <ul style="list-style-type: none"> a. **Reposition patient for comfort and safety b. ** Lower bed c. **Raise appropriate side rails d. **Leave call light and belongings inreach e. ** Perform handhygiene f. Dispose of used equipment 			
<u>Evaluation</u> 23. Verbalize need to return to patient's room to reassess the site, flow rate, and solution administered 24. Verbalize need to follow-up on therapeutics of IV therapy (BP, heart rate, fluid status, infection...) in a timely manner.			

*S = Satisfactory, ^U = Unsatisfactory

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