

NURSING SKILLS CHECKLIST

Administering IV Push Medications

Date: _____ Facility: _____

Nurse's Name: _____

PROCEDURE	YES	NO	N/A
Review physician order:			
1. Present on chart.			
2. Correctly written.			
Check resident allergies:			
Medication:			
1. Check label for correct medication name, dosage route, rate of administration, and expiration date.			
2. Check order against label.			
3. Check resident identification.			
Administration directly into IV catheter:			
1. Flush IV line with appropriate type and volume of flush.			
2. Give IV push medication at prescribed rate.			
3. Flush IV line at the same rate as the medication was given to clear medication from the catheter with appropriate type and volume of flush.			
Administration into IV tubing:			
1. Make sure IV is flowing freely.			
2. Attach medication syringe to y-site of IV tubing and administer the medication at the prescribed rate stopping intermittently to allow IV fluid to flow.			
3. Return infusion to the prescribed rate.			
Documentation:			
1. IV push medication correctly recorded on the MAR.			
2. IV site documentation recorded in nurses notes.			

Comments: _____

Signature of
Instructor: _____