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Clinical learning Center Facilitator

Butler Community College

IV AND IV MEDICATION Review

This scenario was created for third and fourth semester students having difficulty understanding the process of IV medication administration and/or IV continuous drip infusions.

Objectives:

1. Assessment and Recognition of IV administrations
 - a. Assess IV infusions
 - b. Assess IV infusion sites
 - c. Assess IV medication interactions
2. Initiate interdisciplinary collaboration in a hospital setting.
 - a. Report IV medication contraindications to the physician
 - b. Implement new orders received from the physician
 - c. Chart IV solutions/ medications on the appropriate charting sheets
3. Select appropriate interventions
 - a. Initiate an IV infusion
 - b. Administer medications ordered
 - c. Calculate appropriate IV drip rates
 - d. Calculate appropriate Medication doses
4. Monitor therapeutic response to interventions (Outcomes).
 - a. Monitor IV drip rates.
 - b. Monitor possible side effects of medications
 - c. Monitor effectiveness of medications.

Mr. Sims is a 61-year old male who had been admitted with an acute ventral myocardial infarction. As a result of the myocardial damage he has developed congestive heart failure. He also has a history of alcohol abuse. He was transferred to your unit. You have been assigned to start his IV medications. Initiate his new IV drips and IV medication orders using the order sheet and mar. It is 0800.

BUTLER CLINICAL LEARNING HOSPITAL ORDER FORMS

Time	Date	Name: John Sims	DOB 5/11/xx
		ADMIT TO: <input type="checkbox"/> Telemetry Floor <input type="checkbox"/> Non-telemetry Floor <input type="checkbox"/> Pediatrics <input checked="" type="checkbox"/> ICU	
		DIAGNOSIS: <input type="checkbox"/> Diabetes, <input type="checkbox"/> R/O Myocardial Infarction, <input type="checkbox"/> CHF, <input type="checkbox"/> Stroke, <input type="checkbox"/> GI Bleed, <input type="checkbox"/> S/P, surgery _____ <input type="checkbox"/> Cancer _____ <input type="checkbox"/> Other _____	
		ALLERGIES: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, list: Midazolam	
		ACTIVITY: <input checked="" type="checkbox"/> Bedrest <input type="checkbox"/> BRP <input type="checkbox"/> Activity as tolerated <input type="checkbox"/> Other _____	
		DIET: <input checked="" type="checkbox"/> NPO <input type="checkbox"/> Clear liquid <input type="checkbox"/> ADA _____ <input type="checkbox"/> 2gm low Na, low fat <input type="checkbox"/> Regular <input checked="" type="checkbox"/> I & O <input checked="" type="checkbox"/> Daily Weight <input type="checkbox"/> Other _____	
		OXYGEN: <input type="checkbox"/> None <input type="checkbox"/> 2 liters via nasal cannula <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> titrate to keep sats > 90%	
		IV: <input checked="" type="checkbox"/> Saline Lock <input checked="" type="checkbox"/> IV Fluids TRA _____	
		MEDICATIONS: <input type="checkbox"/> Acetaminophen 650 mg po q 6 hours prn pain or temp > 101.5 F <input type="checkbox"/> Aspirin 325 mg po daily <input type="checkbox"/> Laxative of Choice <input checked="" type="checkbox"/> NS 10 ml IV BID and pm for IV flush _____ Digoxin 0.25 mg IV daily _____ Furosemide 80 mg IV bid _____ Hydralazine 15 mg IV four times daily _____ _____ Magnesium Sulfate 1 Gm per hour continuous IV infusion x 3	
		TREATMENTS: <input type="checkbox"/> Foley to DD <input type="checkbox"/> Place NG Tube <input type="checkbox"/> Dressing changes to _____	
		LAB TESTS: <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> Routine UA <input type="checkbox"/> Other: _____	
		X-RAYS: <input type="checkbox"/> chest x-ray <input type="checkbox"/> Other _____	
		<input type="checkbox"/> ADDITIONAL ORDERS:	

Date: today Time _____ Signature: **DR. RUTH GETWELL**

Patient ID: _____

Butler Clinical Learning Center Medication Sheet

Patient: John Sims	Room number B-5	DOB: 5/11/xx	Wt 72 kg	Age/ Sex 61/M	Physician; Dr. C. Hart
Medication	Route	Ordering Dose	0800-1559	1600-2359	000-0759
Digoxin	IV	0.25 mg daily	0800		
Furosemide	IV	80 mg bid	0800	2000	
Hydralazine	IV	15 mg four times per day	0800 1400	2000	0400
Magnesium Sulfate	IV	1 GM per hour continuous drip X2	0800		

Signature/Initials
