

Administering Medications - Direct IV into a Locked IV

Female1: Hi, Wendy.

Female2: Hi, how are you?

F1: Very well. Let's show students how to give IV direct medication through a PVAD short.

F2: Okay.

F1: So this patient, let's say he's asked for some analgesic. So I have gone to my MAR's; I've found the drug; Went to my medication dispensing system; Took it all out as per the agency protocol. Now because this is an IV direct or IV push drug I need some special instructions. I need to find out how do I give this medication safely. So you go to the drug monograph. Most acute care institutions will have parenteral practices manuals which will tell you how to administer all kinds of different IV medications safely. Whether you can push them or give them direct; Whether or not you have to put them in mini bags. What are the compatibilities, incompatibilities, how fast do you give it. There are a lot of considerations to think about. So I've done all of that. I have my medication ready. Also, because this is a locked IV I need to check placement I brought some saline.

F2: Okay.

F1: I've done some hand hygiene, of course. I'm going to clean my needle's port. Usually it's 15 to 30 seconds and then you have to let it dry. I've checked my patient's I.D., two identifiers. And the patient has confirmed that. Okay, this is just some normal saline. I don't want to put air into the patient. So what's really

interesting is the literature talks about aspirating. And as we know from learning about CVAD, CVAD's go into a large vessel like the vena cava. And because it's large it's really easy to get aspirate back if the line is patent. With peripheral lines, for PVAD shorts, they're inserted into little small veins, so you can aspirate back and often you'll get no blood return. Which doesn't necessarily mean it's not in situ. So if students or nurses want to get in the habit of aspirating every time, go for it. I don't, because the chances of getting blood flash back are negligible and it doesn't mean anything anyway. So I'm just going to inject some saline and I'm going to look at the insertion site to see is there any pain, resistance, or any swelling. Okay, so I'm going to go ahead and do that. And I'm just going to put in three or four mls because you'll be able to see swelling. I don't know if you noticed but I kept my cap sterile because I'm going to recap this syringe. Because I'm going to use this as my end flush as well. I'm just going to do one last check of the patient, the drug, the dose, make sure it's me that actually prepared this med. And I'm just going to use the lower port. This medication I have to give over two minutes. So I'm just going to slowly inject and think that at the one-minute mark I should be halfway through my syringe.

F2: How you feeling there, Charlie?

F1: This a good time to talk to your patient and do some more assessment. We're just going to time lapse and say that our two minutes is up.

F2: Two minutes gone.

F1: Of course, I'm always watching the patient. I'm thinking about the drug and what is this drug and how will it work and what are the side effects. And I'm watching

Charlie to see-- that was morphine I gave him, so I'm looking to see is it going to change his level of consciousness, is his breathing going to stay the same. Not that it's going to-- changes will happen right away and watching is a good habit to have. So now I'm going to do my final flush. But what I have to think about is that I still have morphine in this line.

F2: Oh, yes, outside here.

F1: Yeah, so I'm just going to, for another minute or so, just continue to push slowly before I do my turbulent flush.

F2: Okay, so what are you worried about? Like, if you would push this in too fast?

F1: Yes. If patients receive medication too fast sometimes they can get something called speed shock, especially with your opioids. They feel like horrible.

F2: Get really flushed and--

F1: Yeah. Their hearts start to race and for some of them it's a pretty scary experience, yeah. Let's say that that minute has transpired and now I flush my PVAD short according to my flushing protocol which is two to five mls. And that's going to be turbulent flush. Hmmm... we can see that my IV has started to leak so let's just troubleshoot this. First let's just make sure our connections are good. Yes that was the problem.

F2: So this was too loose at the hub here.

F1: All right. So now I'll just take my MAR. I'll sign for it and I'll put it back where it belongs.

F2: Put your side rails up.

F1: Off we go.