ADMINISTRATION OF INTRAVENOUS MEDICATION BY NURSING STAFF

GENERAL GUIDELINES


Very few drugs are more dangerous when given IV compared with other routes of administration. The dangers of IV administration are in the following general areas

1. **Allergic reactions** This may occur when the drugs are given by any route but are often manifested more quickly when administration is by the IV. Giving the first dose of an intravenous drug in a small amount, then administering the remainder slowly while the patient is observed may decrease the risks of morbidity.

2. **Extravasation** The risk of extravasation can be averted by instruction in good technique of IV administration and by frequent observation of the infusion site during administration.

NURSING STAFF SHOULD ADMINISTER IV DRUGS ONLY WHEN

1. A good IV line has been established.
2. The patency of the line has been checked immediately prior to administration of the drug.
3. A clear prescription of the drug has been written and the medication chart completed by the medical officer.
4. A verbal order has been given by a medical officer in the event of medical emergency.
5. The general nature of the drug is known to the person administering it.
6. The first dose of the drug has been administered by a medical officer or the drug forms part of the list which permanent NCC nursing staff may administer.
7. Accreditation for first dose administration is completed by nursing staff member.
8. The drug and its guidelines are included in the Drug Administration Protocol.
9. The dose and frequency is appropriate for the neonate as per guidelines.

ACCREDITED NURSING STAFF IN NCC MAY ADMINISTER THE FOLLOWING FIRST DOSE IV DRUGS

1. Antibiotics and Antivirals
2. General intravenous drugs
3. Vaccines
NEWBORN USE ONLY
GIVEN ON DOCTORS ORDER ONLY

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NURSING STAFF SHOULD NOT ADMINISTER IV DRUGS IF

1. A good IV line has not been established.
2. There is any uncertainty as to the patency of the line at the time of administration.
3. The prescription is unclear or incomplete.
4. Nursing staff member is unfamiliar with the nature or effects of the drug.
5. Accreditation for first dose of drug administration has not been completed by the nursing staff member.
6. The patient's condition has changed substantially between the time the drug was prescribed and the dose is due.
7. The drug and its guidelines are not included in the Drug Administration Protocol.
8. The dose and frequency is inappropriate for the neonate as per guidelines.

As with any form of drug dispensing, if any doubt exists, check with the prescriber or another medical officer.

STANDING ORDERS IN NCC Must be written up within 24 hours of administration.

1. Vitamin K (Konakion) 1mg IM injection
2. Cyclopentolate 2.5% one drop to each eye
3. Phenylephrine 0.5% one drop to each eye
4. Cyclomidryl one drop to each eye

RULES WHEN GIVING MEDICATIONS

1. Check the order for
   a. patient's name
   b. Medical Record Number
   c. correct drug and strength
   d. correct dose
   e. frequency to be given
   f. correct time to be given
   g. signature of Medical Officer
   h. date of signature
   i. order written clearly and legibly
   j. neonate's identification

2. Question all unusual orders.

3. Medications to be given are the responsibility of the Registered Nurse allocated primarily to each neonate, but it is also the responsibility of the team leader to ensure all medications are given.

4. All drugs are to be checked before administration with another Registered Nurse, one being a permanent NCC staff member.

5. Medications should be given as soon as possible after having been ordered.

6. Always check drugs prior to use to ensure they are
   a. correct drug
   b. correct strength
   c. within the expiry date

7. The Registered Nurse drawing up the drug should be the one to administer it.
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8. Always sign the drug chart immediately after administering the drug with two signatures, time of administration, and date that the drug was given.

9. All intramuscular injections are to be given into the thigh.

10. Check dilutions carefully before reconstituting drugs.

11. Carefully and accurately work out the drug dose to be given. Use the formula:

   \[
   \frac{\text{dose required}}{\text{stock dose}} \times \text{stock volume} = \text{volume to be administered}
   \]

   If dilution is required as per drug protocol, the drug is drawn up first and then diluent unless specified differently.

12. Medications are always measured in an appropriate size syringe to be able to measure accurately.


14. Dispose of unused portion of antibiotics into purple contaminated sharp bins.

15. Oral medications given with feeds via intra-gastric tube unless ordered otherwise. Ensure drug enters the stomach and does not stay in the intra-gastric tube to ensure absorption at the correct time. Nilstat drops are always given into the mouth after an oral feed so they can act locally.

16. Topical medications are usually applied thinly. Check for the correct use of each preparation.

17. Always report to the medical officer if medications were omitted or if an incorrect dose was given. A medication incident report must be compiled.

18. All drug orders expire after seven days. Check to see if medications need to be re-ordered on a separate drug chart.

19. Refer to MIMS or product information for more detailed information about individual drugs.