

The Johns Hopkins Hospital
Department of Gynecology and Obstetrics
IV Push Medications (Quick Reference)

June 2022



General Overview

1. Although referred to as IV Push, these medications are administered slowly using a syringe into an intravenous needleless port (push/pause).
2. Per the [IV Push policy \(PAT030\)](#), **Appendix A**, drugs listed as (E+) may be given within the designated unit type **AND** may be given on ALL other nursing units ONLY in the event of an emergency.
 - a. Examples of emergency drug (E+) given on inpatient unit:
 - IV push labetalol or IV push hydralazine ordered for OB patient with hypertensive emergency (SBP \geq 160 mmHg or DBP \geq 110 mm Hg or both)
 - IV push epinephrine ordered for patient cardiac arrest
 - b. If frequent vital signs or cardiac monitoring is required after administering the IV push medication on an inpatient unit, transfer the patient to a higher level of care as soon as possible.
 - If unable to transfer the patient, staffing should be adjusted to support the patient on the inpatient unit until transfer to a higher level of care is feasible.
 - c. Refer to IV Push policy, Appendix A for rate of administration.
 - d. Refer to [Emergent Anti-hypertensive Drugs \(IV and Oral\)](#), [Management in the Obstetric Patient \(OBMED-E211\)](#) policy, Appendix A (Algorithm) and Appendix B (Quick Reference) for antihypertensive medications for OB patients.

Prepare the Medication

1. Verify medication orders and drug obtained from the Pyxis
2. Check IV push policy for Unit or Unit Type, Drug Class, IV push maximum single dose range, dilution instructions, if required, rate of administration, and monitoring
3. Check medication compatibility with IV infusion solution or IV drips (see Lexicomp or Micromedix)
4. Use aseptic technique when preparing and administering medication
5. Draw up medication into syringe
 - a. If using glass ampules, use a filter needle to withdraw IV medication into syringe.
 - b. If using a prefilled syringe (or cartridge), do not withdraw the medication with another syringe to administer some or all of the IV push medication dose.
 - c. Medications do not need to be diluted unless specially noted in IV Push policy.
6. Remove any air bubbles from syringe and inspect medication for discoloration or cloudiness
7. Label the syringe unless the medication or solution is prepared at the patient's bedside and is immediately administered to the patient without any break in the process

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Administration

1. Verify patient identification
2. Obtain baseline vital signs and FHR, if pregnant
 - a. If continuous electrocardiographic monitoring (CEM) is required, place on monitor immediately before administration, during administration, and continue monitoring for least 30 minutes after the drug is administered
3. Verify medication on the MAR (drug, dose/strength, route, timing)
4. Wash hands
5. Assess IV site for redness, swelling, etc. Clean needleless port with alcohol swab (scrub the hub for 10-15 seconds) and allow the solution to dry
6. Perform hand hygiene and don clean gloves
7. Check IV fluids infusing for compatibility with IV push medication
 - a. If the medication is compatible with the IV solution:
 - Cleanse port with alcohol prep
 - Attach syringe with medication to needleless connector closest to the patient
 - Pinch the tubing or pause the infusion pump
 - Check for blood return
 - Inject medication via needleless connector at the required rate, then remove syringe and discard
 - Resume continuous infusion, if ordered
 - b. If medication is NOT compatible with IV solution:
 - Cleanse port with alcohol prep
 - Pinch the tubing or pause the infusion pump
 - Flush line with 10 mL normal saline via needleless connector closest to the patient
 - Attach syringe with medication to needleless connector closest to the patient
 - Check for blood return
 - Inject medication via needleless connector at the required rate, then remove syringe and discard
 - Flush line again with 10 mL normal saline via needleless connector closest to the patient
 - Resume continuous infusion, if ordered
8. If patient has a saline lock and no IV solution infusing:
 - Cleanse needleless connector with alcohol prep
 - Flush line with 10 mL normal saline via needleless connector
 - Check for blood return
 - Inject medication via needleless connector at the required rate, then remove syringe and discard
 - Flush line again with 10 mL normal saline
9. Clean IV access port **after** administration of medication
10. Discard gloves and perform hand hygiene
11. Document medication on MAR, monitor vital signs, and assess for medication side effects

Watch Video – See Mosby Procedure Textbook in Hopkins Policy Online, then search for: **Medication Administration: Intravenous Bolus - CE**

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Videos

