PROGRAM DESCRIPTION

This program presents the most current information in IV Therapy according to CDC and the Intravenous Nurses Society. Part I of this program will review venous anatomy of the hand and forearm, a geriatric IV assessment, signs of the aging process and a step-by-step demonstration of an IV insertion and a blood draw. Part II will review fluid and electrolyte balance, complications of IV therapy and documentation requirements. This video program is approved for 3.0 contact hours. Video running time is 50 minutes.

OBJECTIVES

At the conclusion of this program, the participant will be able to:

1. Perform an intravenous geriatric assessment.

2. Identify THREE (3) common signs of the aging process that will impact upon the delivery of IV therapy.

3. Identify the different types of devices that are appropriate for use in IV therapy.

4. Identify the TWO (2) main body fluid compartments.

5. Describe the parameters of patient assessment that are needed prior to and during intravenous administration.

6. Discuss the potential IV complications and nursing preventative measures.

7. Identify the signs and symptoms of IV complications.

KEY TERMS

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<tr>
<th>Geriatric IV Therapy</th>
<th>Sterile IV Therapy</th>
<th>Turgor IV Therapy</th>
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<td>Short Peripheral Catheter</td>
<td>Flushing Catheter</td>
<td>Phlebitis Catheter</td>
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<td>Central Venous Access</td>
<td>Aseptic Access</td>
<td>Infiltration Access</td>
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<td>Intravenous Device</td>
<td>Vein Device</td>
<td>Embolus Device</td>
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<td>Basilic/Cephalic</td>
<td>Electrolytes</td>
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<td>Extracellular/Intracellular</td>
<td>Extravasation</td>
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<td>Alcohol</td>
<td>Hypernatremia/Hyponatremia</td>
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<td>Hyperkalemia/Hypokalemia</td>
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The nursing process is a systematic method of problem solving. It is called a "process" because it is ongoing. The steps of the nursing process are as follows:

**Assessment:** This is the systematic and continuing collection of information from multiple sources. Assessment begins when a nurse initially interviews a client and the client’s significant others. A physical assessment of the client involves collecting information from a number of sources: laboratory data, direct observations, assessing the client’s ability to carry out daily activities, noting signs observed by nursing personnel and symptoms reported by the client and any client responses to interventions. In long term care, resident assessment instruments are used to provide a comprehensive multi-disciplinary assessment.

**Problem Identification or Nursing Diagnosis:** Assessment data leads to identifying client strengths and client problems. These may be actual problems the client currently experiences, or potential problems that may occur with that client in the future. Problems are stated and an indication of influencing factor or cause is included in the statement, when nursing diagnosis statements are used.

**Planning:** The next step the nurse will complete is planning, with input from other care providers. It will focus on client goals (or outcomes). For each problem, a measurable, specific goal is identified. The plan includes nursing actions, based on nursing theory, nursing science, other sciences, research findings and experience through practice. The beliefs and values of the nursing profession, in combination with the values of the client, are taken into account in the establishment of the nursing care plan.

**Implementation:** Carrying out the nursing care plan.

**Evaluation:** This is the component of the process where client goals and related outcome are evaluated to determine if they were met. The nursing care plan is revised accordingly. Evaluation may also identify additional resources that are needed for the client or the health care provider while continuing to utilize the nursing care plan.

**Professional Nursing Roles:**
As the nurse carries out the nursing process, the nurse enacts a variety of professional roles. These are:

- clinician
- teacher
- client advocate
- leader

These roles may overlap. In the clinician role, the nurse may provide direct “hands on” care, or may assess a client's needs and direct others to provide services to meet those needs. The nurse may conduct patient and family teaching in a teaching role. The nurse may also teach other health professionals when a multidisciplinary team addresses the client's needs. The nurse is a client advocate when collaborating with the client, finding resources for the client, and acting on behalf of the client. The nurse is a leader when planning and assigning the care of a client to others, maintaining overall responsibility and accountability for that care, assisting other members of the health care team to set and meet goals or when providing resources to other health care providers.
PRE TEST - Part 1

Circle T if the following statement is true. Circle F if the statement is false.

T  F  1. Intravenous therapy is performed in the acute care or hospital setting, as well as long term care and in the home.

T  F  2. According to CDC recommendations, short peripheral catheters should be changed every 48-72 hours.

T  F  3. If unable to access a vein in the hand or arm, it is best to try the lower extremities.

T  F  4. The vein best for venipunctures is one that is straight, sponge-like in feel and located over a joint flexure.

T  F  5. Venous blood samples should always be drawn before breakfast.
DISCUSSION QUESTIONS

Part 1

1. Describe the anatomy of a vein and how each layer of the vein is affected by IV therapy.

2. Identify the major vessels of the arm.

3. What do the initials CDC and INS represent and what impact do they have on IV therapy?

4. Describe what should be used if the patient or client is allergic to povidone iodine.

5. Do you know what your facility’s policies and procedures are for IV therapy?
Choose the best answer:

1. When using a short peripheral catheter, INS (Intravenous Nurses Society) and CDC (Center for Disease Control) recommend changing the catheter:
   a. once a week
   b. every twenty-four hours
   c. every forty-eight to seventy-two hours
   d. once a shift

2. To facilitate later insertions it is best to start IV therapy:
   a. in the left hand
   b. at a point which allows venipuncture above a previous site
   c. below an infiltration
   d. in the antecubital fossa

3. If the use of a tourniquet may be traumatic to the patient or client, vein distention can be accomplished by:
   a. having the arm hang lower than the heart
   b. light tapping or milking the vein
   c. applying warm compresses for ten minutes
   d. all of the above

4. Venous blood samples are obtained to monitor
   a. medication levels
   b. fluid and electrolyte balance
   c. nutritional status
   d. all of the above

5. How far above the intended access site should the tourniquet be placed for a venipuncture?
   a. two-three inches
   b. four-five inches
   c. eight-ten inches
   d. ten-twelve inches
6. Which of the diseases listed below will affect the circulatory system in the elderly client or patient?
   a. diabetes
   b. peripheral vascular disease
   c. renal disease
   d. all of the above

7. How many times may a nurse attempt insertion before asking another nurse for assistance?
   a. one
   b. two
   c. three
   d. four

8. When preparing a site for intravenous insertion, which two products are recommended for antiseptic cleaning of the skin?
   a. hydrogen peroxide and alcohol 70%
   b. alcohol 70% and povidone iodine
   c. povidone iodine and tincture of benzoin
   d. benzoin and saline

9. The purpose of IV therapy is:
   a. fluid replacement
   b. medication administration
   c. nutritional supplementation
   d. all of the above

10. After successful completion of a venipuncture for IV therapy, it is important to document:
    a. name, type and size of catheter
    b. vein location
    c. patient response
    d. all of the above
PRE TEST

Part 2

Circle T if the following statements are true. Circle F if the statements are false.

T F 1. An IV pump should be used only when administering medications.

T F 2. A contaminated IV catheter will cause phlebitis.

T F 3. Sodium is the main electrolyte of extracellular fluid and potassium is the main electrolyte of intracellular fluid.

T F 4. Infiltration occurs when the IV catheter dislodges and causes fluid to seep into the surrounding tissue.

T F 5. Risks for IV therapy complications increase with the length of time the catheter is in place.
DISCUSSION QUESTIONS

Part 2

1. Electronic infusion devices can vary from facility to facility, what electronic device are you familiar with? Would you be able to adjust flow rate by gravity flow?

2. What precautions should be taken when adding and infusing potassium intravenously? What is the maximum dose per liter of IV fluid?

3. What are some signs or symptoms of fluid or circulatory overload?

4. Can you list and describe some complications of IV therapy?
POST TEST

Part 2

Choose the best answer:

1. Electronic infusion pumps are indicated when?
   a. IV fluids with medications are to be infused
   b. TPN is to be administered
   c. pain management is to be administered by continuous or bolus method
   d. all of the above

2. Filters are designed to prevent the passage of undesirable substances, the filter recommended by INS is the?
   a. 0.25 micron filter
   b. 1.5 micron filter
   c. 0.22 micron filter
   d. 1.2 dacron filter

3. A condition of hyponatremia and hyperkalemia means:
   a. the sodium level is 138mEq and the potassium is 3.5mEq
   b. the sodium level is 128mEq and the potassium is 5.8mEq
   c. the sodium is 144mEq and the potassium is 4.8mEq
   d. the sodium level is 140mEq and the potassium is 3.2mEq

4. Special consideration when infusing potassium in an IV is:
   a. a larger vein should be used
   b. it should never exceed 80mEq per liter
   c. it should never be added to fluid in a hanging position
   d. all of the above

5. If an IV infiltration is suspected, light digital pressure two inches above the catheter tip will:
   a. cause a backflow of blood
   b. exhibit redness at the site
   c. stop the flow
   d. not stop the flow
Part 2

6. The most avoidable type of phlebitis is:
   a. bacterial
   b. chemical
   c. mechanical
   d. pathological

7. An example of a vesicant fluid is:
   a. dopamine
   b. chemotherapy meds
   c. dilantin
   d. all of the above

8. If the elderly experience circulatory overload from IV therapy, they should be observed for:
   a. moist lung sounds
   b. shortness of breath
   c. neck vein distention
   d. all of the above

9. If you suspect a clog has formed in the IV line, you should:
   a. call the doctor
   b. flush the site
   c. discontinue the IV
   d. decrease the flow rate

10. When administering IV fluids, it is important to document:
    a. the client/patient response
    b. the type of fluid
    c. the appearance of the site
    d. all of the above
EFFECTIVE OUTCOMES THROUGH IV THERAPY
HCP 21

ANSWER SHEET

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Martha Smith, RN, CRNI is a graduate from the Faulkner Hospital School of Nursing in Boston, Massachusetts. She received certification in intravenous nursing from the Intravenous Nurses Society, a staff nurse for three years in oncology and charge nurse of Naples Community Hospital’s IV Team. Currently employed by Community Home Services as a home care nurse specializing in infusion therapy and teaches a post graduate LPN IV Therapy course at the Walker Institute of Technology in Naples, Florida.

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REFERENCES


Saladow, J. (1997) Infusion devices: current products and features. Infusion (June) 3(9).


While NEVCO® strives to remain current with federal and state regulatory requirements, the information contained in this program is always subject to governmental amendment. Therefore, we suggest that you contact your state and federal authorities for any possible revisions to regulatory requirements.
Participant Evaluation of Objectives

Please evaluate this program by circling the number that best represents how well this program met the following objectives:

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<th>4=Excellent</th>
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<th>1=Poor</th>
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Do you feel you met your personal objectives? ____________

Time required to complete this program? ____________ Minutes

Comments: ___________________________________________________________

Return this form to the facilitator who distributed the learning materials.

Thank you.
REQUEST FOR CERTIFICATES FOR CONTACT HOURS

**TYPE** the NAMES, LICENSE NUMBERS AND JOB TITLES (RN, LPN, MSW, CNA, PT, etc.) of the people who are to be issued a certificate for contact hours for attending the continuing education program:

(Facility Name)

(Title and Number of Video Program)

This request must be submitted along with the completed roster and evaluation sheets for the above named program.

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FACILITATOR’S EVALUATION
(NEVCO® Video Education Program)

Must be completed by the facilitator

EVALUATION OBJECTIVES:

(1) To assess extent to which the program was appropriate, adequate and effective.
(2) To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ___________________________ Date ________

Place of Employment ___________________________ Job Title ______________

Please evaluate the presentation by circling the number that best describes your rating.

4 – Excellent 3 – Good 2 – Average 1 – Poor

ORGANIZATION OF COURSE

Material was organized to facilitate learning 4 3 2 1
The amount of material covered was adequate and accurate 4 3 2 1
There was effective use of time to cover the subject 4 3 2 1

CONTENT OF THE FACILITATOR’S GUIDE

List total number of objectives in this facilitator’s guide ________________

List by number the objectives that were met ________________

The test material reflected the objectives listed 4 3 2 1
Content can be used to improve nursing practice 4 3 2 1
Content reflected knowledge level and needs of learner 4 3 2 1
The material was current 4 3 2 1

Evaluate Test Questions

Pre-Test 4 3 2 1
Discussion Questions 4 3 2 1
Post-Test 4 3 2 1

FACULTY PRESENTING (Video)

The presentation was 4 3 2 1
The presenter explained the material 4 3 2 1
The presenter demonstrated knowledge of material 4 3 2 1

OVERALL RATING

I felt this teaching method was 4 3 2 1

COMMENTS – (Please make suggestions for future topics and additional comments about the presentation or instructor)
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
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Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
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**EVALUATION**  
(NEVCO® Video Education Program)

Must be completed by every participant

**EVALUATION OBJECTIVES:**

1. To assess extent to which the program was appropriate, adequate and effective.
2. To identify, continue to develop and evaluate effective quality assurance activities.

Title of Program ______________________________________________________ Date _______________________

Place of Employment _________________________________________________Job Title _______________________

**OBJECTIVES**

| Total number of objectives in program _________ | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 |
| Circle the number of objectives that **WERE** met | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 |
| Circle the number of objectives that were **NOT** met | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 |

Please evaluate the presentation by circling the number that best describes your rating.
4 – Excellent  3 – Good  2 – Average  1 – Poor

**ORGANIZATION OF COURSE**

| Material was organized to facilitate learning | 4 3 2 1 |
| The amount of material covered was adequate and accurate | 4 3 2 1 |

**CONTENT OF THE PRESENTATION**

| The test material reflected the objectives listed | 4 3 2 1 |
| Content and/or skills demonstrated can improve my ability to perform my job | 4 3 2 1 |
| Content reflected knowledge level and needs of learner | 4 3 2 1 |
| The material was current | 4 3 2 1 |
| Time for questions was | 4 3 2 1 |
| Effective use of time to cover subject was | 4 3 2 1 |
| Graphics were beneficial | 4 3 2 1 |

**NEVCO® FACULTY (who prepared the program and/or appeared in interviews)**

| The presentation was well prepared | 4 3 2 1 |
| The presentation explained the material well | 4 3 2 1 |
| The presenter demonstrated knowledge of material | 4 3 2 1 |

**OVERALL RATING**

| I felt this teaching method was | 4 3 2 1 |
| Facilities and classroom were adequate | 4 3 2 1 |

**COMMENTS** – (Please make suggestions for future topics, content of program and instructors)

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Thank you for your time in completing this evaluation! We appreciate your comments and suggestions. The NEVCO® Educational Staff
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CONTINUING EDUCATION ROSTER

This form must be completed and returned to NEVCO®.
Keep a copy for your facility, but return the original to NEVCO®.

PRINT OR TYPE

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RN Facilitator ___________________ Signature ______________________________

ROSTER OF PARTICIPANTS

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Certificate of Completion

This is to certify that

____________________________________________________________
Attended and Completed

____________________________________________________________
National Educational Video, Inc.™ Program Number and Title

For _______________ contact hours

On ____________________________
Date

____________________________________________________________
Facility / Agency Name

____________________________________________________________
Facility / Agency Address

____________________________________________________________
RN / Facilitator

CERTIFICATE FOR ASSISTANTS ONLY

National Educational Video, Inc.™ is an approved provider of continuing education. State Board provider numbers: Florida NCE2896, Alabama 5-97.0, California CEP8803 and Kentucky 7-0045.

This activity provided by National Educational Video Inc. is approved as a provider of continuing education in nursing by Alabama State Nurses Association, which is accredited as an approver of continuing education in nursing by The American Nurses Credentialing Center’s Commission on Accreditation.
CERTIFICATE OF COMPLETION

For each participant who has successfully completed a continuing education program, please make a copy of the blank NEVCO Certificate (on reverse side) and fill in the following information:

1. Name of the learner
2. Program title and number
3. Number of contact hours
4. Date the program was completed
5. Name and address of your Agency / Facility
6. Signature of the RN / Facilitator responsible for offering the program