



IV Push:

Administration of Medication
by Direct Intravenous Push



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The legislated mandate of the College of Licensed Practical Nurses of Saskatchewan is to protect the public through the regulation of Licensed Practical Nurses.

Administration of medication by direct intravenous push (IV Push) is the delivery of medication into the vein through an injection port of an existing intravenous line or through a previously placed intravenous catheter with a saline/heparin lock. The medication is "pushed" into the existing IV system via a syringe controlled by the Licensed Practical Nurse (LPN) at a rate determined by pharmacological guidelines.

The CLPNS authorizes the administration of medication by IV Push as an additional competency for Licensed Practical Nurses.¹

Medication Administration by IV Push

The LPN is accountable for the medication administered by IV push, the decision-making and critical thinking associated with each circumstance, and the knowledge required for each medication.

Before an LPN may consider utilizing competencies related to IV Push, they must be aware of the following information (Safe Practice Guidelines for Adult IV Push Medications, 2021):

- IV Push is the fastest method of delivering medication to the client's bodily system.
- IV Push poses the highest risk for error or adverse effect, often irreversible, due to the speed of the delivery.
- Some medications cannot be administered by IV Push.
- IV Push should not be chosen to save time or supplies.
- Administration of medication by IV Push is seen most often in practice areas such as renal dialysis, areas requiring or benefiting from ACLS certification, operating room/surgical areas, and areas requiring the use of reversal drugs or antidotes.

Administration of medication by IV Push must be supported by employer policy.

NEW July 2023: An order from an authorized professional specifying IV push as the route of delivery is not necessary. An order for the medication to be administered via an IV route must still be obtained.

Example: If a physician orders "Morphine 2 mg IV q 2 hr", the LPN may, if supported by employer policy, decide to administer the medication by IV Push. The LPN is no longer required to obtain a specific order for the IV Push route.

LPNs must consider the increased risks associated with administering medications by IV Push and determine if the risk can be managed with the resources available to the LPN at the time of medication delivery.

LPNs must ensure that adequate resources and practice supports are readily available before administering any medication by IV Push.

The Context of Practice must be evaluated in all aspects of LPN practice. It is important for the LPN to recognize that these three areas are interrelated and cannot be considered in isolation.

- Is the LPN competent to perform IV Push?
- Is the client population suitable for the LPN to administer medication by IV Push?

¹ Additional competencies are the observable knowledge, skills, and abilities authorized by the CLPNS as appropriate in LPN practice that are developed through education, training, and practice experience after completion of the Practical Nursing program.

- Does the environment support the LPN to administer the medication by IV Push (employer policy, access to other team members, and equipment)?

If the LPN is not competent, or the situation is such that the LPN should not administer the medication by IV Push for any reason, the LPN is expected to decline this procedure and immediately consult with the nurse in charge.

LPNs must always practice within the context of practice, which determines the appropriate application of LPN practice with the collective consideration of conditions or factors affecting the status and needs of the client, the abilities and attributes of the individual LPN, and the characteristics and resources of the environment.

Achieving and Maintaining Competence

The LPN must complete additional education beyond the practical nursing education program to develop individual competence for any additional competencies. This competence may be achieved with the completion of education, training, and practice experience.

Because education and training aim to develop individual competence, the education delivery method and the depth and breadth of the education required will vary. In addition, the education and training must address the needs and risks associated with the client population and/or practice environment. Some situations may require a combination of both formal education and on-the-job training.

Saskatchewan's current practical nursing education programs provide theory and clinical instruction on IV initiation and therapy. IV Push education must be obtained and completed after completing a practical nursing education program.

LPNs who are expected to administer medication by IV Push must first participate in education that contains all of the following:

- Informative learning session, including theory and a return demonstration of the skill, medication preparation, supporting knowledge, policy, and required assessments.
- Review of current agency policy regarding IV push medications.
- Review of procedure in the event of an adverse or unexpected reaction



Resources

A compilation of safe practices from the Institute for Safe Medication Practices (ISMP) Adult IV Push Medication Safety Summit, 2015:

Institute for Safe Medication Practices. (2015). Safe Practice Guidelines for Adult IV Push Medications. <https://www.ismp.org/guidelines/iv-push>

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