

PROTOCOL FOR: IV Push Medication: Approved List of

- POLICY:
1. A written order by a physician/APRN must be obtained before administration of an IV push medication, except during a Code Blue or other emergent situation, ie. intubation.
 2. Registered nurses assigned to Cardiac Step-Down Unit may administer direct IV push medications by the following routes:
 - Peripheral IV line
 - Central venous catheter
 - Implanted ports
 - PCA bolus
 - Dialysis cath (emergency only, when no other access avail)
 3. Registered nurses assigned to Cardiac Step-Down Unit who administer medications by IV push must have demonstrated IV med competency, as documented on the CSDU checklist for orientation.
 4. The Micromedex Drug Information System, Lexicomp system, Physician Desk Reference (PDR), and published Nurse's Drug Guides provide reference information for methods (i.e. dilution), dosages and time frames in which medications are to be administered. Unit pharmacists should be consulted for assistance as needed.
 5. If a port on a flowing IV will be the site of injection, it is essential to determine compatibility between the IV fluid/additives and the medication. If necessary, stop the IV flow and flush the line with saline prior to and after injecting the medication. Care must be taken to not give IVP medications through lines carrying medications that should not be flushed (ie. vasoactive medications, heparin, insulin).
 6. The Cardiac Step-Down Unit list of approved drugs is periodically reviewed by the Medical Director of the unit and is subject to the approval of the Pharmacy and Therapeutics Committee.
 7. Medications approved for direct IV push in Cardiac Step-Down Unit are:
 - Adenosine
 - Amiodarone *
 - Atropine
 - Bumetanide (Bumex)
 - Calcium Chloride *
 - Calcium Gluconate *
 - Cosyntropin (Cortrosyn)
 - Dexamethasone (Decadron)
 - Dextrose 50%
 - Diazepam (Valium)
 - Digoxin (Lanoxin)
 - Diltiazem (Cardizem)
 - Diphenhydramine (Benadryl)
 - Epinephrine
 - Eptifibatide (Integrilin)
 - Esmolol
 - Esomeprazole (Nexium)

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* Dilution is recommended.

Flumazenil (Romazicon)
Furosemide (Lasix)
Glucagon
Heparin
Hydralazine (Apresoline)
Hydrocortisone (Solu-Cortef)
Hydromorphone (Dilaudid)
Insulin
Ketorolac (Toradol) - doses \leq 30 mg.
Labetolol (Normodyne, Trandate)
Lidocaine
Lorazepam (Ativan) * - doses not to exceed 2mg every 6 hrs.
Meperidine (Demerol)
Methylprednisolone (Solu-Medrol)
Metoclopramide (Reglan)
Metoprolol (Lopressor)
Morphine
Naloxone (Narcan)
Ondansetron (Zofran)
Pantoprazole (Protonix)
Prochlorperazine (Compazine)
Promethazine (Phenergan)
Sodium Bicarbonate
Vasopressin
Verapamil
Warfarin (Coumadin)

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8. During "Code Blue" or emergent situations, an RN may administer other IV medications under the direct supervision of the physician /APRN. The CPR record will serve as documentation of the order. Emergent verbal orders not reflected on a CPR record will be documented per the administrative policy for verbal orders.
9. Certain narcotics approved for "IV push" administration may also be given as IV bolus infusion to patients on PCA pumps.
10. The physician/advanced practitioner and pharmacist will be notified of any adverse effects from medications, i.e. allergic reactions, unexpected change in vital signs, CNS depression.

DESIRED OUTCOME: Medications approved for direct IV push administration will be given by registered nurses in a safe and appropriate manner.

APPROVAL: Nursing Standards Committee
Pharmacy and Therapeutics Committee
CSDU Manager/Medical Director

EFFECTIVE DATE: 8/99

REVISION DATES: 9/02, 10/03, 11/05, 2/06