

PROTOCOL FOR: IV Push Medication: Interventional Radiology Approved List of

- POLICY:
1. A written order must be obtained by a physician/advanced practitioner before administration of an IV push medication except during a Code Blue and during administration of conscious / moderate sedation.
 2. IV push is defined as administration in 1 minute or less. Each medication will be evaluated regarding whether or not it must be diluted first and the rate of administration. The American Hospital Formulary Service Drug Information Book contains reference information for dosages / time frames in which medications are to be administered; otherwise, consult hospital pharmacist.
 2. Registered nurses assigned to the Interventional Radiology unit may administer direct IV push medications by the following routes:
 - a. peripheral IV line
 - b. central venous catheter, proximal port of thermodilution catheter
 - c. implanted ports
 3. If a port on a flowing IV line will be the site of injection, it is essential to determine the compatibility between the IV solution and additives and the IV medication. If necessary, stop the IV flow, flush the line with normal saline or similar solution prior to and after injecting the medication.
 4. Registered nurses who administer medications by IV push must have successfully completed orientation to the administration of IV push medications.
 5. The list of drugs approved for IV push administration in Interventional Radiology is periodically reviewed by the Chairman of Diagnostic Imaging and Therapeutics, and is subject to the approval of the Pharmacy and Therapeutics Committee.
 6. Medications approved for IV push by nurses assigned to the Interventional Radiology unit are listed below. The following guidelines apply to routine administration, although during emergencies, rate of administration and dosage may vary per physician order.

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Drug	Action / Class; special considerations
Adenosine	Anti-arrhythmic
Atropine	Antiarrhythmic, anticholinergic
Calcium Chloride	Electrolyte replacement - *rapid administration advised during Code Blue only
Dextrose 50%	Hyperglycemic agent
Diazepam	Anticonvulsant
Digoxin	Anti-arrhythmic
Dilaudid	Narcotic analgesic
Diphenhydramine	Antihistamine (Benadryl)
Ephedrine	Sympathomimetic, bronchodilator
Epinephrine	Sympathomimetic - for cardiac arrest, anaphylaxis, bronchoconstriction
Esmolol	Antiarrhythmic (Brevibloc)
Fentanyl	Narcotic analgesic
Flumazenil	Benzodiazepine antagonist
Furosemide	Diuretic
Glucagon	Serum glucose stimulant
Heparin	Anticoagulant - may be given as bolus
Hydralazine	Antihypertensive, vasodilator
Insulin	Hormone that regulates serum glucose
Ketorolac	Non-steroidal anti-inflammatory
Labetalol	Antihypertensive
Lidocaine	Antiarrhythmic
Lorazepam	Anxiolytic sedative
Meperidine	Narcotic analgesic; treatment for shivering
Metoclopramide	GI stimulant, antiemetic
Metoprolol	Beta-blocker antihypertensive agent
Midazolam	Benzodiazepine
Mannitol	Diuretic osmotic
Morphine	Narcotic analgesic
Naloxone	Narcotic antagonist
Ondansetron	Antiemetic
Scopolamine	Anticholinergic agent
Sodium Bicarbonate	Systemic alkalyzer to ↑ serum pH
Vasotec	Vasopressor

7. Narcotics approved for "IV push" administration may also be given as IV bolus infusion to patients via PCA pumps.

8. The physician/advanced practitioner and pharmacist will be

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notified of any adverse effects from medications, i.e. allergic reactions, unexpected change in vital signs, CNS depression, and the Adverse Drug Reaction procedure will be initiated.

9. Administration of IV medications by a per diem or floating RN assigned to the approved areas will be done under the immediate supervision of permanent staff until competency of each individual nurse is confirmed and documented.
10. Radiology Technologists who work in the Interventional, CT/MRI, and Diagnostics areas are approved to administer radiopharmaceutical and contrast agents under the direct supervision of the Radiologist.

DESIRED PATIENT

- OUTCOMES:
1. The patient receives appropriate medication(s), safely administered during the periprocedural period.
 2. The patient demonstrates and/or reports adequate pain control through the periprocedural period.

APPROVAL: Nursing Standards Committee
Department of Pharmacy

EFFECTIVE DATE: 10/03