

- Remove Drug from refrigerator _____
- Wash hands
- Gather Supplies
- Remove Air from Saline/Heparin Syringes Immediately Prior to Administration

IV Push Medication

***Verify on the medication label:**

- Your name
- Drug name/Dose
- Drug frequency
- Expiration date



Scrub IV cap
15 seconds

Pulse
Flush

Scrub cap 15
seconds

Remove Cap from Drug Syringe, Attach
to IV access, Infuse over ____ minutes

Scrub cap 15
seconds

Pulse
Flush

Scrub cap 15
seconds

***IF DIRECTED** flush with
Heparin, CLAMP IV