

Practice Guideline

Administration of Intravenous Medication

Revised: May 2017

Introduction

The [College of Licensed Practical Nurses of Nova Scotia](#) (CLPNNS), or the College, is the [regulatory body](#) for Licensed Practical Nurses (LPNs) in Nova Scotia. The College's [mandate](#) is to protect the public by promoting the provision of safe, competent, ethical, and compassionate nursing services. The College sets, monitors, and enforces standards for entry into the profession, practical nurse education, registration, and professional conduct. The College creates [Standards of Practice](#), establishes a [Code of Ethics](#), develops and implements a [Continuing Competence Program](#), and publishes policies and [interpretive documents](#) to support the practice of LPNs in Nova Scotia.

Using this Document

Practice guidelines are documents which outline the LPN's accountability in specific practice contexts. These guidelines reflect relevant legislation and are designed to help practical nurses understand their responsibilities and legal obligations so they make safe, competent, and ethical nursing decisions. This document can be used with CLPNNS Standards of Practice, Code of Ethics, and applicable practice guidelines found on the College website at www.clpnns.ca.

Professional Practice

The College supports the optimization of LPN practice within the clinical parameters defined by employers (scope of employment). Each LPN is accountable for conducting a self-assessment of their individual capacity and working with their employer to take the necessary steps to address knowledge gaps so they are prepared to practice to their fullest capacity within the scope of employment.

As with all clinical skills, LPNs must possess the necessary competence (knowledge, skill, and judgment) to support their practice. Competence in intravenous (IV) administration of medication may be achieved through completion of a core PN program after 2012, a post-graduate course or an employer-based education.

Determining Appropriate Practice Context

LPNs have the necessary competence to care for clients in a variety of settings. The independence of their practice is based on the sum total of the needs of the client, the supports in the practice environment, and LPN's individual competence and capacity.

Clients' needs are made evident in the nursing portion of the plan of care and LPNs are expected to work collaboratively with RNs to ensure a plan is in place for each client. Regardless of the client level of predictability or complexity, every LPN is accountable to ensure they possess the knowledge, skills, and judgment to provide safe and competent care to clients.



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Collaborative Practice

Administration of medications via the IV route can carry a higher degree of risk because of the rapid peak effect or onset of side effects of the medication. As such, the LPN and RN should collaborate to consider this risk when determining the most appropriate care provider.

In some cases, based on client needs, it may be most appropriate for the RN to interpret the findings of the client assessment and administer the medication. In other cases, the RN may interpret the client assessment and assign the medication administration and ongoing assessment to the LPN. In all cases, the LPN and RN are expected to communicate frequently to support the delivery of safe and competent care.

Administration of IV Medications: Three Factor Framework

LPNs may administer IV medications as long as these factors are present:

1. Client Predictability:
 - the client needs are known **and**;
 - the medication (including the IV route) is part of an established plan of care **and**;
 - the client's response(s) to the medication are known, consistent over time, **and/or** readily anticipated;
2. Accessible Support Systems:
 - there are sufficient resources (staff, policy, equipment, etc.) in the practice environment to support the client or the LPN if necessary **and**;
 - the LPN is able to access those resources;
3. The LPN:
 - has the necessary knowledge, skill and judgment (competence) to safely administer IV medications **and**;
 - is able to predict and manage the outcome of their actions **and/or** the client's response to the medication.

High Alert Medications

High alert medications are medications which carry a higher risk of client injury or death if administered incorrectly. High alert medications have a narrow therapeutic index, making them dangerous because even small changes in dosage or blood medication levels can lead to life-threatening adverse events.

While there are no restrictions on the types of medications that LPNs may administer via the IV route, *generally* LPNs would not be authorized to administer [High Alert Medications](#) via the IV route in most practice settings.

However, there may be individual practice settings in very limited and specific practice environments (as determined by the employer) and supported by policy where it might be appropriate for *individual* LPNs (who have attained the necessary and additional competence) to administer a high alert medication via

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the IV route. If this may be the case, the employer should contact the College Professional Practice Consultant to discuss what supports may be required for the LPN.

Learn more about High Alert Medications (including a list of recognized High Alert Medications), at <http://www.ismp.org/Tools/highalertmedications.pdf>.

Direct IV Push Medications

Administration of IV medications via direct IV push carries a greater risk for adverse outcomes due to the very rapid onset of medication action.

An LPN *may* administer medications via the direct IV push route in very limited and specific practice environments. These environments are determined by employers and are supported by policy. The competence to administer medication in this manner only applies in the specific practice setting identified in the employer's policies and does not transfer from setting to setting.

Initial Doses

Care episode is defined the current experience of healthcare from admission (or arrival, such as in an Emergency Department) to discharge. A care episode may include subsequent or repeated out-patient visits or home care to receive the same IV medication.

Initial dose is defined as the first time a client receives a medication via the IV route during a specific care episode.

The determination of the most appropriate care provider to administer an IV medication is based on the three-factor framework above. However, while the client may be receiving an initial dose of a medication in this care episode, their responses to that specific medication in previous care episodes should be a part of the assessment to determine the most appropriate care provider for this care episode.

For example, a client is scheduled to receive an IV antibiotic. While the client has not received this antibiotic during this hospitalization, they have received it numerous times in previous hospitalizations without any issue.