

2015

## IV Update Multiple Choice

### (Infection Control, Accountability and Complications)

1. You have 6 IVs to give at lunchtime, how would you do this?
  - a. Prepare the medications and place them on the white tray with sharps bin, place all on a trolley and wheel this round administering the correct medication to the correct patient.
  - b. As above but leaving the prepared medications in the drugs bay and going back to collect the next patients' medication and drug chart.
  - c. Prepare the first IV medication in the drugs bay, place on the white tray with sharps bin, administer to identified patient. Return to the drugs bay to prepare 2<sup>nd</sup> IV and repeat.
  
2. Your patient has a dual lumen central venous access device insitu. The white lumen is being used to administer Total Parenteral Nutrition (TPN) and the red lumen is blocked. He has just been prescribed a bag of fluids what would your actions be?
  - a. Disconnect the TPN, flush the lumen, administer the fluids via the white lumen and flush again before reconnecting the TPN.
  - b. Insert a peripheral cannula and use this to administer the fluids.
  - c. Wait until the current bag of TPN has finished before administering the fluids through the central line.
  
3. Your patient feels nauseous; you bleep their doctor who says "Just administer a stat dose of Metoclopramide, I will be on the ward later and will sign it then." Would you:
  - a. Have a colleague listen to the request, as it is a verbal order.
  - b. Prepare the medication and administer as instructed and leave the drug chart out for the Dr to complete
  - c. Request that the doctor comes up to the ward and prescribes it prior to administration.

4. Your colleague has drawn lunch time IV's for two patients, the prepared medications are in the drugs bay. She calls you and asks you if you would administer the medication as she needs to go to lunch, what would your actions be?
  - a. Agree to administer to one patient if she could do the other as you are quite busy yourself
  - b. Agree to administer the medications, as per NMC guidance to support colleagues, so your colleague may go to lunch
  - c. Advise that you are unable to administer the prepared medications as it is against NMC guidance
  
5. You have set up an infusion using an Alaris GP infusion pump. The pump starts to alarm due to air in line, what should you do?
  - a. Remove the giving set and replace with another one using an aseptic technique, complete a Datix from as per Trust guidelines.
  - b. Remove the pump and use gravity instead of a pump.
  - c. Pause administration, disconnect the giving set from the patient, run through removing the air and reconnect to the patient using an aseptic technique throughout, complete a Datix form as per Trust guidelines.
  - d. Change the pump.
  
6. Which of the following would constitute a medication error?
  - a. A stat dose of a drug is prescribed to be administered at 11.00hrs and is administered at 13.30hrs.
  - b. Morning medication has been left on the patients table and signed for, it is now 12.15pm
  - c. A medication which has an omission code of 4 documented for the last three days.
  - d. All of the above.
  
7. Your patient has just received an IV bolus of medication and they advise you that they are not feeling well. On assessment you notice that your patient is displaying breathing difficulties and their voice sounds hoarse, they look flushed and are feeling itchy, what would you actions be?
  - a. Offer your patient a glass of water and advise them to breath slowly
  - b. Call for help and request the anaphylaxis kit
  - c. Lay your patient flat and put a blanket over them to keep them warm
  - d. Call for help and request the extravasation kit

8. Good practice in infection control related to IVs would include?
- Ensuring that IV access devices are not left in for longer clinically required.
  - Ensuring that all IV access device dressings are routinely change every 48 hours
  - Ensuring that sterile gloves are worn each time an IV access device is accessed
9. Prior to use and IV access port should be cleaned with?
- Gauze soaked in normal saline 0.9%.
  - 70% isopropyl alcohol wipe(e.g. Alcohol Prep Pad)
  - Universal sanitising wipe (e.g. Clinell wipe)
  - 2% chlorhexidine gluconate and 70% isopropyl alcohol wipe (e.g. Sani-Cloth).
10. Who may administer IV Opioids within the Trust?
- Someone who is IV competent with a second independent checker
  - Someone who has successfully completed the IV Opioid competency with a second independent checker
  - Someone who is IV competent and has attended the PCA training
11. What dose ANTT stand for?
- Additional New Trust Trolley
  - Aseptic Non-Touch Technique
  - Administer Nothing Through Tube
  - Add nutrients to tunnelled line
12. You are administering Cyclizine IV to your patient and you notice swelling around the site – what should you do?
- Stop the administration, leave the cannula in and obtain the extravasation kit and follow the instructions.
  - Stop the administration and remove the cannula and bandage the limb.
  - Stop the administration, remove the cannula and obtain the extravasation kit and follow the instructions.
  - Speed up the administration to finish it quickly so the cannula may be removed.
13. A patient has a VIP score of 2, what would you do?

- a. Remove the cannula and complete relevant documentation.
  - b. Leave the cannula in, continue to observe the site and complete relevant documentation.
  - c. Ask the patient if they would like the cannula left in or removed.
14. You have a prescription for an IV drug which has been written up as “75 mcg”. Would you give this?
- a. Yes.
  - b. No.
15. Your patients prescription reads,” Novorapid 4 units”, what would your actions be?
- a. Check the dose with the patient and if correct administer the dose to the named patient.
  - b. Omit the insulin because it is incorrectly prescribed.
  - c. Change “4 units” to read as “four units” yourself and continue to administer
  - d. Consult with the doctor to rewrite the prescription in words to, “NOVORAPID FOUR UNITS”
16. You have two IV lines to flush (on separate patients). A PICC line and a peripheral line, which syringe size will you use?
- a. 5mL
  - b. 20mL
  - c. Posiflush SP 10ml syringe
  - d. Any of the above
17. Your patient’s PICC line has become blocked and you need to administer an IV drug. What would your immediate action be?
- a. Contact the CNS for IV therapy and ask her to come up to the ward to unblock the line.
  - b. Change the needle free bung using an aseptic technique as this might be causing the blockage.
  - c. Insert a peripheral cannula to prevent the drug from becoming delayed or omitted.