



GLOBAL EMERGENCY MEDICAL REGISTRY

Medication Administration by Intravenous Route Skill Documentation Form

Candidate (Print): _____ Date: _____

Examiner (Instructor or Licensed Provider): _____

Examiner Signature: _____

Pass _____ Fail _____

Task:	Correct	Incorrect
Explains procedure to patient, if possible		
Takes Body Substance Isolation procedures and PPE		
Checks for allergies, contraindications, and incompatibilities prior to administration		
Checks Medication for: <ul style="list-style-type: none"> • Correct Medication and dose • Clarity • Concentration • Expiration Date 		
Selects proper equipment		
Draws up correct amount of medication and dispels air from syringe to avoid air embolus		
Cleanses site appropriately		
Introduces medication in syringe into medication port on IV Administration set or saline lock port		
Stops IV flow		
Administers medication at proper time and push rate		
Withdraws syringe and starts IV flow rate		
Disposes of needle and/or syringe appropriately		
Verbalizes need to observe patient for desired effect and any adverse effects		

Critical Failure Criteria	
	Failure to administer medication within 3 minutes
	Failure to take BSI precautions
	Failure to administer the correct drug, dose, or methodology
	Failure to dispose of needle and/or syringe properly
	Uses inappropriate affect with patient or examiner
	Failure to stop or restart IV flow
	Uses or orders a dangerous or inappropriate intervention

NOTE: You must factually document any “incorrect” or critical failure criteria on back of this form