



มหาวิทยาลัยราชภัฏนครปฐม





# Fundamental Nursing Practicum

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## CHAPTER 6

# NURSING PRACTICES FOR ADMINISTERING INTRAVENOUS SOLUTIONS AND MEDICATIONS





# Objectives

Explain procedures for intravenous solutions and medications





# Description



**Intravenous (IV) therapy** is a critical nursing skill used to deliver fluids, medications, and nutrients directly into a patient's bloodstream.

Proper administration ensures hydration, electrolyte balance, and medication effectiveness while minimizing complications.



# Purpose of IV Therapy

## Principles of IV Therapy

1

Maintain or restore **fluid and electrolyte balance**.

2

Provide **continuous or intermittent medication delivery**.

3

Supply **nutrients** (e.g., total parenteral nutrition – TPN).

4

Deliver **blood products** or **chemotherapy**.





# Types of IV Solutions : Crystalloids

## Principles of IV Therapy

1

**Isotonic (e.g., Normal Saline 0.9%, Lactated Ringer's):**  
Maintains fluid balance.



2

**Hypotonic (e.g., 0.45% NaCl, D5W):**  
Hydrates cells; used for dehydration.



3

**Hypertonic (e.g., D5NS, D10W):**  
Draws fluid into circulation; used for severe hyponatremia.





# Types of IV Solutions : Colloids

**Colloids** – Contain larger molecules to increase **osmotic pressure** and expand plasma volume (e.g., albumin, dextran).

## Principles of IV Therapy



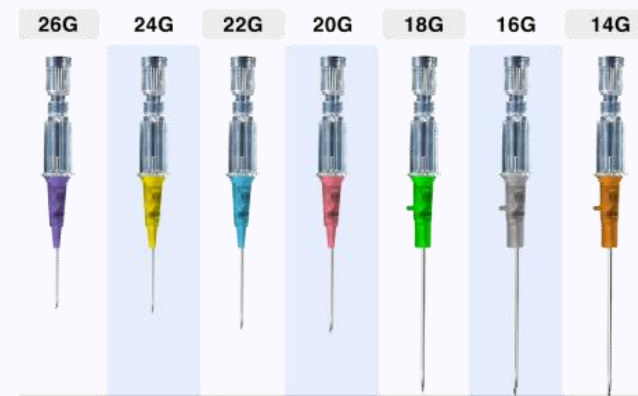




1

## IV Catheter

– Peripheral IV (short-term) or Central Venous Catheter.



2

## IV Tubing

– Primary (continuous) and Secondary (piggyback) tubing.



3

## Infusion Pump or Gravity Drip Set

– Controls the flow rate.



4

**Saline Lock**– Used for intermittent IV access.

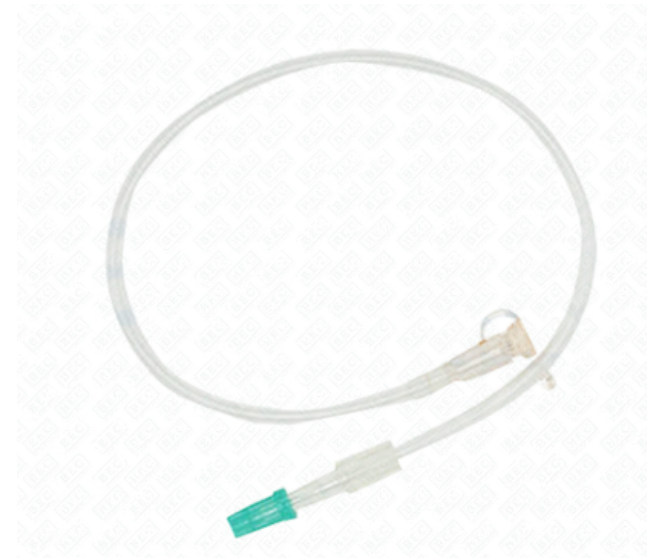


# IV Administration Equipment



5

Extension tube



6

3-Way stopcock



7

Transpore



# IV Administration Equipment





# Preparation



1

## Verify the Doctor's Order

- Check the type of solution, rate, and any additives.

2

## Assess the Patient

- Consider age, condition, vein integrity, and allergies.

3

## Gather Equipment

- Use sterile technique to prepare IV fluids and tubing.



# IV Line Setup & Insertion

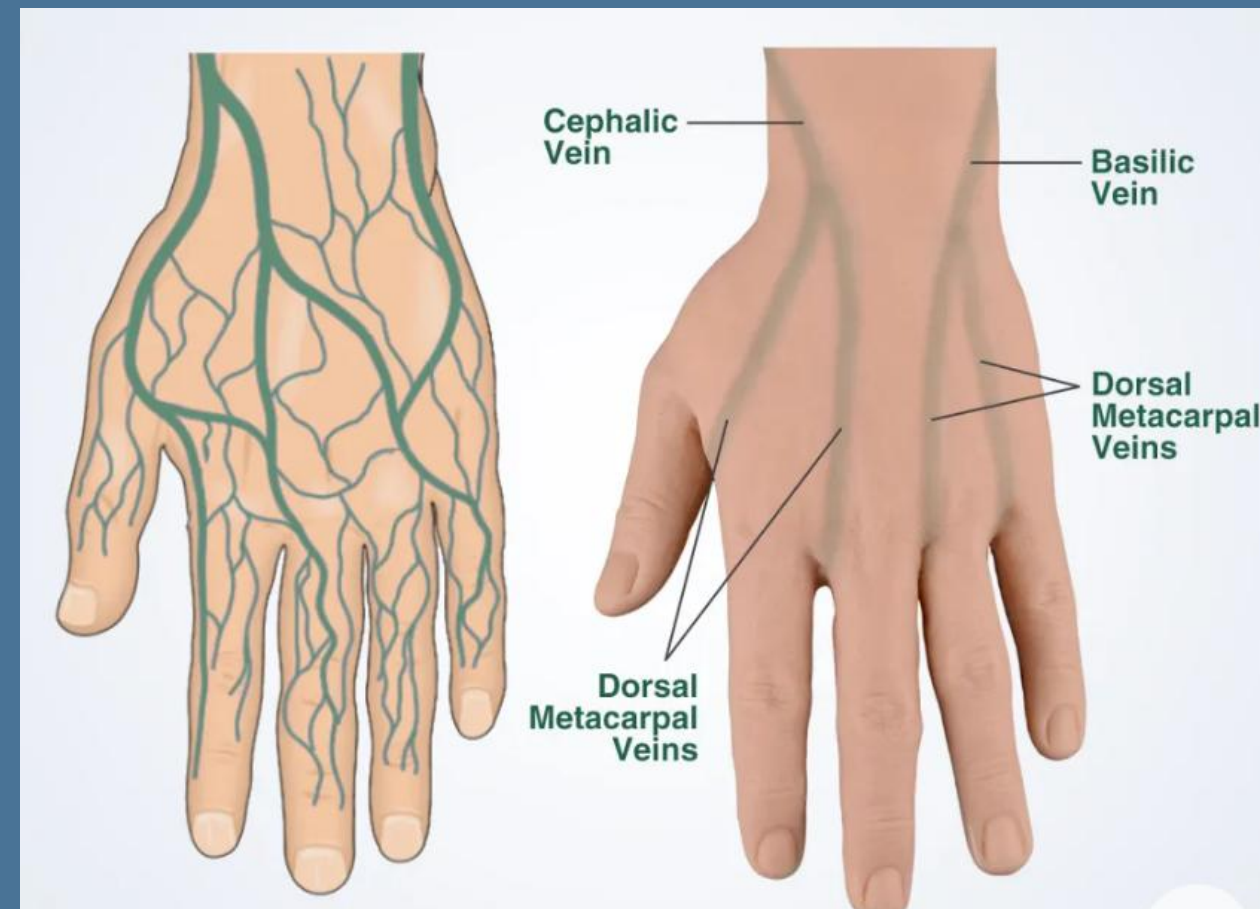


1

**Prime the IV tubing** (remove air bubbles to prevent embolism).

2

**Clean the insertion site** with antiseptic (e.g., alcohol, chlorhexidine).





# IV Line Setup & Insertion



3

**Insert the catheter** at a 10-30° angle, then advance the catheter while withdrawing the needle.

4

**Secure the IV site** with a transparent dressing and label it with the date and time.



# Regulating IV Flow Rate

1

## Manual Drip Rate Calculation:

- **Formula: (Volume in mL × Drip Factor) ÷ Time in minutes =**
- **Drops per minute (gtt/min)**

For example, if 1000 mL is to infuse over 8 hours with a tubing drop factor of 10 drops per milliliter:

$$\begin{aligned} \frac{1000 \text{ mL}}{8(60) \text{ min}} \times 10 \text{ drops/mL} \\ = \frac{10,000 \text{ mL}}{480 \text{ min}} = 20.8 \text{ or } 21 \text{ drops/min} \end{aligned}$$



(Sue C. Delaune, Patricia, 2011;  
Ernstmeyer & Christma, 2021)





# Regulating IV Flow Rate

2

**Pump Administration:** Set the exact rate (mL/hr) per order.

$$\frac{\text{Total volume}}{\text{Number of hours to infuse}} = \text{mL/hour infusion rate}$$

For example, if 1000 mL is to infuse over 8 hours:

$$\frac{1000}{8} = 125 \text{ mL/hour}$$



(Sue C. Delaune, Patricia, 2011;  
Ernstmeyer & Christma, 2021)



# Monitoring IV Therapy

1

**Check the IV site** for signs of infiltration, phlebitis, or infection.

2

**Assess for fluid overload** (e.g., edema, shortness of breath, high BP).

3

**Ensure proper flow rate** and prevent occlusions.

4

**Change tubing** every **72-96 hours** per facility policy.



From Mosby's Textbook for Nursing Assistants.  
<https://navs.npc.edu/nursingassistantvideoskills/index.html?sectionId=3>

# IV Complications and Management



Complication	Signs & Symptoms	Management
<b>Infiltration</b> (fluid leaks into tissue)	Swelling, cool skin, pallor	Stop IV, elevate limb, apply warm compress
<b>Phlebitis</b> (vein inflammation)	Redness, warmth, pain	Stop IV, apply warm compress, document
<b>Extravasation</b> (vesicant drug leaks into tissue)	Pain, burning, necrosis	Stop IV, notify provider, administer antidote if available
<b>Air Embolism</b>	Chest pain, dyspnea, hypotension	Trendelenburg position, oxygen, call for help
<b>Fluid Overload</b>	Hypertension, crackles in lungs, edema	Slow IV rate, elevate head, diuretics if needed

(Sue C. Delaune, Patricia, 2011; Ernstmeyer & Christma, 2021)





# KEY CONCEPTS

Nursing interventions that **promote the resolution of alterations in fluid balance** are based on the principles of client safety and standards of care.

Following institutional protocol and established procedures for IV therapy helps ensure client safety.

Clients receiving intravenous therapy require **constant monitoring for complications.**





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