



DEPARTMENT OF HUMAN SERVICES
 EMERGENCY MEDICAL SERVICES AND SYSTEMS
 PO BOX 14450
 PORTLAND OR 97293-0450
 971-673-0526



Exam Date: _____

Examiner: _____

Certifying Officer: _____

Candidate Name: _____
 (Last name, First name)

Initial: YES / NO (circle one)
 Retest: YES / NO (circle one)

PASS/FAIL
 PASS/FAIL

Examiner: _____

Time: _____
 start elapsed

Intravenous Bolus Medications

Time limit: 3 minutes

Scenario # _____

NOTE: Check here () if candidate did not establish a patent IV and then, do not evaluate these skills.

Event	Points Possible	Points Awarded
1. Asks patient for known allergies.	1	
2. Selects correct medication.	1	
3. Assures correct concentration of medication.	1	
4. Assembles syringe correctly and dispels air.	1	
5. Continues infection control precautions.	1	
6. Cleanses injection site (Y-port or hub)	1	
7. Reaffirms medication	1	
8. Stops IV flow (pinches tubing).	1	
9. Administers correct dose at proper push rate.	1	
10. Flushes tubing (runs wide open for a brief period).	1	
11. Adjusts drip rate to TKO (KVO).	1	
12. Voices proper disposal of syringe and needle.	1	
13. Verbalizes need to observe patient for desired effect/adverse side effects.	1	
14. Properly documents the medication administered, correct dosage, and time of administration.	1	
TOTAL	14	

SEE CRITICAL CRITERIA ON REVERSE SIDE

CRITICAL CRITERIA

- ___ Failure to take or verbalize body substance isolation
- ___ Failure to begin administration of medication within 3 minute time limit
- ___ Contaminates equipment or site without appropriately correcting situation
- ___ Failure to adequately dispel air resulting in potential for air embolism
- ___ Injects improper drug or dosage (wrong drug, incorrect amount, or pushes at inappropriate rate)
- ___ Failure to flush IV tubing after injecting medication
- ___ Recaps needle or failure to dispose/verbalize disposal of syringe and needle in proper container

7/20/05

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