Frequently Asked Questions (FAQs)

Item # 13

What does "immediately prior" mean? How far in advance can an IV medication be diluted or reconstituted when done at the bedside?

Immediately prior indicates that there is no significant break in the process between drug **PREPARATION** and administration.

Items # 31 and 32

What is meant by the phrase "unless its use would result in a clinically significant delay and potential patient harm?"

Barcode scanning should always be employed unless there is an emergent situation, code blue, or patient crisis when the timeliness of **IV PUSH** medication administration is lifesaving, and the use of the barcode system prior to **IV PUSH** administration would cause enough of a delay to negatively impact the patient's outcome.

Item # 39

Why are standard protocols or coupled order sets necessary for the emergency administration of all appropriate antidotes, reversal agents, and rescue agents?

Orders are necessary for the administration of any medication, even those in an emergency. Therefore, it is important to have standardized protocols or linked orders for the administration of antidotes and rescue agents so qualified staff have the timely ability to treat a life-threatening reaction/overdose to **IV PUSH** medications without delay. Also, directions for use of the antidote or rescue agent should be available near where these agents are stored to avoid a delay or improper use during emergent administration of the agent.

Item # 40

What is meant by "standardized, facility-approved, IV PUSH medication resources?"

Standardized, facility-approved, **IV PUSH** medication resources include drug information for safe administration of **IV PUSH** medications including but not limited to the location of approved use and/or approved practitioner, drug name, approved dose range, type and amount of diluent, rate of administration, monitoring requirements, and rescue agents. These resources should be accessible online and immediately available to the frontline user for reference. Updates should be made to this document on a regular basis as new drugs are added to the formulary.

Item # 42

What is meant by the phrase "error-prone abbreviations and dose expressions?"

Refer to the ISMP website for the current list of error-prone abbreviations and dose expressions found at: https://www.ismp.org/recommendations/error-prone-abbreviations-list

Items # 45 and 46

What should be included in competency assessments associated with IV PUSH Medication Use?

IV PUSH competency assessments should cover elements of ISMP's **IV PUSH** Guidelines, facility-approved guidance for **DILUTION** practices, sterile compounding at the bedside, labeling, USP <797> immediate use, and Centers for Disease Control and Prevention (CDC) Safe Injection Practices.

Item # 47

What is an example of external information available to teach practitioners about medication errors associated with IV PUSH medication use?

ISMP newsletters and publications that focus on **IV PUSH** medication use should be shared as external sources of information. Many other external sources provide information on safe IV medication use including the Centers for Disease Control and Prevention (CDC) Safe Injection Practices, the American Society of Health-System Pharmacists (ASHP), and the Infusion Nurses Society (INS).