

## Q2

### INTRAMUSCULAR INJECTION

Hello, my name is \_\_\_\_\_. This is the **Intramuscular Injection Station**. This is the medication administration record. This is the date and time. Your client is here. The medication and supplies are here. You will do an actual (ventrogluteal, deltoid, vastus lateralis, rectus femoris) intramuscular injection into the pillow. You have already done the “3 checks of the 5 rights”. You have reviewed the drug actions and side effects of the medication in your drug book. You have explained these to the client and provided privacy for the client. You have already washed your hands. You have 10 minutes to complete this station. What time does your watch say?

**START TIME** \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

**END TIME** \_\_\_\_\_

1. Selects correct syringe and needle \_\_\_\_\_
2. Identifies client (comparing nameband to written name and number) \_\_\_\_\_
3. Dons clean gloves \_\_\_\_\_
4. Identifies by demonstrating and verbalizing anatomical landmarks for (VG D VL RF) injection \_\_\_\_\_
5. Inserts needle at 90 degree angle \_\_\_\_\_
6. Aspirates to check for blood return \_\_\_\_\_
7. Withdraws needle at 90 degree angle \_\_\_\_\_
8. States would discard uncapped needle and syringe in sharps box. \_\_\_\_\_
9. Maintains aseptic technique \_\_\_\_\_
10. Documents injection correctly, including site \_\_\_\_\_
11. “Have you completed all the critical elements for this station?”(asked) \_\_\_\_\_
12. Met time limit \_\_\_\_\_

## COMBINING INSULINS

Hello, my name is \_\_\_\_\_. This is the **Combining Insulins** Station. This is the medication administration record. This is the current date, time, and FS (fingerstick). These are the medications and supplies you might need. You have reviewed drug actions and side effects in your drug book. You have already washed your hands. You have 15 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. States **3** checks of **5** rights for both insulins,( comparing med  
to MAR)(client, med, dose, route, time) \_\_\_\_\_
2. Rotates long-lasting insulin bottle between hands \_\_\_\_\_
3. Wipes top of both insulin bottles with alcohol \_\_\_\_\_
4. Injects prescribed amount of air into long-lasting  
insulin bottle \_\_\_\_\_
5. Injects air into regular insulin bottle and  
withdraws prescribed amount of insulin \_\_\_\_\_
6. States would check medication with another licensed  
personnel - shows evaluator(s) \_\_\_\_\_ units
7. Withdraws prescribed amount of long-lasting  
insulin without contaminating with the regular  
insulin \_\_\_\_\_
8. States would check medication with another  
licensed personnel - shows evaluator(s) \_\_\_\_\_units
9. Maintains aseptic technique \_\_\_\_\_
10. "Have you completed all the critical elements  
for this station?" \_\_\_\_\_(? Asked)
11. Met time limit \_\_\_\_\_

## Q2

### INTRAVENOUS PIGGYBACK (Pump)

Hello, my name is \_\_\_\_\_. This is the station for medication administration via **Intravenous Piggyback with a pump**. Here are all the appropriate supplies you might need. This is the medication administration record. This is the date and time. You have reviewed your drug book regarding drug actions, side effects and compatibility of IV solutions. This is your client. You have already washed your hands and explained what you are going to do to the client. You have 15 minutes to complete all the critical elements for this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Selects prescribed medication \_\_\_\_\_
2. States **3** checks of **5** rights with bag label, comparing  
med to MAR (client, med, dose, route, time) \_\_\_\_\_
3. Identifies client (comparing nameband to written  
name and number) \_\_\_\_\_
4. Wipes connection port with alcohol. \_\_\_\_\_
5. Inserts needleless system above the clamp of  
the main IV tubing. \_\_\_\_\_
6. Primes secondary tubing \_\_\_\_\_
7. Places the main IV bottle below Piggyback level \_\_\_\_\_
8. Opens clamp of IVPB \_\_\_\_\_
9. Sets pump to appropriate rate (cc/hr) & initiates flow \_\_\_\_\_
10. Maintains aseptic technique \_\_\_\_\_
11. Documents medication administration accurately \_\_\_\_\_
12. "Have you completed all the critical elements for  
this station?" \_\_\_\_\_(? Asked)
13. Met time limit \_\_\_\_\_

## Q2

### INTRAVENOUS PIGGYBACK (Gravity)

Hello, my name is \_\_\_\_\_. This is the station for medication administration via **Intravenous Piggyback by gravity**. Here are all the appropriate supplies you might need. This is the medication administration record. This is the date and time. You have reviewed your drug book regarding drug actions, side effects and compatibility of IV solutions. This is your client. You have already washed your hands and explained what you are going to do to the client. You have 15 minutes to complete all the critical elements for this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Selects prescribed medication \_\_\_\_\_
2. States **3** checks of **5** rights with bag label, comparing  
med to MAR (client, med, dose, route, time) \_\_\_\_\_
2. Identifies client (comparing nameband to written  
name and number) \_\_\_\_\_
5. Wipes connection port with alcohol. \_\_\_\_\_
6. Inserts needleless system above the clamp of  
the main IV tubing. \_\_\_\_\_
7. Primes secondary tubing \_\_\_\_\_
8. Places the main IV bottle below Piggyback level \_\_\_\_\_
9. Opens clamp of IVPB \_\_\_\_\_
10. States would regulate IV Piggyback flow rate with the  
clamp of the main IV tubing to appropriate drip rate  
\_\_\_\_gtt/minute (calculated) \_\_\_\_\_
11. Maintains aseptic technique \_\_\_\_\_
12. Documents medication administration accurately \_\_\_\_\_
13. "Have you completed all the critical elements for  
this station?" \_\_\_\_\_(? Asked)
14. Met time limit \_\_\_\_\_

## NASOGASTRIC TUBE INSERTION (ADULT)

Hello, my name is \_\_\_\_\_. This is **the Nasogastric Tube Insertion** Station. This is your adult client who has a paralytic ileus and is complaining of nausea and vomiting. Here are the supplies. You have already checked the MD's orders, explained the procedure to the client, done a nasal assessment of the client, washed your hands and provided for privacy. You have 15 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Identifies client (comparing nameband to written name and number) \_\_\_\_\_
2. Places client in high Fowler's position \_\_\_\_\_
3. Places towel/pad across the client's chest & gives client emesis basin to hold. \_\_\_\_\_
4. Measures the tube: from tip of nose to the ear, and from the ear to the xiphoid process. \_\_\_\_\_
5. Marks the NG tube measurement with tape. \_\_\_\_\_
6. Dons clean gloves. \_\_\_\_\_
7. States would lubricate the last two inches of the tube \_\_\_\_\_
8. With head of bed at 90 degrees, inserts tube with natural curve following the nasopharyngeal curve. \_\_\_\_\_
9. When the tube reaches oropharynx, asks the client to flex head forward and do dry swallows, inserting tube until reaches the tape. \_\_\_\_\_
10. States would check for placement by auscultating stomach with stethoscope while instilling 5-20 cc air and would aspirate for stomach contents. \_\_\_\_\_
11. Attaches NG tube to suction. \_\_\_\_\_
12. States would tape the tube securely to the nose. \_\_\_\_\_
13. "Have you completed all the critical elements for this station?" \_\_\_\_\_(?Asked)
14. Met time limit \_\_\_\_\_

**Q 2**  
**Subcutaneous Heparin Administration**

Hello, my name is \_\_\_\_\_. This is the **Subcutaneous Heparin Administration** Station. This is the medication administration record. Your client is here. The pre-filled heparin syringe and supplies are here. You will do the actual heparin injection into the pillow and client teaching. You have already done the "3 checks of the 5 rights". You have reviewed the drug actions and side-effects of the medication in your drug book. You have provided privacy for the client. You have already washed your hands. You have 10 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. According to the MAR, select the correct syringe and needle gauge. \_\_\_\_\_
2. States would check medication with another licensed  
personnel - shows evaluator(s) \_\_\_\_\_
3. Identifies client (comparing nameband to written name and number). \_\_\_\_\_
4. Dons clean gloves . \_\_\_\_\_
5. Selects site on client's abdominal area using correct landmarks. \_\_\_\_\_
6. States would avoid ecchymotic areas, scars, and lesions. \_\_\_\_\_
7. Gently grasps 1/2 - 1 inch of subcutaneous tissue between thumb and  
forefinger of one hand. \_\_\_\_\_
8. While maintaining bunch, insert needle into skin fold (pillow)  
at 90 degree angle and without aspirating injects the medication  
slowly. \_\_\_\_\_
9. Maintain the bunch and wait for 5 seconds before removing  
needle. \_\_\_\_\_
10. Does not massage area. \_\_\_\_\_
11. Cautions client not to rub the area, to use a soft toothbrush and electric  
razor and to report to their health care provider any bleeding, bruising. \_\_\_\_\_
12. Maintains aseptic technique. \_\_\_\_\_
13. States would discard needle and syringe in sharps box. \_\_\_\_\_
14. Documents injection correctly, including site. \_\_\_\_\_
15. Have you completed all the critical elements  
for this station?" \_\_\_\_\_(? Asked)
16. Met time limit. \_\_\_\_\_

**Q2**  
**Wet to Dry Sterile Dressing Change**

Hello, my name is \_\_\_\_\_. This is the **Wet to Dry sterile Dressing Change** Station. This is your client. You have already explained the procedure, provided for the client's privacy, and washed your hands. You have 15 minutes to complete this station. What time does your watch say?

START TIME \_\_\_\_\_ Please tell me when you have completed all the critical elements for this station.

END TIME \_\_\_\_\_

1. Identifies client (compares nameband to name & number) \_\_\_\_\_
2. **States:** Removes soiled dressing using clean gloves and places in trash for disposal. \_\_\_\_\_
3. **States:** Removes gloves and discards into trash \_\_\_\_\_
4. Adjust table at waist level \_\_\_\_\_
5. Opens sterile packages and sets up sterile field without contaminating  
    a) 2 packages of 4 x 4 fluffs \_\_\_\_\_  
    b) 1 abdominal (ABD) pad \_\_\_\_\_  
    c) 1 package of cotton swab applicators \_\_\_\_\_
6. Pours saline into one of the fluff containers \_\_\_\_\_
7. Dons sterile gloves without contaminating \_\_\_\_\_
8. Aseptically, packs wound with 1 wet fluff-  
    do not allow the wet dressing or applicators to touch the intact skin \_\_\_\_\_
9. Place a dry 4 x 4 fluff over the packed wound \_\_\_\_\_
10. Place ABD pad over fluff \_\_\_\_\_
11. Tie Montgomery straps \_\_\_\_\_
12. Remove gloves \_\_\_\_\_
13. Maintains sterility \_\_\_\_\_
14. Does not cross over sterile field with hands or arms \_\_\_\_\_
15. "Have you completed all the critical elements for this station?" (?Asked) \_\_\_\_\_
16. Met time limit \_\_\_\_\_

(9/04, 1/06, 3/08)