



# **HOW TO CHART AFTER IV INSERTION**

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# RULES OF CHARTING

Address yourself in 3<sup>rd</sup> person, ie (nurse)

Document just the facts

Include date, time, initials and title

Use correct medical terminology

Draw a line after your initials so no one can chart directly on the same line as you.



# WHAT NOT TO DO WHEN CHARTING

- NEVER TO ASSUME ANYTHING
- NEVER CHART ANGRY (YOU WILL DEFINITELY REGRET IT)
- NEVER BE ACCUSATORY
- NEVER BLAME PATIENT/ THE RESPONSIBILITY IS ALWAYS ON YOU
- NEVER CHART USING ANYONES FIRST NAME
- NEVER WRITE A NOVEL



# **PRIMARY GOALS**

JUST THE FACTS, ONLY THE FACTS



# CHART 20 MINUTES AFTER PROCEDURE

- It is important that as a medical professional that you not only chart after an IV insertion or other medical procedure, but also afterwards. This is to make sure that what you have done has not be undone in a short amount of time.
- For instance, let's say that about 10 minutes after you inserted an IV, your patient goes to the bathroom and accidentally pulls out the IV a short ways. By coming back in 20 minutes, you can either adjust the IV and fix the problem, or you may have to start another IV. (Let's hope not anyway.)
- The other thing that could happen is one of the nurses pushes 2mL's of Morphine Sulphate. This can cause erythema and discomfort at the site. It may even dislodge the IV.
- While you can't keep checking on the IV, the fact is, that charting 20-30 minutes after you have inserted an IV indicates your vigilance at making sure that you patient's comfort and well being are prioritized.
- No one will fault you for that. It is just good procedure.



# KNOW YOUR TEAM

- Good comradery is paramount when working in close quarters around patients.
- You and I know as well as anyone else when there is tension between team members.
- Always be at team player.
- Never let a novice take out an IV that you started, if you are on shift. The consequences could be devastating to the patient and YOU.
- Always take responsibility and lead by example
- Don't get caught up in gossip
- Working well with others will help you patients feel more secure while they are in the hospital.



**“ IF YOU DIDN'T CHART IT,  
THEN YOU DIDN'T DO IT. ”**

Author: (I am not even sure😊, my  
apologies)



# CAN YOU NAME THE EQUIPMENT?



## IV CATHETER

Angiocath



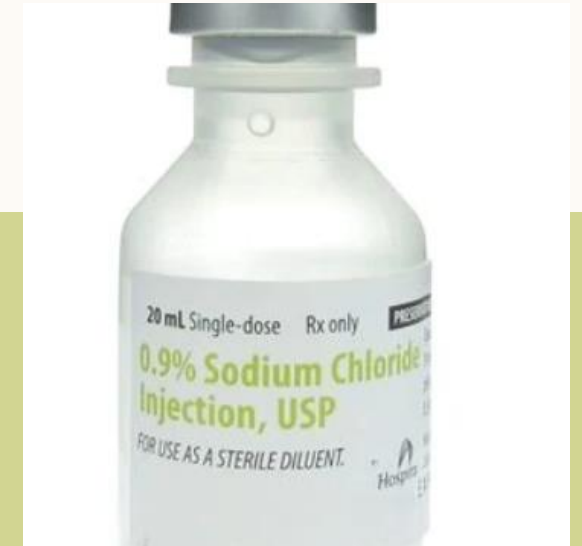
## SALINE LOCK

Used to be called Heplock



## TEGADERM

Always use capital letters  
this is a trademarked name



## 0.9 NORMAL SALINE

Read the label!!! Check  
expiration date



# KNOW YOUR PROCEDURE



## VERIFY PHYSICIAN'S ORDER

Make sure that you are following it exactly.



## ASK YOUR PATIENT'S PERMISSION

Make sure that you explain the procedure and that they understand. They may say, NO!



## PREPARE YOUR EQUIPMENT

Gather and prepare your equipment. You can prep your saline lock in the medication room.



## FEEL FOR THE BEST VEINS

Take your time finding a vein. Remember, starting an IV is much different than performing a venipuncture.



## CHOOSE THE BEST IV CATHETER

You may need to check with the nurse to check what gauge is best based upon the fluid to be infused.



## BEST CHARTING PRACTICES

- Always follow your facilities procedures
- Make sure you know your scope of practice.
- Every facility will have a detailed scope of practice so that you know your limitations. (what you can and cannot do)
- Always refer to your job description or consult your nursing supervisor when in doubt.
- To be unsure of your duties and responsibilities can be the undoing of your career.

## QUALITY CONTROL

- Quality control refers to internal review and it not necessarily part of the patient's charting.
- You will learn about quality control upon your orientation.
- Typically, charting internally means that you document on a separate record.
- An example of a quality control report would be when an IV **extravasates** and causes harm to the patient.
- You would definitely chart this in the patient's EMR, but also in the quality control section.



# SUMMARY

To start IV's requires training, practice and a certain level of knowledge of medical terminology, physiology and understanding of the different types of IV catheters, solutions and hospital protocol.

Always be a professional. Keep you patient's needs, comfort, safety and privacy and dignity at the top of your core values.

Know your sterile field and understand how infection spreads. Taking all these skills into account will make you an expert in the field of IV starts as well as making your patients get well quicker.

# THANK YOU

Nancy Lydia Kimmel

