

Student Understanding and Agreement re: IV Push Meds

1. I have read and understand the policy on IV Medication Administration via IV Push as indicated in the Pharmacology III syllabus.
2. I understand that I am not allowed to push *ANY* medications in Quarter 3, not even Normal Saline IV flushes.
3. I understand that in Quarters 4 and above I will follow the *specific* guidelines for performing IV medication administration via IV push. I will clarify who needs to observe me *before* I continue with the administration.
4. I understand that I may NEVER give an IV medication via IV push alone.

Print Name_____

Sign Name (clearly)_____

Date_____