

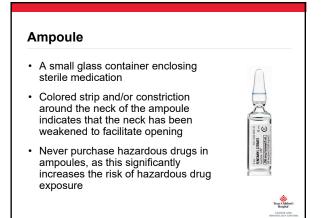
Objectives

By the end of this presentation, the participant should be able to:

- Demonstrate proper use of ampoules, IV bags, and IV bottles
- Recall types of IV solutions
- Describe anatomy of an IV bag
- Explain procedure for final product inspection



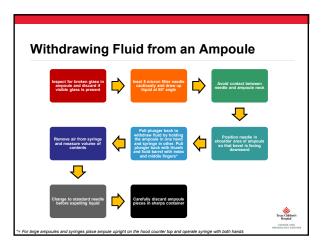
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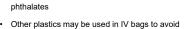
Opening an ampoule

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Intravenous (IV) Solution Bags Traditionally made of polyvinyl chloride (PVC), a plastic

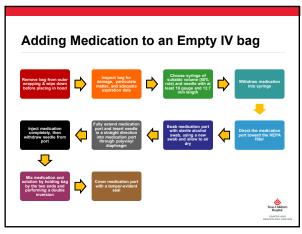


which can be made more flexible with the addition of

- phthalate exposure
 - Ethylene vinyl acetate (EVA)
 - PolypropylenePhthalate-free (non-DEHP) PVC
- Bag typically have two port: one for medication admixture and one for administration
 - Medication port contains:
 - Protective cover which is self-sealing if punctured by a 19-22 gauge needle
 A polyvinyl diaphragm inside the port which must be punctured to enter the bag (not self-sealing)

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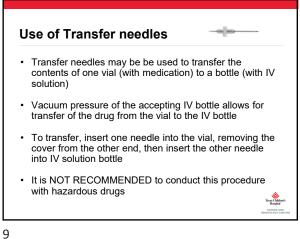
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IV bottles · IV bottles containing solutions are packed under a vacuum and sealed by a stopper-type closure held in place by an aluminum band Some closures have an air tube and consist of 2 round perforations (for medication addition) and a triangular site of less thickness Some closures do not have an air tube and are made of solid rubber with a thin circular center (site of medication addition) Some bottles are "empty evaluated containers" designed for medication delivery

- Contain a residual amount of fluid from sterilization process

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Adding Medication to an IV Bottle

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Final Product Inspection Most final preparations should undergo a "double" inversion" to ensure adequate mixing (without frothing or shaking the product) · All final products should be inspected against a light and dark background to check for particulate matter, discoloration, or precipitation · Bags should be gently squeezed to check for leaks

What's next? · Watch videos · Complete practice questions · Review answer file

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