NURSING STUDENTS AND THE ADMINISTRATION OF IV DRUGS

ABSTRACT

The NMC (2004) requires pre-registration nursing programmes to prepare students to be able on registration to 'provide the nursing care that patients and clients require safely and effectively and also assume the responsibilities and accountabilities necessary for public protection'. Gerrish (2000) and Evans (2001) found that newly qualified nurses lack confidence and competence in essential skills on registration. Brown et al (2003) stated that confidence was central to competence and Zhang et al (2001) identified personal characteristics as a contributing factor to confidence in performance issues in practice. Quality placements for learners have been identified as integral to skill acquisition (Edwards et al, 2004), and learning opportunities and support from the mentor are central to this. In response to concerns that nurses were registering without the required skills to practise, the UKCC published two reports (2001; 1999). These recommended that nurse education should be practice-driven and that nursing students should be taught and assessed by mentors who were competent practitioners.

The proposal stated that IV drug administration training was to be offered to third-year nursing students who had applied develop the role of the unregistered practitioner, who it is envisaged will take on some of the skills traditionally linked to the registered practitioner.

MYTHS ABOUT NURSING STUDENTS AND IV DRUG ADMINISTRATION

There was a common belief within Royal Devon and Exeter NHS Foundation Trust that students were not allowed to administer IV drugs. Comments made included:

- 'It is illegal for nursing students to carry out IV drug administration';
- 'They do not have the knowledge or experience to give IV drugs safely';
- 'The NMC guidelines relating to nursing students prohibit it'.

However, NMC advice was sought and this revealed that nursing students were allowed to administer IV drugs provided they had been trained and assessed appropriately. The NMC advised that:

- Additional skills would complement the programme and allow students to develop the fundamental skills of contemporary practice to the necessary high standards;
- Their supervision would need to be commensurate with the task;
- There would be additional issues relating to accountability for mentors and the programme to ensure safe practice;
- Clear protocols would be necessary so that implementation could be open to the scrutiny of external quality assurance.

With the clear protocols in place, there was no reason why third-year nursing students could not be given clinical skills training in relation to IV drug administration.

THE TRAINING PROCESS

To ensure that all areas of risk had been addressed and clear protocols were in place, further approval to proceed was sought from the trust. A paper was prepared and presented to the clinical governance board detailing all aspects of the proposed strategy. The proposal stated that IV drug administration training was to be offered to third-year nursing students who had applied...
for band 5 posts within the trust. This ensured that the organisation would benefit from having provided the training. Nursing students would not be allowed to practise IV administration independently until they received their personal identification numbers. It was important to recognise that some students may have felt apprehensive about developing this skill, so it was agreed that they should not be coerced into training.

The taught component led on to directly supervised practice to prevent ‘skills fade’ between competency sign-off and NMC registration. It was decided that the taught component would take place three months before anticipated registration, allowing time for direct supervised practice leading to competency sign-off just before registration.

The trust’s IV drug administration policy and medicine management policy were updated in order to support the initiative. A record of learning was also compiled to ensure assessors/mentors and students were all aware of the requirements of the programme (Box 1).

**TAUGHT COMPONENTS**

Eligible students were given details about the two-day IV course by the learning and development service, and 16 applied. Training included accountability and safe practice, risks of IV therapy, practical aspects of IV drug administration, pharmaceutical aspects of IV therapy, anaphylaxis, infection control and adverse events. On completion, students participated in supervised practice until they felt confident to undertake a summative assessment. Collaboration between clinical skills teams, assessors/mentors and practice educators was essential to ensure continuity. When the university finalises its curriculum to keep pace with changing clinical skills, IV administration will be part of everyday pre-registration nursing education.

**RECOMMENDATIONS FOR PRACTICE**

The course has demonstrated that students should be taught IV drug administration during training to fulfil the role of the band 5 nurse on qualification. To introduce this successfully standardised documentation is required, which students and mentors complete to show a clear record of learning, and mentors need extra support around facilitating IV skills practice.

There must be a specified amount of supervised practice, which must include direct observation, quality monitoring and enhancement strategies. Appropriate assessors must be identified, and maths and theory papers with competency guidelines developed to support this.

**REFERENCES**


NMC (2004) Standards of Proficiency for Pre-registration Nursing Education. London: NMC.


