



# HOW TO CALCULATE AN IV DRIP RATE

WATCH VIDEO



**IV drip rate** describes the rate at which an intravenous infusion is administered in drops per minute. Use of an IV pump to automatically control the rate of infusion is now common in most medical settings in the United States. However, an IV pump may not be available in some settings/emergencies. In these situations, it is important that nurses know how to calculate the IV drip rate and set the rate of infusion using the IV tubing roller clamp.

## Tubing type

Factors such as client age and size will guide selection of IV tubing. Pediatric clients are very sensitive to fluid volume → microdrip tubing is used to tightly control fluid volume administration. Macrodrop tubing is typically used for adult clients.

**Macrodrop**



10, 15, or 20 gtt/mL  
Used for adults

**Microdrip**



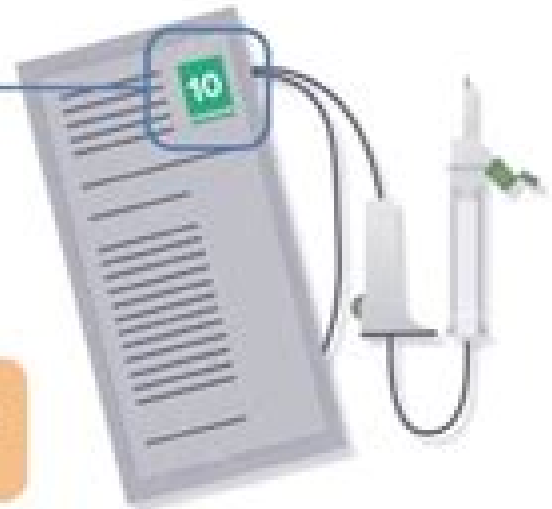
60 gtt/mL  
Used for pediatric clients

## Drop factor

Once you select the appropriate tubing for your client, determine the drip factor (= number of drops in one milliliter of fluid). The packaging of the IV tubing will typically indicate the drop factor. Sixty drops per mL is the standard for microdrip tubing. Macrodrop can range from 10 to 20 drops per mL.

10  
gtt/mL

Medical abbreviation:  
gtt = drops



## Order

## Set drip rate

## Iv Flow Rate Cheatsheet

**United States Marine Corps**



## **Iv Flow Rate Cheatsheet:**

**Dosage Calculations Made Incredibly Easy!** Springhouse,2002 This entertaining guide is now more fun more up to date and even easier to use an indispensable resource for nurses who want to take the stress out of dosage calculations New to this edition are a chapter on dimensional analysis numerous lighthearted learning aids called Cheat Sheets and Practice Makes Perfect case study questions and answers that let nurses assess their progress Contents include math basics measurement systems drug orders and administration records calculating oral topical and rectal drug dosages calculating parenteral injections and I V infusions and calculating pediatric obstetric and critical care dosages *I.V. Therapy Made Incredibly Easy!* Lippincott Williams & Wilkins,2002 I V Therapy Made Incredibly Easy makes administering I V therapy asnap In this newest edition nurses and other health professionals can review basics including purpose delivery methods legal issues standards and documentation Chapters cover peripheral and CV therapy administration of I V medications with considerations for pediatric elderly and home care patients transfusion therapy chemotherapy and parenteral nutrition The easy to read format includes light hearted headings and illustrations to make learning fun Bullets checklists graphics and cartoon characters enhance each chapter calling special attention to key facts This new edition includes epidural drug administration infection control needleless devices and expanded coverage of autotransfusion and hemipheresis **U.S. ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES (2023-2024)** U.S. Army ,2022-12-31 CONTENTS 1 U S ARMY AEROMEDICAL EVACUATION CRITICAL CARE FLIGHT PARAMEDIC STANDARD MEDICAL OPERATING GUIDELINES CY23 Version Published January 2023 318 pages 2 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 3 JTS Clinical Practice Guidelines 2 260 total pages current as of 19 September 2023 INTRODUCTION The SMOG continues to go through significant improvements with each release as a result of the collaboration of Emergency Medicine professionals experienced Flight Medics Aeromedical Physician Assistants Critical Care Nurses and Flight Surgeons There has been close coordination in the development of these guidelines by the Joint Trauma System and the Defense Committees on Trauma Our shared goal is to ensure the highest quality en route care possible and to standardize care across all evacuation and emergency medical pre hospital units It is our vision that all of these enhancements and improvements will advance en route care across the services and the Department of Defense Unit medical trainers and medical directors should evaluate Critical Care Flight Paramedics CCFP ability to follow and execute the medical instructions herein These medical guidelines are intended to guide CCFPs and prehospital professionals in the response and management of emergencies and the care and treatment of patients in both garrison and combat theater environments Unit medical providers are not expected to employ these guidelines blindly Unit medical providers are expected to manipulate and adjust these guidelines to their unit s mission and medical air crew training experience Medical directors or designated supervising physicians should endorse these guidelines as a baseline

appropriately adjust components as needed and responsibly manage individual unit medical missions within the scope of practice of their Critical Care Flight Paramedics Enroute Critical Care Nurses and advanced practice aeromedical providers The medication section of this manual is provided for information purposes only CCFPs may administer medications only as listed in the guidelines unless their medical director and or supervising physician orders a deviation Other medications may be added so long as the unit supervising physician and or medical director approves them This manual also serves as a reference for physicians providing medical direction and clinical oversight to the CCFP Treatment direction which is more appropriate to the patient s condition than the guideline should be provided by the physician as long as the CCFP scope of practice is not exceeded Any medical guideline that is out of date or has been found to cause further harm will be updated or deleted immediately The Medical Evacuation Concepts and Capabilities Division MECCD serves as the managing editor of the SMOG and are responsible for content updates managing the formal review process and identifying review committee members for the annual review The Standard Medical Operating Guidelines are intended to provide medical procedural guidance and is in compliment to other Department of Defense and Department of the Army policies regulatory and doctrinal guidance Nothing herein overrides or supersedes laws rules regulation or policies of the United States DoD or DA

Demystifying Opioid Conversion Calculations: A Guide for Effective Dosing Mary Lynn McPherson, 2009-08-24 Have you ever wondered if you calculated your patient s dosage correctly Against a backdrop of the growing scrutiny of appropriate dosages this textbook takes a fresh new approach to helping health professionals strengthen care to and possibly save the lives of patients living with pain This easy to understand and often humorous book is the most comprehensive to date on opioid calculations for pain management and palliative care It carefully walks clinicians through a five step process for performing opioid conversion calculations in the real world situations they often see The book has case examples simple charts and tables and practice problems throughout on topics such as difficult conversions for methadone fentanyl PCA and neuraxial opioid therapy conversions between routes and dosage formulations of the same opioids and different opioids titrating opioid dosages up and down to include dosage change and timing calculating doses for rescue opioid therapy Written by pain management expert Dr Mary Lynn McPherson the book gives helpful tips that practitioners should incorporate into their practices It is a must for clinicians at all levels hospice and palliative care physicians physician s assistants nurses nurse practitioners and pharmacists Clinicians will come away with more confidence in doing the calculations and higher service levels from the improvement in care

**2018 Joint Trauma System (JTS) Clinical Practice Guidelines (CPGs) & DOD TRAUMA REGISTRY DATA DICTIONARY For Military and Civilian Health Care Practitioners**, 2018-10-09 Almost 1 000 total pages see index at beginning of publications for a complete list of included CPGs Each CPG includes a section on the following 1 GOAL 2 BACKGROUND 3 EVALUATION 4 TREATMENT 5 PERFORMANCE IMPROVEMENT PI MONITORING 6 SYSTEM REPORTING reduced burn morbidity and mortality near

elimination of extremity compartment syndrome better patient care documentation and improved communication across the spectrum of care between geographically dispersed facilities CPGs are evidence based and developed with experts in the military and civilian communities deployed clinicians Service trauma surgical consultants JTS leadership and formerly deployed Trauma Directors and Coordinators JTS has a formalized process for developing reviewing updating and approving CPGs The guidelines are developed and implemented by clinical subject matter experts in response to needs identified in the military area of responsibility CPGs were developed originally for U S Central Command However collaborative efforts are ongoing with the other Combatant Commands to customize CPGs to their COCOMs

### INTRODUCTION TO THE JOINT TRAUMA SYSTEM JTS

The Joint Trauma System JTS is the Department of Defense DoD authority for the military s trauma care system The vision of the Joint Trauma System is that every Soldier Sailor Marine and Airman injured on the battlefield will have the optimum chance for survival and maximum potential for functional recovery To achieve this vision in 2006 the JTS implemented programs for data driven trauma system development and improvement in addition to the collection of trauma data As part of its data collection efforts the JTS maintains a registry of trauma patients who received care at medical treatment facilities MTFs Since 2007 this registry known as the DoD Trauma Registry DoDTR has documented demographic injury treatment and outcomes data for all trauma patients admitted to any DoD MTF regardless of whether the injury occurred during on going military operations and is the largest military trauma data source in the world Development of the DoDTR began during the early years of the Global War on Terror GWOt when the need to systematically improve trauma care for combat wounded resulted in the impromptu creation of a demonstration registry known then as the Combat Trauma Registry CTR The CTR was constructed by the Center for AMEDD Strategic Studies CASS trauma related information was initially abstracted into it from paper medical records received from trauma nurse coordinators TNCs at Landstuhl Regional Medical Center LRMC in Germany Shortly after the demonstration program started the Army Surgeon General approved its transition to an operational mode leading to the formation of the Joint Theater Trauma System JTTS and eventually the Joint Trauma System JTS

### **Joint Trauma System (JTS) Clinical Practice Guidelines**

Over 700 total pages The JTS Clinical Practice Guidelines CPGs are to the greatest extent possible evidence based The guidelines are developed using a rigorous process that involves subject matter experts in each field evaluating the best available data If you are interested in learning more about the process of developing CPGs please click this link [CPG Development Process](#) This guide for CPG development will help lead you through the methods used to develop and monitor CPGs The JTS remains committed to using the highest levels of analytical and statistical analysis in its CPG development process

### COMPLETE LIST OF CURRENT JTS CPGs

JTS CPG Documentation Process 01 December 2017 Acute Extremity Compartment Syndrome Fasciotomy 25 July 2016 Acute Respiratory Failure 23 January 2017 Airway Management of Traumatic Injuries 17 July 2017 Amputation 1 July 2016 Anesthesia 23 Jun 2016 pdf Aural Blast Injury Acoustic Trauma and Hearing Loss 12 Aug 2016 Battle Non Battle Injury

Documentation Resuscitation Record 5 Dec 13 Blunt Abdominal Trauma Splenectomy and Post Splenectomy Vaccination 12 August 2016 Burn Care 11 May 2016 Catastrophic Non Survivable Brain Injury 27 Jan 2017 Cervical Thoracolumbar Spine Injury Evaluation Transport and Surgery in Deployed Setting 05 August 2016 Clinical Mgmt of Military Working Dogs Combined 19 Mar 2012 Clinical Mgmt of Military Working Dogs Zip 19 Mar 2012 zip Damage Control Resuscitation 03 Feb 2017 DCoE Concussion Management Algorithm Cards pdf DoD Policy Guidance for Management of Mild Traumatic Brain Injury Concussion in the Deployed Setting Drowning Management 27 October 2017 Emergent Resuscitative Thoracotomy 11 June 2012 Fresh Whole Blood Transfusion 24 Oct 12 Frostbite and Immersion Foot Care 26 Jan 2017 Frozen Blood 11 July 2016 High Bilateral Amputations and Dismounted Complex Blast Injury 01 August 2016 Hyperkalemia and Dialysis in the Deployed Setting 24 January 2017 Hypothermia Prevention 20 Sept 2012 Infection Prevention in Combat Related Injuries 08 August 2016 Inhalation Injury and Toxic Industrial Chemical Exposure 25 July 2016 Initial Care of Ocular and Adnexal Injuries 24 Nov 2014 Intratheater Transfer and Transport 19 Nov 2008 Invasive Fungal Infection in War Wounds 04 August 2016 Management of Pain Anxiety and Delirium 13 March 2017 Management of War Wounds 25 April 2012 Neurosurgery and Severe Head Injury 02 March 2017 Nutritional Support Using Enteral and Parenteral Methods 04 August 2016 Orthopaedic Trauma Extremity Fractures 15 July 2016 Pelvic Fracture Care 15 March 2017 Prehospital Care 24 Nov 2014 Prevention of Deep Venous Thrombosis Inferior Vena Cava Filter 02 August 2016 Radiology 13 March 2017 REBOA for Hemorrhagic Shock 06 July 2017 Unexploded Ordnance Management 14 Mar 2017 Urologic Trauma Management 1 Nov 2017 Use of Electronic Documentation 5 Jun 2012 Use of MRI in Mgmt of mTBI in the Deployed Setting 11 June 2012 Vascular Injury 12 August 2016 Ventilator Associated Pneumonia 17 Jul 2012      **FIELD MEDICAL SERVICE**

**TECHNICIAN (FMST) - 2021** United States Marine Corps, 2020-12-31 **COURSE DESCRIPTION** During this 8 week course you will have a mix of classroom and field training Emphasis is placed on learning field medicine by using the principles of Tactical Combat Casualty Care TCCC This includes familiarization with USMC organization and procedures logistics and administrative support in a field environment Additionally training will include general military subjects individual and small unit tactics military drills physical training conditioning and weapons familiarization with the opportunity to fire the M16 M4 service rifle Completion of FMST results in the student receiving Navy Enlisted Classification HM L03A See Student Material to download a copy of the Student Manual that you will use during your training **CONTENTS** 1 TCCC Guidelines for Medical Personnel 15 December 2021 19 pages 2 JTS Clinical Practice Guidelines 2 222 total pages current as of 16 December 2022 3 **FIELD MEDICAL SERVICE TECHNICIAN FMST 2021** 3 252 pages      [Mastering LPN/LVN Fundamentals Through Real-World Scenarios](#) Lucy Notburga Ritter, Designed for LPN and LVN students this all in one resource covers essential nursing concepts and real world clinical applications You ll find focused practice questions clear rationales and interactive guidelines to build confidence in patient care pharmacology and lab value interpretation With easy to understand

explanations and structured lessons on communication stress management and transitioning from student to working professional this book fills the gap between textbook theory and practical nursing skills Inside you ll discover proven study strategies quick reference checklists and step by step procedures to sharpen your clinical judgment Each chapter weaves together evidence based nursing practices and strategies for confident exam performance Whether it s mastering final reviews refining your medication calculations or enhancing patient communication the content here empowers you to succeed on tests and thrive in clinical rotations Tackle anxiety with practical tips stay organized with detailed outlines and streamline your learning journey with targeted practice tests Let this guide be your companion to developing stronger patient care outcomes from classroom preparation to real world success as an LPN or LVN      **Clinical Nursing**

**Calculations with Navigate Advantage Access** Susan Sienkiewicz,Sandra Megerdichian,2024-02-13 Accurate dosage calculation is essential for all nurses to master It is crucial to equip students with the right tools to build a strong foundation and establish lifelong confidence in calculation and maintaining patient safety The updated Clinical Nursing Calculations Third Edition empowers students with the confidence and skills to safely calculate the right medication dosage to their patients Drawing from their extensive experience across the continuum of care the authors employ the CASE approach Convert Approximate Solve Evaluate for performing dosage calculations while presenting side by side comparisons of all three methods of calculation This systematic step by step approach accounts for students different learning styles whether they prefer to utilize the Ratio Proportion Formula Method or Dimensional Analysis method of calculation      **Oncology**

**Nursing in the Ambulatory Setting** Patricia Corcoran Buchsel,Connie Henke Yarbro,2005 This book provides the very latest in position statements and new forward thinking in administrative strategies Addresses fiscal management of outpatient cancer centers including financial systems models use of CPT codes cost effectiveness and clinical applications of evidence based practice guidelines      **NCLEX-RN Review Made Incredibly Easy!** Springhouse,2003 This second edition helps make preparing for the NCLEX more enjoyable Each chapter is organized in a similar way beginning with the review of crucial information and key concepts Every area of nursing is covered including adult care psychiatric care maternal neonatal care child care and professional issues      **NCLEX-RN Review Made Incredibly Easy** ,2004-11-09 Revised to

meet the latest Board of Nurse Examiners criteria for the NCLEX RN this book uses the well known Incredibly Easy approach to make NCLEX review effective and enjoyable In a light hearted manner that reduces anxiety and aids retention the book thoroughly reviews every area of nursing adult care psychiatric care maternal neonatal care care of the child leadership and management and law and ethics This edition includes a new chapter on how to prepare for the NCLEX plus 200 alternate format questions and answers added to the appendix and accompanying CD ROM The book also includes an entertaining graphic novel depicting the NCLEX process from application to license and valuable strategies for successfully passing the exam      *Nursing Care Plans* Lynda J. Carpenito,2013-11-18 Designed to help students learn how to create nursing care

plans and effectively document care this practical book focuses on the nursing plans that are most important ensuring that students learn what they need to know and that they can find the information they need easily without being distracted by irrelevant information Packed with easy to understand information and focused on helping students develop critical reasoning skills this respected text presents the most likely nursing diagnoses and collaborative problems with step by step guidance on nursing actions and rationales for interventions More than 85 nursing care plans translate theory into clinical practice This exciting revision includes special risk consideration icons called Clinical Alert derived from the most recent IOM report that integrate patient specific considerations into each care plan Other enhancements include a streamlined format for easier use new care plans for maternity pediatric and mental health nursing

**Quality Improvement, An Issue of Clinics in Perinatology, E-Book** Heather C. Kaplan, Mushish Gupta, 2023-05-19 In this issue of Clinics in Perinatology guest editors Drs Heather C Kaplan and Munish Gupta bring their considerable expertise to the topic of Quality Improvement In recent years the growing use of quality improvement QI methods to apply evidence based practices to clinical care has resulted in a greater penetration of QI methods in neonatal intensive care units across the world and a more sophisticated appreciation of how best to use them This issue provides important updates in these areas as well as looks at the future of QI in perinatology Contains 15 practice oriented topics including frameworks for quality improvement Lean Six Sigma and the model for improvement in perinatology sustaining improvement in perinatology recent progress in global health quality improvement in perinatology measuring equity for quality improvement in perinatology pursuing equity for all mothers and newborns through population health the role of perinatal quality collaboratives and more Provides in depth clinical reviews on quality improvement in perinatology offering actionable insights for clinical practice Presents the latest information on this timely focused topic under the leadership of experienced editors in the field Authors synthesize and distill the latest research and practice guidelines to create clinically significant topic based reviews

*Newsweek*, 2006

**Critical Care Intravenous Infusion Drug Handbook** Gary J. Algozzine, Robert Algozzine, Deborah J. Lilly, 2009-04 Compact and easy to use this handy reference focuses on the information you need to administer intravenous medications in critical care and emergency environments Essential coverage of 48 of the most common and complex IV drugs including drip rate calculation charts drug calculation formulae and much more help you safely and efficiently administer IV drugs Fully updated coverage includes the newest IV treatments with magnesium conivaptan potassium and nicardipine helping you provide the most effective care possible Current drug dosing charts for 48 of the most common and most difficult to administer intravenous infusion critical care drugs ensure that the information you need is readily available Quick reference drug compatibility charts provide instant access to this crucial information Drip Rates and Dosing information are arranged in tabular manner for each drug referenced in the text allowing you to quickly prepare drugs in critical situations A Drug Calculation Formulae section includes a list of the formulae most useful in determining IV drug concentration doses and infusion rates helping you



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