

Procedure: Priming IV Tubing (Gravity Infusion)

A. Equipment & Consumables

- Prescribed IV solution (sterile)
- Primary IV tubing (macro drip or micro drip as ordered)
- IV pole
- Alcohol swabs
- Basin or sink
- Time label and change label
- Sterile dead-ender / protective cap

Step-by-Step Key Sequence

Close clamp → Spike bag → Fill chamber → Prime tubing → Remove all air → Label
“Before IV touches patient, air must be gone and tubing must be labelled.”

Documentation

Date and time

IV solution prepared (e.g. 0.9% NaCl)

IV tubing primed and free of air

Tubing labelled

Nurse's name / initials

E.G “IV tubing primed with 0.9% NaCl, air removed, tubing labelled. Patient informed. No complications noted.”

B. Procedure Checklist

No.	Step / Criteria	Done (✓)	Not Done (X)
1	Performs hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>
2	Introduces self, verifies patient identity, and explains the procedure	<input type="checkbox"/>	<input type="checkbox"/>
3	Checks doctor's order (solution, rate, frequency)	<input type="checkbox"/>	<input type="checkbox"/>
4	Gathers all required equipment	<input type="checkbox"/>	<input type="checkbox"/>
5	Removes IV solution from packaging and checks colour, clarity, expiry	<input type="checkbox"/>	<input type="checkbox"/>
6	Removes IV tubing from packaging	<input type="checkbox"/>	<input type="checkbox"/>
7	Closes roller clamp (below drip chamber)	<input type="checkbox"/>	<input type="checkbox"/>
8	Removes protective covers and spikes IV bag using aseptic technique	<input type="checkbox"/>	<input type="checkbox"/>
9	Hangs IV bag on IV pole at appropriate height	<input type="checkbox"/>	<input type="checkbox"/>
10	Fills drip chamber 1/3-1/2 full	<input type="checkbox"/>	<input type="checkbox"/>
11	Opens roller clamp and primes IV tubing over basin/sink	<input type="checkbox"/>	<input type="checkbox"/>
12	Inverts access ports and backcheck valve; taps tubing to remove air	<input type="checkbox"/>	<input type="checkbox"/>
13	Checks tubing to ensure all air bubbles are removed	<input type="checkbox"/>	<input type="checkbox"/>

14	Closes roller clamp and caps distal end with sterile dead-ender	<input type="checkbox"/>	<input type="checkbox"/>
15	Labels IV bag and tubing (date, time, initials)	<input type="checkbox"/>	<input type="checkbox"/>
16	Documents IV tubing priming and performs hand hygiene	<input type="checkbox"/>	<input type="checkbox"/>