IV INFUSION POLICY AND PROCEDURE MANUAL
POLICY NUMBER:1

SUBJECT:

To provide safe and effective Intravenous infusion on demand.

RESPONSIBILITY:

Registered Nurses who have a current active license and certification in the state the service is being performed, may administer pursuant to the order of a prescriber who is either American Board of Emergency Medicine certified or is currently an emergency department physician.

Certificate of proficiency is obtained after successfully completing the approved certification. A copy of the certificate, which indicates successful completion, can be found at the end of the procedure below.

EQUIPMENT:

A. Gloves
B. Single-use tourniquet
C. Short peripheral catheter with safety device
D. Antiseptic pad
E. Approved IV solution with attached and primed administration set
F. IV pole
G. Transparent semipermeable dressing

PROCEDURE:

1. Preparation of equipment: Inspect all IV equipment and supplies; if a product is expired, its integrity is compromised, or its defective, remove it from patient use, label it as expired or defective and report the expiration or defect to the medical director.
    a. Prime the IV administration set with the IV solution and use a manual flow-control device.

2. Implementation: Verify the practitioner's order for insertion of a short peripheral IV catheter. Review the order to make sure that the prescribed infusion solution or medication, dose, rate and route of administration are appropriate for the patient's age, condition and assess. Address concerns about the order with the practitioner if needed.
    a. Gather and prepare the appropriate equipment
    b. Verify patient's name
    c. Inspect IV solution, vitamins, minerals and or low-risk medications
    d. Perform hand hygiene
    e. Provide privacy
    f. Explain the procedure

g. Confirm that informed consent has been obtained and consent form is signed
h. Hang the IV solution with attached primed administration set on an IV pole
    i. Assess infusion solution, vitamins, mineral and or low-risk medications in a designated area with access limited to authorized personnel for preparing low-risk sterile compound drugs, this area is designed to avoid unnecessary traffic and airflow disturbances from activity within the controlled area. The area should only be used for preparations or low-risk sterile compounding and provides proper storage of supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation and security.
    ii. Using aseptic techniques, clean vials and using a closed-system transfer, measure, and mix two or fewer commercially manufactured sterile products into one infusion solution. The BUD for immediate use is that the solution must be hung within one hour of the start of compounding or destroyed.
        1. The compounding process involves simple transfer of not more than three commercially manufactured packages of sterile nonhazardous drug products from the manufacturers' original containers and not more than two entries into anyone container or package (e.g., bag, vial) of sterile infusion solution or administration container/device.
        2. Personnel shall adhere to appropriate aseptic technique, including all of the following: (a) Before beginning compounding activities, personnel shall perform a thorough hand-hygiene procedure; and (b) Compounding personnel shall don powder free gloves prior to engaging in compounding activities.
        3. If not immediately administered, the finished drug product is under continuous supervision to minimize the potential for contact with non sterile surfaces, introduction of particulate matter or biological fluids, mix-ups with other compounded drug products, and direct contact of outside surfaces.
        4. If administration has not begun within the beyond-use dating described in paragraph (B)(4) of rule 4729-16-13, the drug shall be promptly, properly, and safely discarded.
        5. Unless immediately and completely administered by the person who prepared it or immediate and complete administration is witnessed by the preparer, the compounded drug product shall bear a label listing the exact beyond-use date.
        6. Immediate-use compounded drug products are for administration only and shall not be personally furnished by a prescriber.
        7. For immediate-use compounded drug products administered via injection, a new sterile needle shall be used to administer the compounded drug product to the patient.
    iii. IV solution is for immediate use only and must be hung within one hour from the start of compounding or destroyed per policy.

3. Applying the tourniquet: apply the tourniquet on an upper extremity to dilate the veins and assess for an appropriate insertion site.
    a. Lightly palpate the vein to assess vein condition

4. Preparing the site: Clean the area with soap if necessary before applying the antiseptic solution.
    a. Perform hand hygiene
    b. Put on gloves
    c. Prepare the insertion site using an antiseptic agent

5. Inserting a short peripheral catheter: tell the patient that you are about to insert the device
    a. Place the short peripheral catheter on top of the vein at a 10-15 degree angle to the skin
    b. Puncture the skin and anterior vein wall, watching for blood to appear in the catheter, flashback chamber or both.
    c. Advance the catheter into the vein
    d. Release the tourniquet
    e. Active the device's safety mechanism

6. Assessing catheter patency: attach the primed IV administration set to the hub, unclamp the catheter and begin the infusion as prescribed.
    a. Monitor the insertion site for swelling, remove the catheter if swelling occurs or the patient complains of discomfort or pain.

7. Dressing the site: secure the catheter with tape and transparent semipermeable dressing over the insertion site.
    a. Stabilize using sterile tape
    b. Periodically assess the site for swelling and function.

8. Complete the procedure: instruct the patient to obtain assistance if there is a need to disconnect the IV.
    a. Discard supplies, infusion solution, vitamins, minerals and/or low-risk medications in appropriate sharps containers and discard sharps containers.
        i. Sharps must be located in a safe position to avoid spillage is at a height that allows the safe disposal of sharps, is away from public access areas and is out the reach of children
        ii. Must not be used for any other purpose than the disposal of sharps
        iii. Must not be filled above the fill line
        iv. Must be disposed of when the fill line is reached
        v. Should be temporarily closed when not in use
        vi. Should be disposed of every 3 months even if not full, by the licensed route in accordance with local policy.
            1. All sharps disposed of every 3 months at an authorized facility
            2. Tape lid closed, mark the container "Sharps" and bring to the Division Drop-off Facility for disposal.
            3. Obtain new sharps container at med spa facility.

b. Remove and discard your gloves
c. Perform hand hygiene
d. Document the procedure.

Medical Director: Dr. Joseph Palumbo Date: Nov 5, 2020

DR. Joseph Palumbo