



South Eastman Health/Santé Sud-Est Inc.

	No: AC-I001
Approved By: Facility Managers	Category: Regional Client Care Manual Source: Acute Care Manual
New/Replaces: Date Approved: 19 February 2004 Reviewed: Revised: 22 April 2008 / 30 April 10	Subject: Intravenous Therapy: Peripheral Infusion Guidelines

POLICY:

All intravenous (IV) venipunctures will be performed using safety engineered devices eg Introcan® Safety IV catheter, Saf-T-Intima winged set.

Registered nurses (RN)/licensed practical nurses LPN/EMS /student nurses working in acute care facilities shall be allowed to establish peripheral IV therapy providing they have:

- Completed an IV course during training
- Demonstrated competency as outlined on Critical Skills checklist

Only two attempts shall be made at establishing the IV infusion, unless no other resource available. If unsuccessful, another experienced staff shall be called.

For neonates requiring IV therapy, the following criteria must apply:

- Physician consultation with neonatologist is recommended
- One to one nursing care
- Transfer of neonate to tertiary center within 24 hours if status unchanged or sooner if status is deteriorating.

Intravenous therapy will not be practiced in Long Term Care Facilities or the Rehabilitation Unit.

In emergency situation a nurse certified in IV administration may start an IV of 0.9% NS at 50 ml/hours for adults, while the physician is being contacted.

Infusion pump is required for:

- Continuous medication infusions such as morphine, insulin, heparin, oxytocin, KCL.(Refer to IV Drug Manual)
- Severe fluid restriction or risk of fluid overload.
- Acute cardiac clients
- Pediatric clients, less than 12 years of age

- Blood products as indicated
- Total parenteral nutrition and lipids
- Thrombolytic therapy
- Central lines
- Subcutaneous infusion

Refer to IV Drug Manual for IV drug information.

**A two nurse check is required for all high risk medications.

Stripping or “milking” of IV tubing to enhance catheter flow rate is not permitted. Flush line with NS as per policy.

When protective over-wrap on packages of multiple IV bags 50mL or smaller is opened, unused bags are retained in the over-wrap and the open package is labeled with date opened. Remaining bag(s) must be used within 15 days or discarded.

When protective over-wrap on solution bags larger than 50 mL is opened, unused bags are retained in the over-wrap and the open package is labeled with date opened. Remaining bag(s) must be used within 30 days or discarded.

Do not write directly on IV bags as the chemicals from a permanent marker may penetrate into the solution. Use a label or tape.

Cross Reference:

Policy # AC-1002 Intravenous Therapy: Insertion and Maintenance of Safety-Engineered Devices for Peripheral Use

Policy # AC-1003 Intravenous Therapy: Intermittent Infusion

Policy # AC-B001 Blood Products Infusion

Reference:

Baxter Education Consultants (2008)

CDC: MMWR (2002). *Guidelines for the Prevention of Intravascular Catheter-related Infections*. Accessed February 2008.

<http://www.cdc.gov/mmwr/PDF/rr/rr5110.pdf>

Nettina, S.M. (2006). *The Lippincott Manual of Nursing Practice*. (8th edition). Philadelphia: J.B.Lippincott Company.

RNAO (2005). Care and Maintenance to reduce vascular access complications. *Nursing Best Practice Guidelines Program*. Accessed February 2008.

http://www.mao.org/Storage/11/570_BPG_Reduce_Vascular_Access_Complications.pdf

St. Boniface Hospital (2005). Intravenous Therapy: Central, Peripheral, Subcutaneous.