The Rotherham NHS
NHS Foundation Trust

Policy for Administration of Intravenous Therapy to Adults in the Community and Community Hospital

SECTION 1
PROCEDURAL INFORMATION

Version:	2.0
Ratified by:	Trust Document Ratification Group
Date ratified:	
Title of originator/author:	Andrew Jackson, Consultant Nurse Intravenous Therapy and Care
Title of responsible committee/individual:	Ambulatory IV Therapies Task and Finish Group, Clinical Lead Dr Jon Miles
Date issued:	August 2013
Review date:	August 2016
Target audience:	Community and Hospital Acute Clinical Staff

Copyright © 2013 The Rotherham NHS Foundation Trust

Document Review History

Version	Date	Author	Status	Comment
1.0	19/07/2013	AJ	Draft for review by task & finish group	Amended referral form
2.0	23/07/2013	AJ	Draft for approval by PSC	

INTRODUCTION

This document exists to enable delivery of intravenous (IV) treatments in a community setting. “The primary goals of outpatient therapy programs are to allow patients to complete treatment safely and effectively in the comfort of their home or another outpatient site and to avoid the inconveniences, complications, and expense of hospitalisation” Tice, Rehm, Dalovisio, Bradley, Martinelli, and Graham (2004).

1. PURPOSE & SCOPE

Purpose

This policy has been written to:

- Enable healthcare practitioners to assess whether patients are suitable for intravenous therapy in the community.
- Define professional responsibilities in prescribing, preparation and administration of ambulatory intravenous treatments.
- Identify resources required to ensure reliable vascular access, timely treatments and access to clinical experts as required.
- Establish a method of clinical review for each patient. Ensuring suitable clinical channels exist for ad hoc review as required.

Scope

This policy is aimed at all staff that is likely to refer, provide care or review patients who would benefit from community IV treatments. This policy was developed to:

- Enable patients to safely receive intravenous treatments in their own homes or in a community health setting, e.g. community hospital, nursing or residential home, thereby facilitating early discharge from hospital or preventing hospital admission.
- To ensure patients that come into hospital for commencement of IV therapies are managed efficiently as ambulatory attendances because there is a clear process in place for the prompt organisation of ambulatory IV therapies.
- Ensure safe and consistent practice in administration of intravenous treatments thereby reducing the risk of complications
- Provide a process of timely clinical review and communication with the responsible referring clinician
- Note: This document supports and must be read in conjunction with the following documents:
    - Intravenous drug administration PEP
    - Peripheral intravenous cannulation PEP
    - Flushing vascular access device PEP
    - Vascular access device dressing PEP
    - Needle free device PEP
    - Venepuncture PEP
    - Peripheral IV care bundle
    - Longer term vascular access device care bundle.

- Discharge policy
- GMC Prescribing Guidance
- TRFT Antimicrobial Policy

2. ROLES & RESPONSIBILITIES

- Referring clinician who is knowledgeable about the conditions being treated and the use of antimicrobials in home IV therapy
- Nurse experts in intravenous therapy, access devices, and home IV therapy
- Pharmacist knowledgeable about home IV therapy
- Administration/audit staff
- Access to other health care professionals, including primary care physicians, physiotherapist, dietitian, occupational therapist, and social worker.
- Care Co-ordination Centre acts as central co-ordination point.

Roles	Responsibilities
Chief Executive	Responsible for ensuring systems are in place to support the ratification and dissemination of this policy
Medical Director	Responsible for upholding medical practices with regards to this policy
Nursing Director	Responsible for upholding nursing standards with regards to this policy
Chief Pharmacist	Responsible for upholding pharmaceutical standards with regards to this policy
Consultant Microbiologist	Responsible for ensuring that the Trust anti-microbial policy is updated and is consistent with this policy
Clinic Lead of IV Access Team	Responsible for ensuring systems and process are in place which support the availability of IV access
Referrer	Responsible for complying with tasks as outlined in this policy
Practitioner	Responsible for complying with tasks as outlined in this policy
Coordinator	Responsible for complying with tasks as outlined in this policy

3. TRAINING REQUIREMENTS

Vascular access, intravenous administration and associated skills may only be completed by individuals that have the necessary related knowledge and skills.

Training packages are available for the following skills:

- Intravenous cannulation
- Venepuncture
- Re-dressing vascular access devices
- Flushing vascular access devices

- Administering IV drugs
- Removal of central venous access devices

It is the responsibility of individual nurses to maintain and update their knowledge and skills and keep their own record of continuing professional development.

4. PROCEDURAL INFORMATION

Referral and Assessment of New Patients

Patients are referred to a single point of contact (the Care Coordination Centre; CCC telephone 01709 426600) which will act as an initiation and coordination service for;

a. the discharging hospital doctor or nurse for patients requiring intravenous treatments on discharge from hospital or following attendance at a hospital outpatient clinic
b. the patient's own GP; for patients requiring initiation of intravenous treatment in the community to avoid admission to hospital (such patients will need to be assessed in the hospital/community hospital by an appropriate clinician and this assessment will be organised by the CCC)

The clinician referring the patient for community intravenous treatment will make an assessment (see considerations, page 7) to ensure the patient is suitable for home IV treatment and will record this on the referral form, before making the referral to the CCC by faxing the referral form.

The referring clinician, on referral, will also;

- Ensure vascular access device is placed that is appropriate for the treatment and duration of therapy
- Identify appropriate care location
- Prescribe treatment based on clinical pathway
- Ensure the relevant documentation e.g. treatment card is sent home with the patient or sent to the patients home
- Ensure monitoring, review and end of treatment plan has been recorded on the referral form and ensure that a clear plan for seeking clinical review of the patient if needed during the course of IV therapies and is recorded on the referral form.
- Facilitate necessary supplies being sent home with the patient or delivered to patients home to support the length of treatment e.g. dressings, giving equipment.

- Identify treatment start date and time. Ensure all above are in place prior to commencement of IV treatment.

- Ensure timely commencement of treatment. Referral will need to take into account the lead time for preparation of drugs and consumables and notification of the District Nurse.

- Where intravenous therapy is initiated in hospital the clinician will need to complete a letter to the patient's GP.

- Finally, the referring clinician will complete the referral form (form 1) which will include a check list of the above points and will fax this to the CCC

The CCC will;

- The CCC on receipt of referral will contact relevant parties to ascertain the feasibility of delivering the medication in the timeframe specified. The CCC will contact the referrer to advise on the status of the referral.

- The CCC will co-ordinate arrangements for the administration of the prescribed therapy, including referral to available community capacity (district nursing, community hospital, Advanced Nurse practitioners) via the Strata Health system.

- The CCC will audit number of patients referred, origin of referral and will log any operational issues as appropriate.

The Team (District Nursing, Community Hospital) responsible for administering IV therapies will;

- Commence the treatment as requested.
- Review effectiveness of treatment on a daily basis. Follow escalation guidance on the referral form if required.
- If condition specific problems occur contact the referring clinician.
- If unresolved vascular access issues occur contact the vascular access team.
- Upon completion of treatment following the treatment conclusion guidance on the referral form.
- Send the completion of IV therapy form where antimicrobials have been administered to the infection control office.
- Send the referral form, medicine kardex and completion of IV therapy form to the referring clinician.

Considerations

Initiation of home intravenous treatment requires that an assessment is completed to determine that the therapy is required to treat the defined infection. The assessment

will be performed by the referring clinician and prior to referring the patient to the CCC. The assessment will include consideration of (Tice et al 2004):

- Is parenteral antimicrobial therapy needed? Do appropriate, alternate routes of drug delivery exist? When a range of intravenous treatments exist then preferential consideration may be given to those with the shortest administration time and longest half-life.

- Does the patient's medical care needs exceed what can be provided in the community? Is hospitalization required to provide complex medical treatment?

- Is the home or outpatient environment adequate to support the type, frequency and duration of intravenous treatment required? How does the new referral fit into the existing treatment pattern within the community or outpatient setting? Ensure both geography and therapy frequency are considered.

- Are staff (or trained patient and/or caregiver family member) available to administer the treatment?

- Do patients/family/caregiver have access to reliable telecommunications?

- Do the patient and family/caregiver understand the benefits and risks of home IV treatment? Will they be able to ensure availability and access during the length of the treatment?

- Which is the most appropriate method of clinical monitoring/review and conclusion of treatment?

- Is any risk of anaphylaxis apparent?

- What is the length of treatment? Is the treatment likely to result in localized IV related complications such as infusion phlebitis? Identify the most appropriate vascular access device.

- What is the plan if vascular access fails?

- Upon completion of the treatment how are vascular access devices removed and excess stock disposal arranged.

Prescribing

The prescriber is responsible for prescribing medication and diluent on the standard Trust Drug Card.

Supplies of Intravenous Antibiotics

The antibiotics plus diluents and flushes must be prescribed by the referrer and dispensed by the hospital pharmacy and sent home with the patient. It may be possible in future for pharmacy to supply pre-mixed treatments from a pharmacy service or through a commercial provider; thus will save nursing

time and increase patient safety through removing the risk of error at the mixing stage of drug administration.

Responsibilities for Administration

The nurse administering IV antibiotics has a responsibility to ensure that he/she has knowledge and understanding of the medicine to be administered, including:

- adverse reactions and the appropriate interventions particularly indications for use
- Recommended dose and frequency of use
- Methods of preparation and administration
- Rate of administration
- Any special monitoring or health and safety requirements
- Contra-indications
- Side effects and potential related to the management of anaphylaxis.

Prior to administration the nurse should check:

- The patient's name and address
- The date treatment is to commence and a review/completion date
- The correct medicine name, form and strength
- The dose to be given
- The route of administration
- The time and date of administration
- The frequency of administration
- The expiry date of the medicine and diluent (if required)
- The method of administration
- Any known allergies
- Condition of the vascular access device
- Appropriateness of vascular access device in use

The nurse should delay administration and seek immediate advice if there are any doubts or concerns regarding either the prescriber's instructions or the patient's condition.

Complete the appropriate vascular access device bundle. This will be the peripheral IV bundle for short peripheral cannula and the longer term IV bundle for midlines and central lines.

Specify on form 1 action on a) failure to respond or b) when a condition has worsened.

For the purpose of IV treatment in the community first dose drug administration is permitted, (Chapman et al 2012) providing that the nurse is deemed competent by the Trust to respond to anaphylaxis and has ready access to the relevant resources used in the management of anaphylaxis.

Maintain clinical documentation in the appropriate document.

Preparation and administration of IV medication

Further information is included in the **IV drug administration PEP**

Advanced preparation of substances before their prescribed time **is not acceptable** unless they are manufactured in a pharmacy department or by an approved commercial supplier. If a pharmacy department have mixed the medication storage advice and expiration dates will be provided.

Medication advice is available from a variety of sources, these include:

- BNF
- UCLH Injectable drug guide
- Online injectable drug guide http://www.injguide.nhs.uk/?ID=4f50a93f6cdecd3f968eb1023afb32921415

Any surplus of the prepared medicine or any unused medicine **must be** discarded and **must not** be kept for future use. Surplus prepared medicines should be discarded in the sharps box for the individual patient. Unused medicine should be returned by the patient to a community or hospital pharmacy or the initiating clinic at the end of their treatment.

Intravenous Access Devices

Peripheral cannulation is suitable for short term treatments. Longer term treatments may benefit from placement of long term vascular access devices for example midlines and peripherally inserted central catheters (PICC).

Peripheral venous cannulation PEP
Dressing vascular access devices PEP
Flushing vascular access devices PEP
Needle free device PEP

Anaphylaxis

All Registered Nurses must be familiar with the Anaphylaxis PGD. Nurses must have Adrenaline injection 1 in 1000 available at all times when administering IV antibiotics. This must be carried by all nurses.

Any adverse or suspected adverse reaction must be reported to the prescriber as soon as possible. The details should also be documented in the patient's community nursing records and reported to the Committee on Safety of Medicines using a yellow card, which can be found in the British National Formulary.

It is suggested that first dose antibiotic administration should take place in a supervised setting. Chapman et al (2012:5) explain that a supervised setting

"could include the patient's own home, as long as the healthcare worker administering the dose is trained and equipped to manage anaphylaxis".

Audit

Adherence with this policy will be audited. The completion of IV therapy form will be returned to the referring clinician. Potential and significant risks will be identified through the DATIX reporting system.

5. DEFINITIONS AND ABBREVIATIONS

Definitions

Community IV treatment - "The primary goals of outpatient therapy programs are to allow patients to complete treatment safely and effectively in the comfort of their home or another outpatient site and to avoid the inconveniences, complications, and expense of hospitalisation" Tice, Rehm, Dalovisio, Bradley, Martinelli, and Graham (2004).

First dose IV administration - It is suggested that first dose antibiotic administration should take place in a supervised setting. Chapman et al (2012:5) explain that a supervised setting "could include the patient's own home, as long as the healthcare worker administering the dose is trained and equipped to manage anaphylaxis".

Abbreviations

IV – Intravenous
PICC – Peripherally Inserted Central Catheter

6. REFERENCES

Chapman, A.L., Seaton, R.A., Cooper, M.A., Hedderwick, S., Goodall, V., Reed, C., Sanderson, F. and Nathwani, D. (2012) Good practice recommendations for outpatient parenteral antimicrobial therapy (OPAT) in adults in the UK: a consensus statement. The Journal of Antimicrobial Chemotherapy. 67(5), p.1053-62.

Nursing and Midwifery Council (2008) the code: Standards of conduct, performance and ethics for nurses and midwives. NMC, London. http://www.nmc-uk.org/Publications/Standards/The-code/Introduction/ accessed 22nd January 2013.

Tice, A.D., Rehm, S.J., Dalovisio, J.R., Bradley, J.S., Martinelli, L.P. and Graham, D.R. (2004) Practice Guidelines for Outpatient Parenteral Antimicrobial Therapy. Clinical Infectious Diseases. 38(12), p.1651-72. http://cid.oxfordjournals.org/content/38/12/1651.full.pdf accessed 26th March 2013.

7. ASSOCIATED DOCUMENTATION

Referral Form for Community IV Therapy (pages 12-13)
Completion of IV Therapy Form (page 14)

The Rotherham NHS
NHS Foundation Trust

Referral Form for Community IV Therapy

Indication: (Bronchiectasis / Cellulitis / Heart Failure)

Drug(s) for IV injection:

Drug	Dose	Infusion or Bolus	Frequency (doses per day)	Duration (days)	Micro code * if necessary

* Required for some antibiotics for cellulitis and bronchiectasis but not for IV furosemide

Any known allergies or drug sensitivities:

Any other clinical instruction to be carried out by staff administering the IV therapy e.g. observations

Consultant Responsible for Prescription: ……

Date……/……/……...

Patient Details:

Plan on completion of treatment
Expected duration of therapy ……
Follow-up required ……
Vascular access device and instruction for removal (include date sited if already in situ)……

Escalation
Condition does not improve as expected or worsens then contact
……

Referring Clinician Checklist

Alternatives to IV therapy considered and ruled out? **Y/N**

Does the patient's medical care needs exceed what can be provided in the community? Is hospitalization required to provide complex medical treatment? **Y/N**

Is the home or outpatient environment adequate to support the type, frequency and duration of intravenous treatment required? **Y/N**

Does patients/family/caregiver have access to reliable telecommunications? **Y/N**

Is any risk of anaphylaxis apparent? **Y/N**

What is the length of treatment? Is the treatment likely to result in localized IV related complications such as infusion phlebitis? Identify the most appropriate vascular access device. **Y/N**

Confirm that prescription has been sent to pharmacy and drug card sent home with patient **Y/N**

Confirm that administration supplies have been organized to send home with patient **Y/N**

Vascular access device issues then contact vascular access team 01709 42-4745/7541/7545 (out of hours contact the escalation number above)

Please check all details on the form are correct and fax to: Care Co-ordination Centre

This form should be returned to the consultant responsible for the prescription on completion of treatment

The Rotherham NHS
NHS Foundation Trust

Completion of Community IV Therapy Form

Patient Name: …… . Affix Sticker NHS Number…….

Date IV commenced:…/…./……..
Date IV completed:…./…./……..
Condition treated:…….
Drugs given……..
Any reactions to IV therapy? Y/N
If Y to above please specify
……..

Type of IV access: Venflon/Midline/PICC
Did the IV access last for the duration of treatment? Y/N
If N to above please detail replacement……...
Was there a complication with IV access (e.g.tissued, erythema) Y/N
If Y to above please specify…….

Other
comments……
…….
Name of staff completing form……
Job Title……
Signature……..

Please return this form to the referring consultant on completion of the therapy

SECTION 2
DOCUMENT DEVELOPMENT, COMMUNICATION, IMPLEMENTATION AND MONITORING

9. CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

This document was developed in consultation with:

Ambulatory IV Therapies Task and Finish Group (Chair: Dr Jon Miles)
IV Therapies Sub Group (Chair: Dr Walid Al-Wali)

10. APPROVAL OF THE DOCUMENT

This document was approved by:

Patient Safety Committee

11. RATIFICATION OF THE DOCUMENT

This document was ratified by the Trust Document Ratification Group.

12. EQUALITY Impact Assessment STATEMENT

An Equality Impact Assessment has been carried out in relation to this document using the approved initial screening tool; the EIA statement is detailed at Appendix 1 to this section of the document.

The manner in which this policy impacts upon equality and diversity will be monitored throughout the life of the policy and re-assessed as appropriate when the policy is reviewed.

NB Once the document has been ratified the author will make arrangements for the Website Summary Form to be published to the Trust's Internet via the Equality and Engagement Manager.

13. REVIEW AND REVISION ARRANGEMENTS

This document will be reviewed every three years unless such changes occur as to require an earlier review.

The Consultant Nurse for IV Therapy and Care is responsible for the review of this document.

14. DISSEMINATION and COMMUNICATION PLAN

To be disseminated to	Disseminated by	How	When	Comments
Quality Governance Team via policies email		Email	Within 1 week of ratification	Remove watermark from ratified document and inform Quality Governance Team if a revision and which document it replaces and where it should be located on the intranet. Ensure all documents templates are uploaded as word documents.
Communication Team (documents ratified by the document ratification group)	Quality Governance Team	Email	Within 1 week of ratification	Communication team to inform all email users of the location of the document.
All email users	Communication Team	Email	Within 1 week of ratification	Communication team will inform all email users of the policy and provide a link to the policy.
Key individuals Staff with a role/responsibility within the document Heads of Departments /Matrons	Author	Meeting/Email as appropriate	When final version completed	The author must inform staff of their duties in relation to the document.

All staff within area of management	Heads of Departments /Matrons	Meeting / Email as appropriate	As soon as received from the author	Ensure evidence of dissemination to staff is maintained. Request removal of paper copies Instruct them to inform all staff of the policy including those without access to emails

15. IMPLEMENTATION and TRAINING PLAN

What	How	Associated action	Lead	Timeframe
Policy Awareness	Team and departmental meetings	To include on applicable team/departmental meeting agendas prior to policy launch	All members of Ambulatory IV Therapies Task and Finish group to ensure their own areas are briefed	2 weeks in advance of policy launch

16. PLAN TO MONITOR THE COMPLIANCE WITH, AND EFFECTIVENESS OF THE TRUST DOCUMENT

Audit/Monitoring Criteria	Process for monitoring e.g. audit, survey	Audit / Monitoring performed by	Audit / Monitoring frequency	Audit / Monitoring reports distributed to	Action plans approved and monitored by
Compliance with policy	Audit	CCC	Annual	IV therapies Sub Group, clinical directors, matrons	IV Therapies Sub Group
Operational issues e.g. capacity associated with policy	Audit	CCC	Monthly for first year then Annual	IV therapies Sub Group, clinical directors, matrons	IV Therapies Sub Group

EQUALITY IMPACT ASSESSMENT (EIA) INITIAL SCREENING TOOL

Document Name:	Policy for Administration of Intravenous Therapy to Adults in the Community			Date/Period of Document:	July 2013
Lead Officer:	Andrew Jackson	Directorate:	Integrated Medicine	Reviewing Officers:	IV therapies task and finish group

☐ Function	☒❑ Policy	☐ Procedure	☐ Strategy	☐ Joint Document, with whom?

Describe the main aim, objectives and intended outcomes of the above:

The objectives of the policy are to ensure that IV therapies can be provided safely and appropriately in ambulatory settings in order to avoidance unnecessary inpatient admissions and reduce length of stay

You must assess each of the 9 areas separately and consider how your policy may affect people's human rights.

1. Assessment of possible adverse impact against any minority group

How could the policy have a significant negative impact on equality in relation to each area?		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Age?		X	
2	Sex (Male and Female?		X	
3	Disability (Learning Difficulties/Physical or Sensory Disability)?		X	
4	Race or Ethnicity?		X	
5	Religion and Belief?		X	
6	Sexual Orientation (gay, lesbian or heterosexual)?		X	
7	Pregnancy and Maternity?		X	
8	Gender Reassignment (The process of transitioning from one gender to another)?		X	
9	Marriage and Civil Partnership?		X	

You need to ask yourself:

- Will the policy create any problems or barriers to any community of group? Yes/No
- Will any group be excluded because of the policy? Yes/No
- Will the policy have a negative impact on community relations? Yes/No

If the answer to any of these questions is yes, you must complete a full Equality Impact Assessment

2. Positive impact:

Could the policy have a significant positive impact on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		Response		If yes, please state why and the evidence used in your assessment
		Yes	No	
1	Promote equal opportunities		x	

2	Get rid of discrimination		x	
3	Get rid of harassment		x	
4	Promote good community relations		X	
5	Promote positive attitudes towards disabled people		X	
6	Encourage participation by disabled people		X	
7	Consider more favourable treatment of disabled people		X	
8	Promote and protect human rights		X	

3. Summary On the basis of the information/evidence/consideration so far, do you believe that the policy will have a positive or negative adverse impact on equality?						
Positive						Negative
HIGH	MEDIUM	LOW	NIL		MEDIUM	HIGH
Date assessment completed: 23/07/2013	Is a full equality impact assessment required?			❑ Yes (documentation on the intranet)		❑☒ No