

Infusion Therapy (Intravenous & Subcutaneous) Summary Clinical Guideline

Reference No.: CG-T/2004/006 V3.0.0

Infusion therapy refers to fluids and/or drugs administered via the intravenous or subcutaneous route by means of a cannula access device.

The main of the guideline is to ensure consistency of practice by all registered practitioners in all aspects of infusion therapy delivery.

These guidelines apply to all staff working within the Trust who have the responsibility for the prescribing, administration and/or monitoring of infusion therapy.

Staff should familiarise themselves with the procedures and principles for intravenous therapies commonly administered in their particular clinical areas.

Staff must only undertake those aspects of the delivery of intravenous infusion therapy for which they have received training and been assessed as competent.

Certain specialist intravenous therapies are subject to additional training and competency assessment.

It is always advisable to seek support and supervision when unfamiliar with a particular treatment or procedure.

When undertaking infusion therapy consideration must be given to infection control and safety compliance, specifically:-

- Aseptic Non-Touch Technique (ANTT)
- Hand Hygiene
- Use of needlefree access devices
- Appropriateness of dressings used to secure the cannula
- Flushing/Verifying Patency
- Sharp Safety
- Line labelling
- Checking and documentation

Medical Devices

When using medical devices in infusion therapy health practitioners should always make an appropriate assessment of whether it is necessary to use a powered infusion device to deliver intravenous infusion therapy.

The decision to administer intravenous therapy using an appropriate medical device should primarily be based on the condition of the patient and/or the therapy being delivered.

Key Changes to Infusion Practice.

Flushing of the giving set following administration of an intermittent infusion.

It is essential to ensure the patient receives the prescribed dose of IV medication, particularly IV antibiotics. Post drug administration it is vital that the giving set line is flushed with 0.9% sodium chloride, this is to ensure the patient has received the complete dose of the drug. The length of the line can contain up to 20mls. For example if a patient has their medication reconstituted in 50mls of sodium chloride they miss out on between 32% - 40% of that dose. The missing 32% to 40% remains in the giving set, therefore it is best practice to run the giving set line through.

Cleaning of Medication with a 'Dust Cap'

Dust caps do not assure that the additive port/bung is sterile. They will provide protection from gross contamination but do not assure asepsis alone. The bung of all intravenous medication containers with dust caps must be cleaned with a single-use 70% Isopropyl Alcohol (IPA) wipe and allowed to air dry before accessing for reconstitution.

Flushing of a peripheral cannula

The correct technique for flushing an intravenous device is to use a pulsatile method or a push-pause technique. The goal is to create fluid turbulence inside the catheter lumen to possibly remove anything that is adhering to the catheter's intraluminal wall and promote catheter patency.

'Locking' of peripheral cannula

When you have finished accessing the peripheral cannula it is consider best practice to 'lock' the device using positive pressure flushing. This creates a fluid lock that helps to prevent the reflux of blood into the cannula lumen. To achieve positive pressure flushing, as you are flushing the cannula using the push-pause technique you gradually apply the clamp