GEORGIA DEPARTMENT OF CORRECTIONS **Standard Operating Procedures**		
Policy Name: Intravenous Therapy		
Policy Number: 507.04.47	**Effective Date:** 01/25/2022	**Page Number:** 1 of 8
Authority: Commissioner	**Originating Division:** Health Services Division (Physical Health)	**Access Listing:** Level I: All Access

I. Introduction and Summary:

Intravenous (IV) therapy will be initiated to provide intravascular access for the patient whose condition may require or necessitate the administration of medication during medical emergencies, definite therapeutic or diagnostic IV intervention. This procedure is applicable to all facilities that house Georgia Department of Corrections (GDC) offenders, including private and county prisons.

II. Authority:

A. NCCHC 2018 Adult Standard: P-D-01;

B. ACA Standard: 5-ACI-5D-13;

C. Georgia Board of Pharmacy Rules & Regulations 480-8.01;

D. GDC Standard Operating Procedures (SOPS): 507.04.42 Infirmary Care and 507.04.43 Medication Administration;

E. Georgia Board of Nursing Rules and Regulations 410-11.01 and 400-2.11; and

F. APIC Text of Infection Control and Epidemiology, Volume 1, Chapter 30, and Special Communication Guideline for the prevention of intravascular device-related infections.

III. Definitions:

A. **KVO** - Keep vein open.

B. **Intravenous Piggy-Back (IVPB)** - Administering medications via mini-bag using a secondary IV set piggybacked into the primary IV or through an IV set via heparin lock device (INT) for intermittent therapy.

IV. Statement of Policy and Applicable Procedures:

A. Initiation of Intravenous Therapy:

1. IV therapy will be initiated only upon receipt of an order by a physician, dentist, nurse practitioner or physician's assistant.

2. The order will consist of, at a minimum:

   a. Patient Name;

   b. Type of fluid and/or medication;

   c. Additives;

   d. Rate of infusion and duration; and

   e. Amount to be infused (i.e., X 3 bags).

3. Keep Vein Open (KVO) orders will be interpreted to mean a flow rate of 25cc per hour. If the MD, DO, PA, NP provider does not specify a flow rate or length of infusion time, the IV will be maintained at a KVO rate of 25cc/hour.

4. Persons authorized to initiate IV therapy, includes physicians, physician assistants nurse practitioners, registered nurses, and licensed practical nurses that have met competency requirements.

5. The contract vendor will ensure that competency training is provided to all nursing staff on IV Therapy during onboarding and annually by means competency training and skills checklist.

6. Nurses will not insert central venous lines.

7. Nurses will not insert an IV into an external jugular vein.

B. Delivery of IV Therapy:

1. IV therapy may be used for the maintenance and/or restoration of:

   a. Electrolyte balance.

   b. Drug administration (i.e., antibiotics, analgesics, etc.).

   c. Blood transfusion/blood products.

   d. Parenteral nutrition (i.e., Total Parenteral Nutrition [TPN], or Lipids).

2. IV therapy may be delivered continuously through peripheral therapy, central venous therapy for long term or large volume rapid infusion, or intermittently via a heparin lock device (INT).

3. IV solutions will be changed at a minimum of every 24 hours.

4. Conversion of the peripheral IV to a heparin lock will be done with the use of a male adapter plug. The catheter will be flushed with heparin flush saline solution (2cc is sufficient) every 8 hours or after infusion/injection of medications.

5. Site changes and dressing changes/checks will be the same as other IV sites.

6. Central venous lines should only be placed in an off-site, ambulatory setting, or ASMP in the Operating Room.

C. Infection Control and Intravenous Piggy-Back (IVPB):

1. Appropriate sterile precautions and procedures will be observed.

2. All primary IV tubing will be changed every 72 hours. Secondary IV tubing used for heparin locks will be changed every 24 hours.

3. Mini-Bags are used only once then discarded.

4. All solution bags containing additives will be properly labeled with the following information:

   a. Patient name and location.

   b. Date/time/rate and duration of administration.

   c. Name and amount of any additive.

   d. Name of basic parenteral solution.

   e. Date and time medication is added.

   f. Initials of person adding the additives.

   g. Supplemental instructions when necessary.

   h. Expiration date/time of the compounded solution.

5. Once begun, all parenteral fluids will be completely used or discarded within 24 hours. Lipid emulsions given alone should be completed within twelve hours.

6. All peripheral cannula will be routinely changed to a new site every 72 hours at a minimum. IV related complications might necessitate more frequent changes.

7. A physician's order will be required to leave a peripheral cannula in greater than 72 hours.

8. All dressings will be changed at a minimum of every 72 hours and as necessary secondary to soiling or provider order.

9. All IV sites will be monitored at a minimum of every eight (8) hours documenting the site check on the IV flow sheet. Any complications will be noted in the Progress Notes along with follow up care.

10. Standard Precautions will be maintained for all IV starts and follow-up care.

11. Used bags and tubing should be disposed of in a waste receptacle outside of the patient's room. Tubing contaminated with blood or blood tubing used for a transfusion should be disposed of in an approved biohazards waste container located in a secure area.

D. Documentation:

1. The IV Flow Sheet (P-33-0006.01) will be used for documenting the initiation of IV therapy, including blood/blood Products. The documentation will include, but not be limited to:

   a. Size and type of device used;

   b. Date/time;

   c. IV site;

   d. Number of sticks;

   e. Type of solution/additives and medication;

   f. Flow rate and duration;

   g. Name and title of person inserting the device;

   h. Use of electronic infusion device;

   i. Complications, patient response, nursing interventions; and

j. Patient teaching and evidence of patient understanding.

2. The insertion site will be labeled with the size and type of device used, name/title of person inserting the device, date, and time of insertion.

3. Fluids will be labeled with the patient's name, ID number, room number, date/time, sequential container number, any additives, expiration date/time of infusion, rate and duration and name and title of person hanging the fluids.

E. Transfusion of Blood and Blood Products Only at ASMP:

1. The transfusion of blood or blood products will be only upon the order of a physician at ASMP or a regional infirmary with appropriate monitoring available.

2. The transfusion of blood or blood products will be performed only by a registered nurse, nurse practitioner, physician's assistant, or physician.

3. Before administering any blood or blood product, double check the patient's name, ID number, ABO, and Rh status against the label on the blood bag. Check the expiration date on the bag.

4. A second person (RN, NP, PA, MD, DO) will verify all information and co-sign the blood confirmation slip.

5. Prior to initiating the infusion, a complete set of vital signs including temperature will be documented on the flow sheet.

6. Inform the patient about the procedure, signs/symptoms of a possible reaction, and risks. These include, but are not limited to:

a. Fever;

b. Chills;

c. Nausea/vomiting;

d. Rash/itching;

e. Back pain;

f. Headache;

g. Chest pressure;

h. Shock/hypotension; and/or

i. Abnormal bleeding.

1. Instruct the patient to notify the nurse if any symptoms are experienced. If signs or symptoms of a reaction are noted, the transfusion will be discontinued immediately, and appropriate procedures followed to include notification of the physician for orders.

2. A Y-type set will be used to initiate the transfusion, using saline as the flushing agent. Clamp the saline line and begin the transfusion, adjusting the flow to infuse between one (1) and four (4) hours.

3. Vital signs will be documented every 15 minutes for one (1) hour, then hourly thereafter until completed and one (1) hour post transfusion.

F. Procedures to be followed in the event of a transfusion reaction:

1. Stop the transfusion.

2. Immediately notify the physician.

3. Continue to infuse normal saline with a new administration set to keep vein open.

4. The blood bank that the blood was obtained from is notified of a possible transfusion reaction.

5. The following lab specimens will be obtained and sent to the blood bank for processing:

    a. Collect the first post-transfusion urine specimen. Label the lab slip: Possible Transfusion Reaction and send to the lab immediately; and

    b. Any other lab work ordered by the physician.

6. Monitor vital signs every fifteen minutes or more frequently depending on the severity of the reaction.

7. If ordered administer oxygen and other supportive medications such as epinephrine and Benadryl.

8. Closely monitor urine output for signs of decreased urine output or hemoglobinuria.

9. Compare the labels on all blood products to corresponding patient identification to verify the correct blood/blood product had been administered.

10. The blood and blood transfusion tubing should be placed in a biohazard bag for return to the blood bank.

G. Discontinuation of IV Therapy:

1. IV therapy will be discontinued upon an order from the responsible physician, physician's assistant, or nurse practitioner.

2. Documentation will include but not be limited to:

   a. Reason for discontinuation; and

   b. Patient reactions, complications, if any, nursing interventions, follow up actions, time, date, name, and title of person discontinuing therapy.

V. <u>Attachments</u>: None.

VI. <u>Record Retention of Forms Relevant to this Policy</u>: None.