



**POLICY AND PROCEDURE MANUAL  
PHARMACY SERVICES**

SECTION: **INTRAVENOUS ADMIXTURE PROGRAM**

SUBJECT: **PREPARATION OF ADMIXTURE**

CODE: 5.04.0

DATE: 1/5/82

REVISED: 8/2/2017, 4/19/22

APPROVED: Tinh Tran, Pharm.D.

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POLICY

To establish uniform procedures for all personnel in the preparation of admixtures and to ensure quality control.

PROCEDURE

1. Wash hands frequently, especially after handling dusty cartons, bags, and bottles or when antibiotics accidentally contact the skin.
2. Clean and swab down work areas before beginning intravenous admixture procedures.
3. Spray or swab the necks of ampoules with sterilizing solution containing sterile 70% isopropyl alcohol, allow to air dry before breaking.
  - a. Draw up solution with an 18 gauge needle.
  - b. Replace 18 gauge needle with 19 gauge filter needle; then transfer solution into I.V. bag.
4. Spray or wipe the rubber stoppers of containers with sterile 70% isopropyl alcohol in a manner that assures wetting of the entire rubber surface. Allow sufficient time for drying before using. This will give time for sterilization of the stopper and will leave a light film of alcohol on the stopper for continuous sterilization for a period of approximately 30 seconds.
5. When using I.V. containers, if the vacuum is lost and the rubber diaphragm no longer shows dimples over the two openings in the stopper, the bottle can be regarded as no longer sealed and the contents should either be discarded or transferred to another container.
6. Whenever the vacuum is lost in an admixture container, its contents can be salvaged by transferring them to an evacuated container through a sterile administration set.
7. Check all finished piggybacks and large volume intravenous solutions for visible particulate matter, such as lint, cores from rubber stoppers, discard if matter present.
8. Check all labels prior to and after compounding to make certain the right drugs and solutions are being used.
9. Gently shake all finished solutions thoroughly to assure proper mixing since intravenous additives tend to have high specific gravities and viscosities.
10. Work only with your hands in the hood. Also avoid sticking your head in the hood while working.
11. Avoid storing cartons, extraneous I.V. bottles, etc., in the work area of the hood. Also avoid placing such items between the back of the hood and the admixture order undergoing preparation, especially in laminar flow hoods with air moving in a horizontal direction.
12. Head covering, face mask, coveralls, gloves, and foot covering will be worn when preparing sterile products.
13. When selecting a syringe for reconstitution or transfer operations, make certain that it is of adequate size. If interrupted during transfer procedure with needle and syringe, replace the needle cover before placing the syringe down in the work area.
14. Dispose of the syringe with its needle attached by dropping it directly into the red Sharps container.

Reviewed: 6/8/15; 11/18/16ll; 4/19/2022 TT

Approved By: *Ben Arndt*

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15. Do not recap the syringe or try to destroy the syringe before disposing it. Read labels carefully of drugs used in compounding. Note whether the amount of drug on the label is for a milliliter quantity or for the entire vial.
16. I.V. solutions prepared by technicians require that all drug containers used in compounding are retained adjacent to the finished products until checked by pharmacist.
17. Avoid habits such as running hands through hair, combing hair, scratching, coughing, etc., while compounding.

PREPARATION/DISPENSING PROCEDURES

1. Labels for all active I.V. piggybacks and large volume I.V. solutions are printed daily from the computer file, labels being sorted according to units (wards) and medication names.
2. After completing preparation of the parenteral product, the label is placed on the container along with the compounding technician's and pharmacist's initials.
3. Before the I.V. medication is placed in the bin for delivery, final check should be performed by the pharmacist to ensure the following are present:
  - a. The labels match the medication dispensed.
  - b. The solution dispensed is correct.
  - c. Technician's initials
  - d. pharmacist's initials
  - e. Correct expiration date
    - i. For 12 hour BUD intravenous solutions will be labeled with "Do Not Start After Date: \_\_\_\_\_ Time: \_\_\_\_\_".
  - f. Appropriate informational labels and storage instruction
  - g. I.V. access ports are covered with foil seals
  - h. There is no particulate matter in the sterile solution.
4. The I.V. medication is placed in the appropriate bin by pharmacist for delivery.

PRECAUTIONS

1. Do not touch or grasp the plunger of the syringe, because on subsequent use the syringe will be contaminated.
2. Do not touch the needle of the syringe to unsterilized surfaces/hood table. If this should happen, replace the needle.
3. Do not leave piggybacks in glass containers pressurized following the transfer of additives. Remove a volume of air equal to the volume of solutions added.
4. Do not open cartons of drugs, sterile water, etc., in the work areas because of the dust created by such activities.
5. Do not place or store any cartons of drugs, sterile water, etc., in the laminar flow units.
6. Do not combine glass and paper garbage together.
7. Do not bring newspapers, coats, and other extraneous materials into the I.V. additive areas.
8. Cardboard is not to be stored in I.V. area.

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