

LAC+USC MEDICAL CENTER

DEPARTMENT OF NURSING SERVICES POLICY

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Subject: INTRAVENOUS THERAPY		Original Issue Date: 08/91	Policy # 911
		Supersedes: 10/20	Effective Date: 07/22
Departments Consulted: Pharmacy	Reviewed & Approved by: Professional Practice Committee Pharmacy & Therapeutic Committee Nurse Executive Council Attending Staff Association Executive Committee	Approved by: (signature on file) Nancy Blake Chief Nursing Officer	

PURPOSE

To describe the policy for preparation and administration of intravenous medications and to specify licensed nurse responsibility.

POLICY

RNs are approved to administer infusions prepared by Pharmacy and to prepare parenteral solutions in emergency situations.

RESPONSIBILITY

RNs may **NOT hang** an I.V. prepared by another nurse.

LVNs who are approved by the Clinical Nursing Director and certified in Intravenous Therapy by the Board of Vocational Nurses and Psychiatric Technician Examiners may perform the following as long as approved by area policy:

- Administer and monitor peripheral intravenous infusions that may contain the following:
 - Electrolytes
 - Blood and blood products
 - Nutrients (including parenteral alimentation and lipids without medications)
 - Vitamins
- Instill saline solutions into intermittent infusion lines to maintain patency (requires a provider's order)
- Change peripheral I.V. site dressing
- Remove peripheral I.V. and scalp vein needles (**except cut down**)
- Withdraw blood by skin puncture and venipuncture.

LVNs are **NOT** permitted to:

- Prepare and/or administer any intravenous medications by IVPB, IVP or continuous infusion
- Administer intravenous infusions mixed by another nurse
- Irrigate intravenous lines
- Regulate or discontinue central lines
- Administer I.V. infusions through central lines/peripherally inserted central catheter (PICC) lines

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Continuous Intravenous (I.V.) and Medication Infusions

RNs may administer continuous I.V. infusion drugs as specified in the Unit Structure Standards. Free flow protection infusion pumps shall be used for all IV fluids.

Exception: *IV boluses- see IV Therapy Nursing Clinical Standard*

Exception: During MRI procedure the patient will use the MRidium® infusion pump (see Infusions in MRI)

- The RN checks for incompatibilities when infusing multiple drugs through the same venous access device.

Exception:

- RNs in the acute care units may **NOT** administer any ordered continuous infusion drugs that require assessment or monitoring of any vital sign or laboratory value more frequently than 4 hours (Refer to 911 Attachment A: Adult Medication Guidelines).

Infusion Management Suite®

Units with Infusion Management Suite® capability must perform the following:

- At the start of shift, validate Alaris® pump-programming settings and confirm IV module device association with the electronic health record (EHR).
- Dosing weight must be entered in the EHR prior to scanning the pump.
- Initiate automated pump programming by launching the Medication Administration Wizard (MAW) and by following the prescribed infusion management workflow.
- During system downtime and in an emergency, manually program pump using Guardrails®. Once order is written, document and back-associate infusions. per downtime Medical Center Policy # 417.
- Disassociate IV device module from the EHR once infusion is completed.

Infusion Management Suite Documentation:

- Medication administration is documented in the Medication Administration Record (MAR) via the MAW.
- The intake and rate/dose changes are documented through iAware.
- Timely documentation of infusions is completed per unit structure standards.
- During system downtime the RN must document in the MAR and the I/O section.

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Guardrails®

- Guardrails® Suite is a medication safety and continuous quality improvement (CQI) software designed specifically for use with the Alaris™ System.
- The Patient Care Profiles, Guardrails® drug, Guardrails® IV Fluid libraries and configurations are developed and maintained collaboratively by pharmacy and nursing to reduce IV medications errors and help increase compliance with national safety standards.
- Guardrail® Suite has the following care areas or profiles:
 - Adult,
 - ER-Adult,
 - ER-Peds,
 - NICU,
 - Peds)
- The correct profile must be chosen/verified for the care area as part of the nursing assessment
- Patient care Profiles are selected for every “powering on” of the Pump Control Unit (PCU).
- In certain situations, other profiles may be used when deemed appropriate (i.e. Pediatrics boarding in Adult ICU’s).
- All infusions must be on Guardrails®. In the Guardrail® Drug library, each drug has a soft and hard limit for the minimum and maximum rates that can be infused for that drug.
 - The soft limit will let the user infuse at the rate that is programmed but will display a yellow G symbol next to the infusion on the PCU as a warning.
 - The hard limit will not let the user continue with the infusion).
- Verify provider’s order when Guardrails® limit alert is encountered. Review pump programming setting against order, verify with pharmacy and/ or provider prior to overriding the alert.

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Infusions in MRI

- Obtain a provider's order to saline lock any continuous infusions for the MRI procedure, when possible.
- If a continuous infusion must be continued for the MRI procedure the following must be followed:
 - The patient must have the continuous infusion switched from the Alaris® pump to the MRidium® pump.
 - Prior to starting the MRidium® pump infusion the RN must compare the MRidium® pump settings with the Alaris® pump setting and ensure that they match. (i.e. heparin continuous infusion).

Significant Event involving Medication Infusion Device:

In a significant event in relation to a medication infusion device immediately do the following:

- Discontinue the pump and disconnect all I.V. lines from the patient
- Do not remove or discard any lines/I.V. bags from the pump
- Notify nurse manager or Administrative Nursing Office (ANO) during off shifts.
- Nurse Manager or ANO during off shifts, will notify / page the Pharmacy Supervisor
- Nurse Manager or ANO during off shifts, will sequester the pump along with all the tubing and I.V. bags until they can hand deliver them to the Inpatient Pharmacy.

Subcutaneous (S.Q) / IVP Medications

- RNs are approved to administer a select list of drugs, upon provider's order, on all units in the Medical Center (refer to 911 Attachment A: Adult Medication Guidelines)
- Additional drugs may be approved in specific areas and are listed in the Unit Structure Standards
- RNs must label S.Q./ IVP syringe with name of medication when:
 - Medication will not be administered immediately
 - Administering two or more medications via syringe
- RNs may not dilute medications for IV push unless recommended by the manufacturer
- RNs should draw up medications of 1 mL or less into a 1 mL tuberculin luer lock syringe. If the RN is giving the IVP into a saline/heparin locked port or into a primary I.V. infusing at 50 mL/hour or slower, the RN should flush the port with 5 mLs of normal saline at the same rate that the medication was pushed after administering the medication.

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Exceptions:

- Medications for pediatric & NICU patients
- Select medications given in Labor & Delivery

Preparing I.V. Medications in an Emergency Situation

- RNs may prepare I.V. solutions in an emergency per Unit Structure Standards.

I.V. Additive Service

An I.V. Additive Service is provided for specific units within the Medical Center. Medical Center Pharmacy establishes the policies and procedures governing this service.

- The Pharmacy Department, through the I.V. Additive Service will determine the appropriate diluent to be used in mixing all I.V. piggybacks and I.V. additives. All additives will be diluted according to standard procedures, unless the provider specifies another diluent.
- All requests for Additive Service are initiated through a provider’s orders.
- The Additive Service will mix IV and IVPB and deliver to the unit.

ATTACHMENT

911 Attachment A: Adult Medication Guidelines

REFERENCES

Institute for Safe Medication Practices (ISMP). ISMP: *Targeted Medication Safety Best Practices for Hospitals*; 2022. <https://www.ismp.org/guidelines/best-practices-hospitals>.

Pharmacy Department Policy and Procedure Manual
 Joint Commission National Patient Safety Goal #5 “Improve the safety of using infusion pumps”

REVISION DATES

92, 93, 94, 95, 96, 98, 2000, 12/01, 03/02, 08/03, 12/03, 06/01/04, 06/07, 03/09, 02/12, 06/12, 4/13, 11/16, 01/17, 04/17, 10/17, 10/20, 07/22