Intravenous Medication and Fluid Preparation and Administration Policy
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Policy Statement:
St Vincent’s Private Hospital Melbourne (SVPHM) is committed to ensuring the safe preparation and administration of intravenous medication and fluid.

Prescription
All intravenous (IV) medications and fluids are prescribed by an Accredited Medical Practitioner (AMP) and comply with the Medication Ordering (including Telephone Orders) policy.

Competence
The following nursing staff are permitted to administer IV medications and fluids:

- Registered Nurses (RNs)
- Registered Midwives (RM s)
- Enrolled Nurses (ENs) working within the scope of their practice (refer to Enrolled Nurses: Scope of Practice policy) and within the limitations of this policy.

Administration of IV Medications by AMPs
AMPs may administer IV medications (e.g. vasopressors, narcotics) to patients in non-critical care areas, however, they are expected to remain present to observe the effect and manage any adverse outcomes following administration.

The AMP must document the ongoing plan for management and any increased observations required.
Enrolled Nurses and Intravenous Therapy Administration

The EN must work under the direction and supervision of a RN or RM.

ENs who are working within the scope of their practice are limited to the preparation and administration of the following agents only. Prior to the administration of the below intravenous agents, the EN must double check with a RN/RM utilizing the 9-rights of medication administration (refer to Checking and Administration of Medications Paediatric Patient inclusive).

Under the direction and supervision of a RN or RM, the ENs who are working within the scope of their practice may only administer:

- IV Antibiotics (that do not require therapeutic monitoring)
- IV Paracetamol
- The following IV antiemetics; Metoclopramide, Ondansetron, Granisetron, Tropisetron

Under the direction and supervision of a RN or RM, the ENs who are working within the scope of their practice can check and administer the following intravenous fluids:

- Normal Saline 0.9%
- 4% Dextrose and 1/5 Saline
- Hartmann’s Solution (Compound Sodium Lactate)
- 5% Dextrose (5% Glucose)

ENs are only permitted to administer medications through a peripheral IV cannula or line.

ENs working in Peri-anaesthetics encompassing Anaesthetics and Post Anaesthetic Care Unit (PACU):

Enrolled Nurses working within the scope of their practice in the Peri-anaesthetic specialty area who hold a Diploma of Nursing qualification (or equivalent) and have completed the Operating Theatre Nursing Internship at SVPHM (or equivalent) can perform extended scope of practice duties in accordance to the following skills and within the guidelines of the supporting policies:

- Priming and set up of intravenous, arterial and central venous lines
- Preparation and administration of Patient Controlled Analgesia (PCA) devices
- Preparation and administration of blood products
PROCEDURE:

Standard Precautions

- Wear appropriate personal protective equipment (PPE)

Aseptic Non Touch Technique (refer to Aseptic Non Touch Technique policy)

- Prior to preparing and administering IV medication, changing lines or changing fluids, cleanse hands according to hand hygiene recommendations
- Use a strict aseptic technique when administering IV medications, changing fluids or lines
- There is currently no evidence to support the administration of IV intermittent medication infusions. All intermittent IV therapy must therefore be administered via single use fluids and administration sets, and must be discarded after each infusion. Refer to each medication's administration guideline for type and volume of fluid.
- Ensure once the cap from the medication vial has been removed, the vial is wiped with a chlorhexidine alcohol swab and allowed to dry for 30 seconds prior to accessing.

Preparation of IV Medication / Fluids

When preparing an intravenous medication of fluid, the patient’s Medication Chart (MR 26) and Intravenous and Subcutaneous Fluid Orders chart (MR 22) must be referred to and the following must be checked by either two RNs/RMs or one RN/RM and one EN working within their scope of their practice and in accordance with the limitations of this policy.

Administration of Intravenous Medication / Fluid

- All intravenous medications are administered according to the Checking and Administration of Medications (Paediatric Patient inclusive) policy
- The administrator inspects the IV cannula site prior to administering intravenous medication to ensure patency and to ensure that there are no signs of phlebitis.

Commencement of an IV infusion

- On commencement of an IV infusion, it is the responsibility of the administrator to utilize the 9-rights of medication administration and check that the rate with which the fluid is running is consistent with the ordered rate
- If the IV infusion is not running through an infusion pump then the administrator (RN/RM or EN working within their scope of practice and the limitations of this policy) is responsible for checking the rate frequently.
**Post administration of Intravenous Medication / Fluid**

- The administering RN/RM or EN working within their scope of practice and the limitations of this policy, records the administration of the medication on the patient’s Medication Chart (MR 26), Intravenous and Subcutaneous Fluid Orders chart (MR 22) and 24 Hour Fluid Balance chart (MR 19).

**Cytotoxic Agents**

- Only RNs endorsed as competent in the administration of intravenous cytotoxic drugs may administer the same, when prescribed by an AMP and in accordance with the relevant policies.

**Burette**

- When an intravenous infusion is being infused through a burette the rate is checked as above and the burette filled every hour.

**Documentation**

- The administering RN/RM or EN working within their scope of practice and within the limitations of this policy is responsible for documenting on the 24 Hour Fluid Balance chart (MR 19) the amount of fluid infused.

**Handover**

- It is the responsibility of the RN/RM or EN working within their scope of practice and within the limitations of this policy to check the prescribed IV fluid and rate when receiving a handover of patients and at the commencement of each shift.

**Drug Additives**

It is permissible for some drug additives, in accordance with the Australian Injectable Drugs Handbook, to be added to a patient's IV cannula, tubing, burette or flask whilst an IV infusion is in progress. This occurs when:

- The additive is correctly prescribed by the relevant AMP
- Two RNs/RMs or one RN/RM and one EN working within the scope of their practice and limitations of this policy check the additive and its administration to the patient

In accordance with the national labelling guidelines, an additive label is completed and attached to the infusion set when any medication is added to an infusion. This states:

- The patient's name
- Patient identification number
- Name of the additive
- Dose of the additive
- Solution name and volume
- Signatures of both the administrator and RN/RM or EN checking the medication
- Date and time of preparation

The label is removed at completion of the current dose.

**No drugs are added to an IV flask that contains blood or other blood products, lipid solutions, mannitol or sodium bicarbonate.**

Drugs are only added to compatible IV fluid solutions which is outlined in the manufacturer's guidelines.

A filter is used in the intravenous tubing if the solution prescribed contains an additive or component that causes a precipitate. This is outlined in the manufacturer's guidelines.

**Outcome:**

Intravenous medication/fluid is prepared and administered safely to the patient.

**Standard:**

*Drugs, Poisons and Controlled Substances Act 1981*

*Drugs Poisons and Controlled Substances Regulations 2006*

*Health Services Regulations Amendment 2002*

**References:**

The Enrolled Nurse Scope of Practice: Administration of Medicines Course & Competencies, ANF (2010)


National Competency Standards for the Midwife. Nursing and Midwifery Board of Australia (2006)
Code of Ethics for Nurses in Australia. Nursing and Midwifery Board of Australia (2005)

A national framework for the development of decision-making tools for nursing and midwifery practice. Nursing and Midwifery Board of Australia (2007)

Health Training Package - Enrolled Nurse Units of Competence National Training Information Service (NTIS)


The Society of Hospital Pharmacists of Australia, July 2011, Australian Injectable Drugs Handbook

Aseptic Non Touch Technique www.antt.org.uk

Focus Area(s):

- NSQHS Standards 4. Medication Safety

Revision History:

Date Issued: 1/11/2003
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