

Nurses Initiating and Administering Intravenous Therapy in Community Settings

The use of intravenous drug administration and therapy in communities has rapidly increased and will continue to do so due to early discharge and community management to deliver seamless health care.

Community nurses are involved in the management of patients receiving intravenous therapy. This may include line insertion, administration of therapy and care of peripheral and central catheters.

The NZNO guidelines are to be used in conjunction with local policy and procedures for the giving of IV therapy in the community setting, including emergency procedures in case of anaphylaxis. In particular, NZNO recommends nurses are familiar with Intravenous Nursing New Zealand's (2012) *Provisional Infusion Therapy Standards of Practice*.

Insertion of Peripheral Intravenous Cannulae/Needles/Midlines

1. The nurse must be a Registered Nurse with a current practising certificate.
2. Appropriate education must be undertaken prior to the nurse attempting IV access. This should include:
 - anatomical location of peripheral vessels and surrounding structures;
 - appropriate equipment selection and use;
 - observation of a skilled practitioner inserting IV cannulae, needles or midlines;
 - supervised practice on patients who have given informed consent until insertion of peripheral lines is skilled;
 - the nurse should ask that the trainer signs and dates a certificate stating that the above process has been observed and the nurse is now competent at gaining IV access.
3. The IV access is authorised by a registered medical practitioner.
4. Informed consent is gained from the patient.
5. There must be a process for maintenance of competence.
6. No more than three attempts are made on any one patient.
7. The patency of the line is checked with a saline flush prior to its use.
8. Principles of asepsis and infection control procedures are followed.
9. The insertion site and any relevant points are documented on the patient's notes.

Intravenous Medications and Infusions

1. Medications/fluids are charted by a registered medical practitioner/dentist, midwife or nurse practitioner.
2. The nurse must be a Registered Nurse with a current practising certificate.
3. Education must be undertaken prior to the nurse administering IV medications/fluids. This should include:
 - equipment selection and use;
 - non-splash back technique for mixing and drawing up vials;

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- the correct administration flushing techniques for the specific IV access devices which will be used;
 - care and maintenance of the IV access devices in use.
4. The nurse agrees to accept the delegated responsibility of administering the medication/fluids.
 5. The patient is assessed, including known allergies, prior to, during and after administration of IV Therapy.
 6. Medication/fluids are checked against the prescription with another responsible person, preferably the prescriber or another health professional. If this is not possible, then the check should be with the recipient of the medication or their care provider.
 7. The nurse must be aware of the action of the medication, the usual dosages and possible adverse effects.
 8. Patency of the IV access is checked prior to, during, and after administration of medication/fluid.
 9. Principles of asepsis and infection control procedures are followed.
 10. Emergency procedures in case of anaphylaxis must be in place.
 11. A system must be implemented to monitor for adverse effects and to implement appropriate action should they occur. Monitoring may be via direct observations by the nurse or providing instruction to caregivers. This would be dependent on the drug/fluid to be administered and the setting.
 12. Equipment is disposed of safely.
 13. Following administration the drugs/fluid are to be signed as given and care is documented.

Infusion Pumps

1. Medications/fluids are charted by a registered medical practitioner, dentist, midwife or nurse practitioner with prescriptive authority.
2. The nurse must be a Registered Nurse with a current practicing certificate.
3. Education must be undertaken prior to the nurse administering medications/fluids via a mechanical pump. This should include:
 - how the pump functions;
 - the correct equipment to use with the pump;
 - priming the line;
 - change/recharging of batteries;
 - problem solving strategies for faults.
4. Principles of asepsis and infection control procedures are followed.
5. Lines are changed according to local policy and procedures.
6. The patient/carer receives instruction on the pump and knows who to contact should s/he be unable to rectify a problem.
7. Any problems are fully documented and followed-up as necessary.
8. The care provided is documented.

Reference

Intravenous Nursing New Zealand. (2012). *Provisional Infusion Therapy Standards of Practice*. Available:
http://www.ivnnz.co.nz/files/file/7672/IVNNZ_Inc_Provisional_Infusion_Therapy_Standards_of_Practice_March_2012.pdf

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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