

Administration of Intravenous Therapy (Adult Community) Policy



Title:

Administration of Intravenous Therapy (Adult Community) Policy

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Nursing and Medical staff working in a community setting

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| February – March 2023 | Clinical Nurse Manager, District Nursing Services Deputy Chief Nurse EHSCP Pharmacy: Pharmacy Team Leader, Pharmacists | v0.1-5 | New policy under development |
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Executive Summary

This policy aims to provide a framework to provide assurance of safe practice in the administration of prescribed intravenous therapy deemed appropriate to be managed outside of acute care, to patients in their own home by nurses working in a community setting. It provides assurance that practice is safe for the patient, those administering the medication and the prescriber.

This policy has been developed in partnership with NHS Lothian & HSCP management teams, Lothian community nursing services and relevant stakeholders and reflects current guidelines, training and clinical expertise. The policy details information regarding the scope, roles responsibilities and training required to support patients to receive intravenous therapy safely at home. The policy supports a person-centred approach to patient care and aims to facilitate the delivery of intravenous therapy to appropriate patients in a community setting, providing an element of choice. The policy supports the facilitation of early discharge from hospital and prevention of hospital admissions.

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1.0 Purpose

To provide a policy for all staff involved in arranging and delivering the administration of intravenous therapy to adults in their own homes, ensuring safe practice and the delivery of high quality care.

2.0 Policy statement

- 2.1 The [Transforming Roles Programme Paper 3 -The District Nursing Role in Integrated Community Teams](#) outlines the shifting balance of care from hospital to community setting pushing traditional boundaries of professional roles. This requires a different approach that enables staff to develop new and innovative ways of working to provide safe, effective, person-centred care with clinical interventions tailored to need. With this in mind, the development of a new way of working to support teams to deliver intravenous therapy at home will provide a seamless interface for patients, and reduce any boundaries for patient's place of care, preventing hospital admissions. This is further supported by the [Scottish Government's Nursing 2030 Vision](#).
- 2.2 [The Code, Nursing and Midwifery Council, 2015](#) emphasises the need to deliver care based on the best available evidence, which strongly supports the need for robust standards of practice for infusion therapy. Knowledge and skills must be kept up to date and nurses must take part in appropriate learning and practice activities to maintain and develop their competence.
- 2.3 A Standard Operating Procedure must be agreed between the relevant Community Nursing Team and the Referring Service prior to the referral of any patients.
- 2.4 Standard Operating Procedures, and staff using these, must observe the requirements for safe use of medicines within [NHS Lothian's Safe Use of Medicines Policy and Procedures](#).
- 2.5 A Standard Operating Procedure should include, as a minimum, the following:
 - A description of the referring service, and the aims of the service to be provided with the help of community nursing
 - Clear eligibility/referral criteria and details of the referral process with example documents
 - Detailed descriptions of the separate and/or joint responsibilities of the referring service and the community nursing teams
 - An agreed list of suitable medications which may be prescribed/administered
 - Detailed descriptions of the medication-related processes and documentation required e.g., prescription and administration charts, supply of medicines, storage of medicines, relevant medicine protocols and/or references for use
 - Detailed descriptions of monitoring and review arrangements, with a clear escalation pathway in the event of any patient deterioration
 - Details of communication pathways and contact details

3.0 Scope

This policy is aimed at all clinical staff that are likely to refer, provide care or review adult patients who would benefit from community intravenous therapy.

This policy has been written to ensure the below are consistently in place for each patient:

- Adult patients are suitably assessed by healthcare practitioners prior to referral for intravenous therapy in the community.
- Professional responsibilities are defined for the prescribing, preparation and administration of intravenous therapy.
- Resources and training requirements are identified for correct preparation and administration, reliable vascular access, timely treatments.
- A method of clinical review is established for each patient, ensuring suitable clinical channels, communication pathways, timely clinical reviews, monitoring, and access to clinical experts as required.

4.0 Definitions

SOP – Standard Operating Procedure; A SOP is a set of step-by-step instructions compiled to help staff carry out routine procedures aiming to achieve efficiency, quality and uniformity of performance whilst reducing any miscommunication.

NMC – Nursing and Midwifery Council; Professional regulatory body for nurses and midwives in the UK.

IV – Intravenous. Some medications must be given by an intravenous injection or infusion. This means they're sent directly into the vein using a needle or tube/catheter.

MDT – Multidisciplinary Team

5.0 Implementation roles and responsibilities

5.1 Communication and Dissemination

This policy, and associated materials, will be distributed to NHS Lothian Chief Nurses, Director of Pharmacy and Clinical Directors for cascading to relevant staff across Lothian.

To support ongoing access the policy, and associated materials, will be placed on the NHS Lothian Intranet site policy on-line.

5.2 Management Team

NHS Lothian Senior Management teams are responsible for the effective implementation of the policy in their own area of responsibility and must ensure that all staff are made aware of this policy and related SOPs.

5.3 Referring Clinical Teams

- 5.3.1 Clinical Teams who wish to refer patients to the community nursing team for intravenous therapy should ensure that an agreed SOP is in place between clinical team and community nursing team.
- 5.3.2 The charge nurse for the referring clinical team is responsible for ensuring all relevant NHS Lothian Policies are followed and that nursing staff involved in the referral process are suitably trained and familiar with the relevant SOP and the processes and responsibilities described within it.
- 5.3.3 The lead clinician for the referring clinical team is responsible for ensuring patients referred are medically stable and other medical staff involved in the referral process are suitably trained and familiar with the relevant SOP and the processes and responsibilities described within it
- 5.3.4 The lead clinical pharmacist for the referring clinical team is responsible for supporting and reviewing the medication list and the medicine-related processes alongside other members of the MDT and the relevant Community Nursing Team.

5.4 Community Nursing Teams

Community nursing teams who will undertake the preparation and administration of intravenous therapy, and the care and management of vascular access devices, will have undergone theoretical and practical training and be up to date with the following:

- intravenous therapy/medicines administration with 2-yearly competence review
- cannulation as part of NHS Lothian IV Antibiotics and Cannulation Training programme with 2-yearly competence review
- the use of equipment, including infusion equipment
- the management of vascular access devices such as PICC lines as per NHS Lothian policies and procedures
- mandatory cardio pulmonary resuscitation and immediate life support
- LearnPro and practical session, and the guidelines on the administration of IM Adrenaline
- the relevant sections of the safe use of medicines policy
- the necessary Infection control, hand hygiene and sharps disposal training

5.5 All staff

All staff will have an understanding of the following:

- Legal, professional and ethical issues
- Anatomy and physiology
- Mathematical calculations related to medications
- Pharmacology and pharmaceuticals related to reconstitution and administration
- Local and systemic complications
- Risk Management and Health & Safety

6.0 Associated materials

This document must be read in conjunction with the following documents:

- Relevant SOPs, (see section 5.3) within each service area and between clinical team and community nursing team
- SOP for the Administration of IV Antimicrobials in a community setting, [Antibiotic Guidance](#)
- [NHS Lothian Safe Use of Medicines Policy](#), approved by the Policy Approval Group, 2019
- [NHS Lothian Safe Use of Medicines Procedures](#), approved by the Medicines Policy Sub-committee, various dates
- [Practitioners authorised to administer medicines \(nhslothian.scot\)](#)
- [National Infection Prevention and Control Manual](#)
- [Clinical Sharps Devices Policy](#), approved by the Policy Approval Group, 2023
- [NHS Lothian Discharge and Transfer Policy](#), approved by the Policy Approval Group, 2022

7.0 Evidence base

[The Code, Nursing and Midwifery Council, 2015](#)

[Transforming Roles Programme Paper 3 -The District Nursing Role in Integrated Community Teams](#) , Chief Nursing Officer Directorate (CNOD), 2017 Nursing 2030 Vision, CNOD, Scottish Government, 2017

[Realistic Medicine – Shared decision making, reducing harm, waste and tackling unwarranted variation](#)

[opat-update-on-progress-in-scotland-august-2022.pdf \(sapg.scot\)](#)

[Inequitable access to an outpatient parenteral antimicrobial therapy service: linked cross-sectional study | International Journal for Equity in Health | Full Text \(biomedcentral.com\)](#)

8.0 Stakeholder consultation

The policy has been developed in conjunction with:

- District Nursing management teams
- OPAT clinic at WGH
- Hospital @ Home teams
- Pharmacy Leads

Within the following:

- Edinburgh Health and Social Care Partnership (EHSCP)
- East Lothian Health and Social Care Partnership
- West Lothian Health and Social Care Partnership
- Midlothian Health and Social Care Partnership

Consultation has been carried out with Health and Social Care Chief Nurses and pharmacy stakeholders

A draft of this policy was also placed on the NHS Lothian Consultation Zone to give all NHS Lothian staff an opportunity to provide comment/feedback.

9.0 Monitoring and review

The following arrangements will be made to audit and monitor the effectiveness of this policy and its associated materials:

- It will be the primary responsibility of clinical staff to initiate audits in their local area, to measure the impact of the policy, and associated guidance, on practice.
- NHS Lothian local policies for risk management, reporting and medicines should be followed
- Complaints will be monitored through the NHS Lothian Complaints Procedure.
- The policy will be reviewed, as a minimum, every 3 years.
- Nurses must ensure that accurate documentation is maintained at all times in accordance with [The Code, Nursing and Midwifery Council, 2015](#).