

DOCUMENTATION OF IV THERAPY



INTERNATIONAL
IV NUTRITIONAL THERAPY
GLOBAL PHYSICIAN EDUCATION

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Criteria

- Accurate
- Complete written account of what was given to the patient (order)
- Legible
- Standard abbreviations only
- Include in the chart:
 - patient's medical history, current health status, allergies, medicines

Criteria

- Consent forms
- No vacant lines
- Every entry is signed and dated
- Post IV instructions given to patient

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Purpose

- Practice Guidelines are designed to be a systematic process to improve organizational performance, a measurable tool and a statement of level of practice for the best outcome
- The goal of these guidelines is to insure desired patient outcomes with IV therapies

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Methods

- An Informational format
- Provision of directions
- Standards for prevention of contamination, and Infection control.
- Reasonable and prudent "current" care

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Derivation of Practice Guidelines

- Centers for Disease Control (CDC) and Intravenous Nursing Society (INS) Standards
- Professional Practice Regulations; Adhering to scope of practice and practicing as trained
- OSHA Regulations
- To be established by each clinic or hospital
- These are Not intended to replace professional clinical judgment in individual cases, but rather to establish patient care parameters for safe and effective patient care.

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GUIDELINES

1. Written IV order

- Patient: name and date
- Type of carrier solution and amount
- Type of medication and additions to the carrier solution
- Rate of infusion
- Route solution is given, i.e. IV
- Type of access device used: catheter, butterfly or CVAD

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2. Procedure for first time IV therapy patients:

- The prescription for intravenous therapy must be determined and/or approved by a licensed physician who is trained to perform I.V. treatments.
- Have the patient read and sign an informed consent form for I.V. therapy.
- If patient has been referred to the clinic insure that the desired IV treatment is clearly stated and that any questions or concerns are addressed with the referring doctor prior to the patient visit.
- Review patient history.

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- Perform the required physical examination and vital signs.
- Evaluate other considerations relative to IV therapy from the intake form.
- If high dose vitamin C is to be given, perform lab testing for G6PD deficiency. Do not exceed 15 grams of IV Vitamin C in treatments given prior to testing.
- **G6PD deficiency** – If the patient has G6PD deficiency avoid high doses of vitamin C in the I.V. solution. Do not exceed 5 grams, and do not administer on consecutive days. High dose I.V. vitamin C can result in a major hemolytic episode and death. Monitor patient's CBC and blood chemistries at appropriate intervals.

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• Site Prep

Current INS / CDC recommendations for IV site preparation are different than those for phlebotomy procedures. Chlorhexidine products or IPA plus Iodine are recommended for all IV procedures. Each clinic or facility is required to have a site preparation policy in place

• Iodine

- if the patient is sensitive to iodine avoid any nutrients containing iodine, and do not cleanse the venipuncture site with iodine containing antiseptics

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• Latex Allergy

- It is preferable to have a latex free clinic. Use non-latex examination gloves and tourniquets
- Document a PARQ consultation with the patient during your first consultation regarding IV therapy:
 - Procedure: Explain the procedure.
 - Alternatives: Inform of alternatives to the procedure.
 - Risks: Address risks.
 - Questions: Answer patient questions and concerns.

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Recommended care outline:

- General and IV specific history and physical examination
- Appropriate lab evaluations
- Referrals: Assessment of referral from other provider and necessity for potential referral from your facility.
- Prevention / intervention: Assessment of need for prevention of adverse events specific to the patients history and condition and intervention in the plan to address these assessments.
- Follow up evaluation: Evaluate the patient at the end of treatment and on discharge.
- Stated assessment on weekly, monthly, quarterly or yearly basis: The original plan should have treatment goals and intervals for follow up assessment.
- Therapeutic options: Address other options (additional to the original plan) as the need arises.
- Self management education: Assure that patient follow up instruction is given and patient care at home is addressed

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Physician notes

- Site of IV
- Type and size of catheter or needle used
 - #23 gauge butterfly needle
 - #24 angiocath or OTN catheter

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Physician notes

- Type and amount of fluid infused
 - 1000cc D5W
 - 500cc LR
 - 500cc Sterile H₂O
 - 500cc 0.9 normal saline (NS)
 - 500cc 0.45 saline (half-normal saline)

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Physician notes

- Additives to solutions or protocol used:
 - Ca Gluconate 100mg/ml, 2cc
 - HCL 2% (1:500) solution, 5cc
 - Vit C 500 mg/ml, 10cc

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Physician notes

- Duration of IV
 - a. Time started and stopped
- Vital signs before, during and after IV
- Drip rate of IV and any changes in rate during treatment
- Documentation of when you checked patient during course of infusion

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Physician notes

- Discontinuation of IV
- Time
- Status of patient
- Status of cannula tip – must be intact

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Physician notes

- Patient status after IV and at time of leaving clinic

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Errors in IV and Medication Administration

- Wrong medication given
- Wrong dose given
- IV flow rate error
- Equipment defect

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Prevention of Errors

- Read all labels before injecting medications **THREE TIMES**
- First: before injecting into IV bag, bottle or syringe
- Second: compare the patient to the medication
- Third: after mixing the medication and before giving it to the patient

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Prevention of Errors

- Check all equipment **BEFORE** usage, i.e., catheter tips, IV solution for clarity
- (Precipitation), drip chamber, expiration dates

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SAMPLE CHARTING

- **Example 1 - Example of Complete Charting**
- 11/22/99
- 1:00PM(1300) B/P 134/82 P 72 R 16
- #24 Angiocath inserted into L cephalic v.
- 500cc sterile water/5cc 8.5% sodium bicarb. with Vit C 500 mg 10cc; B complex 1cc
- B6 2cc, B5 2cc, B12(hydroxyc.) 2cc, selenium 100mcg 1cc, Mg Sulf. 500mg 4cc, zinc sulf. 10mg 2cc,
- rate of 166gtt/hr.
- 4:00PM(1600) IV infused; catheter d/c intact
- No L arm edema, rubra or ecchymosis
- Pt. tolerated procedure well d/c from clinic in stable condition
- Instructions for after care given
- B/P 140/86 P 80 R 18

Signature

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Example 2 Example of incomplete charting

- 2/18/01
- 2:00PM(1400) B/P 100/60 P 66 R 12
- IV bolus given over 20 min. 1cc/min
- 30cc: 3 cc 8.5 % Sodium Bicarbonate , with Meyers cocktail via #23 butterfly to L dorsal hand vein
- Pt. complained of mild burning at IV site otherwise tol IV well
- IV d/c intact
- VS post IV 120.62 P 72 R 16
- Post IV instructions given

Signature

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**Chart like it
may one day
be read aloud
in a
deposition.**

