Family Nursing & Home Care

Standard Operating Procedures

for use of intravenous medicines in the Rapid Response and Reablement Team

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Document Profile

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Version control / changes made

Date	Version	Summary of changes made	Author
November 2019	1	Removed from the IV Administration Policy to a stand-alone SOP	Allison Mills
September 2022	1.1	SOP3: Scope amended to include pre-registration student nurses, encompassing revised scope of practice for pre-registration student nurses, as per the Nursing and Midwifery Council “Future Nurse: Standard of proficiency for registered nurses” (2018).	Mo de Gruchy

Contents

Introduction

These Standard Operating Procedures clarify how referrals are made to the Rapid Response and Reablement Team, what criteria needs to be met before a patient is taken on to caseload, supplies of medication and consumables and the documentation required for all patients on caseload. They should be used in conjunction with FNHC Injectable Medicines Policy for Adults (2019).

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SOP 1 Referrals to the RRRT for intravenous therapy

Purpose

To ensure patients are correctly referred for IV therapy by:

- the discharging hospital doctor or nurse
- the patient's own GP
- any other professional person e.g. Community Mental Health Nurse

Scope

All patients referred to the RRRT for IV therapy in their own homes or in an out of hospital setting. Facilitation of early discharge from the acute hospital setting or the prevention of hospital admission.

Core Requirements

Patients who have been referred for acute community IV therapy will need to have a thorough and comprehensive nursing assessment to assess their suitability for admission to the clinical caseload. This assessment will be provided by the RRRT prior to the patient being accepted on to the caseload.

Acute referrals should be assessed for suitability within two hours from time of referral.

Considerations

- Where IV therapy is requested there must be a reliable diagnosis and it should be clearly indicated that the need for IV therapy is recommended rather than the oral route.
- Patients must understand the implications of the treatment and be able to give informed consent.
- For antimicrobial medications these should be changed to oral therapy at the earliest opportunity.
- There must be a completion date or a review date on the initial referral documentation.

- The Prescription chart or Medication Authorisation Record should be legible, clear, unambiguous and complete.
- A clear documented management plan must be available indicating diagnosis, medication, length of treatment and any continuing investigations e.g. repeat bloods.
- If no recent blood results are available, baseline bloods should be obtained on admission to the caseload and where clinically indicated on discharge from the caseload.
- During IV therapy blood monitoring must be obtained weekly or earlier if clinically indicated.
- Commonly accepted conditions for IV therapy in the community include; soft tissue and skin infections, joint infections, osteomyelitis, urinary tract infections, chest infections, bronchiectasis, diabetic foot ulcers. Other conditions may be accepted following risk assessment of both the medication and the condition.
- Evidence based care pathways will be used to guide all practitioners where available. If concerns are raised regarding IV therapy RRRT will liaise with Dr Muscat.
- The treatment must be appropriate and manageable in the community setting.
- The home environment must be suitable. There should be running water, access to a telephone and support in an emergency.
- The patient must be able to understand and comply with the treatment regime.
- They must be available at the recommended dosing times so that doses are not missed inappropriately. Doses that are missed should be documented in the patient's records and an Assure completed. Action should be taken to prevent reoccurrence.
- Patients discharged from hospital should have the appropriate Vascular Access Device in place prior to discharge.
- **All referrals for antimicrobial therapy need to consider the current local antimicrobial guidelines. If in doubt the referrer will need to discuss the treatment plan with Dr Ivan Muscat or in his absence advice should be sought from the locum microbiologist.**

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SOP 2 Medications and consumables

Purpose

To ensure IV medications and consumables that are required for treatment plan are obtained correctly.

Scope

All patients referred to RRRT where a prescription for IV therapy has been issued.

Core Requirements

- For patients discharged from hospital all drugs, diluents, flushes and any infusion fluids must be supplied by the hospital pharmacy and given to patient to take home with them.
- Patients that are referred from their GP practice should collect their own prescription from their local pharmacy or arrange for a family member to collect on their behalf.
- In some cases, prescriptions may be faxed to the pharmacy and the RRRT can collect on behalf of the patient, this should only be done in exceptional circumstances when the commencement of treatment is time critical.
- On occasion medications not available in a community pharmacy will be obtained from JGH pharmacy by RRRT.
- If treatment is extended or changed it is the responsibility of the referring doctor or Non-Medical Prescriber (NMP) within RRRT to provide further supplies of medication.
- Consumables for all referred patients requiring IV therapy will be provided by the RRRT free of charge for the duration of treatment.
- Consumables will include but not limited to:
    - Sharps disposal container
    - Dressing pack
    - 10ml/20ml syringes
    - Blunt filter needles
    - 21g green needles
    - Gravity giving sets

- Single lumen IV extension set
- Clinell 2% disinfectant wipes

- It is the patient's responsibility to arrange the disposal of any remaining medication by returning it to a community pharmacist. Community nurses do not generally arrange disposal of patient's own medicine as the prescribed drugs belong to the patient.
- The RRRT will remove any surplus consumables and the sharps disposal container when treatment is completed.

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SOP 3 Documentation

Purpose

To ensure adherence to local policy for record keeping.

Scope

All registered practitioners, pre-registration student nurses and support staff involved in the referral process and management of the patient whilst on the RRRT caseload receiving IV therapy.

Core Requirements

An audit form must be completed as soon as a referral to the RRRT is made. This form should contain referring contact details, date/time and diagnosis and should be continually updated as the patient moves through the service levels until discharge.

Paper notes should contain but not limited to:

- Patient demographics
- Audit form
- Prescription chart – should be legible, clear, unambiguous and complete.
- National Early Warning Score (NEWS) – should be completed on initial assessment and at each visit as per the care plan.
- Peripheral Vascular Access Device (PVAD) / midline which should be completed by the clinician who inserted device.
- Visual Infusion Phlebitis (VIP) score must be completed for every treatment.
- Venous Thromboembolism (VTE)