Family Nursing & Home Care

Injectable Medicines Policy for Adults

August 2023

Document Profile

Document Registration	Added following ratification
Type	Policy
Title	Injectable Medicines Policy For Adults
Author	Updated by Mo de Gruchy, Governance Team
Category	Clinical
Description	A policy to set the standards for safe and effective best practice reducing the risk associated with injectable medicines.
Approval Route	Organisational Governance Approval Group (OGAG) and Chief Executive Officer (CEO)
Approved by	Organisational Governance Approval Group (OGAG) and Chief Executive Officer (CEO)
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Review date	3 years from approval
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
October 2019	2	Originally the Intravenous Medication Policy Updated to show title change. Updated to include Intramuscular and Subcutaneous injections. Updated to include student nurses and healthcare support workers.	Allison Mills

		Removal of referral process to RRRT – hyperlink inserted Removal of district nursing team ordering of consumables - hyperlink inserted.	
September 2022	2.1	2.4.2: Amended to encompass 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
July 2023	3	Whole document review. Minor revision of role titles and responsibilities. Hyperlink function removed from referred-to policies/ Standard Operating Procedures (SOPs). Midline care bundle added as appendix. Reference list checked and updated as necessary.	Mo de Gruchy

CONTENTS

1. INTRODUCTION

The use of injectable medication has many healthcare benefits for patients. The complexities associated with prescribing, preparing and administering injectable medicines means that there are greater potential risks for patients in comparison to other routes of administration.

The NPSA Alert 20 'Promoting safer use of injectable medicines' (2007) requires healthcare organisations to implement Standard Operating Procedures (SOPs) covering all aspects of the handling of injectable medicines. The procedures in this policy are to be followed by staff and should be read alongside the Royal Marsden Hospital clinical nursing procedures (available on the MyStates intranet). The RCN 'Standards for Infusion Therapy' 4th Edition (2016) are incorporated within elements of this document to promote best practice.

1.1 Rationale

This policy provides a framework that promotes the principles of the NPSA Alert 20 with the aim of reducing the risks to patients of injectable medicine use within FNHC.

1.2 Scope

This policy extends to all Registered Nurses and to all clinical support staff required to carry out the administration of an injectable medicine as part of their role. It covers the risk assessment, prescribing, preparation and administration of all injectable medicines to adults requiring medication via an injectable route (see Section 2 – Policy re applicability for children and young people).

Injectable routes covered in this policy are:

- intramuscular
- subcutaneous
- intravenous

Injectable medicines **not** covered within this policy are:

- intrathecal
- epidural
- other routes such as intra-arterial, intraventricular, intravitreal, intrapleural and intraocular

It is expected that all members of the multidisciplinary team who may be involved in any part of the medicines trail within the administration of injectable medicines familiarise themselves with the content.

1.3 Role and Responsibilities

Chief Executive Officer (CEO)

The CEO has overall responsibility for ensuring that:

- the requirements for using this policy are met and that adequate resources are made available to meet these requirements
- arrangements are in place for safe administration of injectable medicines
- any system in place is the subject of periodic review by management

Director of Governance and Care

The Director of Governance and Care has overall responsibility for:

- monitoring the effectiveness of policies, systems and procedures regarding administration of injectable medicines
- monitoring relevant incidents recorded through the incident reporting system (Assure) and report monthly figures at the Operational Governance Meetings
- providing post-incident support when required
- providing reports and trend analysis regarding incidents involving administration of injectable medicines
- ensuring that training is delivered and monitored with records of attendance continually updated
- reporting levels of non-compliance at the Operational Governance meetings

Line Managers/Team Leaders

Those in charge of clinical areas / Line Managers / Team Leaders have a responsibility to ensure that all staff are aware of this policy and to encourage and monitor compliance with it and its related guidelines, protocols and procedures.

Registered Nurses

Each registered nurse is responsible for:

- promoting and safeguarding the interests and wellbeing of patients and clients
- ensuring that no action or omission on their part, or within their sphere of responsibility, is detrimental to the interests, condition or safety of patients and clients
- acknowledging any limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe manner
- reading, understanding and following this policy and the associated SOPs
- completing appropriate training to carry out the procedures

- ensuring maintenance of work competencies to undertake the prescribing, preparation, administration and monitoring of injectable medicines as appropriate to role
- consulting with another registered nurse with appropriate competence for an independent check, where complex calculations are required (recognising that this check may need to be undertaken externally/off-site/remotely)
- decisions to delegate tasks and duties to other people
- avoiding any improper delegation to others, which compromises the interests, wellbeing or safety of patients and clients

Non-registered clinical support staff

Non-registered clinical support staff are responsible for:

- working within the framework of delegation (please refer to SOP Delegation of Nursing Tasks to Non-Registrants by District Nursing Teams)
- undertaking the specified training and competency assessment for the specific medicine-related task(s) to be performed
- only administering specified injectable medicines by delegation, after receiving specified training and a competency assessment at local level in relation to the task performed
- remaining under direct supervision of a registered nurse while competency is being assessed

All staff are responsible for reporting 'near misses' and clinical incidents regarding the prescribing, dispensing and administration of medicines via the incident reporting system ASSURE. Report all potential adverse incidents in line with the FNHC incident reporting procedure.

Student nurses

Student nurses who are undertaking part of their training with FNHC must be given every opportunity to become proficient in medicines-related activities under appropriate supervision (NMC 2018).

When supervising a student in the administration of injectable medicines, the same principles regarding delegation and accountability apply. Registrants must clearly countersign the student's signature in the patient's nursing record. Student nurses will remain under the direct and constant supervision of a registered nurse.

Student Nurses cannot supply or administer medicines under a Patient Group Direction (PGD).

2. POLICY

Injectable medicines should be prescribed, prepared, administered and monitored only by healthcare staff that understand the risks involved, have been trained to use safe procedures, and have demonstrated their competence for the task.

Please refer to the following Standard Operating Procedures for guidance:

- SOP Use of injectable medicines in the Rapid Response and Reablement Team
- SOP Obtaining consumables for the administration of IV antibiotics by the District Nursing Team
- SOP Preparation of Injectable Medicines

This policy may be used to guide the healthcare practitioner when an injectable medicine is required for young adults and children, however please note this policy applies to adults and therefore further advice on dosing, flow rates etc. should be sought from the patient's consultant or pharmacist.

This policy is a supplement to the current version FNHC Medicines Policy and is to be read in conjunction with that policy. All registered practitioners administering injectable medicines should draw their attention to the Critical Medicines List (Medicines Policy Appendix 4) when risk assessing the patient for the prescribed treatment.

All aspects of the handling and administration of injectable medicines are safe and in accordance with good practice, including; -

- injectable medicines are prescribed correctly and appropriately
- injectable medicines are accurately, appropriately and safely prepared
- injectable medicines are accurately, appropriately and safely administered
- patients receiving injectable medicines are appropriately monitored
- incidents and errors involving injectable medicines are minimised
- infection prevention and control (IPAC) measures should be taken to reduce the risks associated with injectable medicines, please refer to relevant policies

All registered nurses who administer intravenous antibiotics must carry adrenaline.

Although not professionally registered, clinical support staff are required to meet the same standard of practice as any competent professional within the agreed scope of their role.

2.1 Risk assessment

All registered staff must undertake a risk assessment of the patient and the environment prior to any injectable medicine being administered. If any concerns are raised this should be discussed with the nurse in charge or the medical practitioner overseeing the care of the patient before administering medication.

2.2 Prescribing

Prescribing can only be undertaken by healthcare professionals who are registered to perform this skill. Non-medical prescribers must only prescribe within their scope of competence (refer to the local Non-medical Prescribing Policy). All clinicians involved in the administration of injectable medicines **must** check that all medications have been prescribed (unless being administered using a Patient Group Direction) and that there is access to valid authorisation to medicate recorded by the prescriber.

2.3 Monitoring

For all patients receiving an injectable medicine where appropriate weekly blood samples must be taken, a care / management plan must be in the patient's EMIS record that details:

- who has responsibility for taking bloods
- who has responsibility for checking results
- an agreed escalation plan

2.4 Training and other requirements

Injectable medicines may only be administered by healthcare professionals who have the necessary knowledge and skills in preparation, administration and monitoring and who feel competent and confident in this practice (RCN 2016).

All healthcare professionals, where relevant, must annually complete Basic Life Support (BLS) and Anaphylaxis training.

All individuals involved in any aspect of injectable medicines have a responsibility to acquire and maintain the necessary knowledge and clinical skills, both theoretical and practical (RCN 2016). Training and education are provided to all community staff within the organisation by experienced practitioners.

All healthcare staff involved with medicines should undertake continuing professional development, which is aligned to clinical governance requirements and professional guidance, to ensure that their knowledge is up to date. This should form part of each individual's professional development plan.

It is the responsibility of individual nurses and support workers to maintain and update their knowledge and skills.

All training undertaken for the administration of injectable medicines must be recorded by the Education and Training Department

The administration of injectable medicines can only be delegated to non-registrants holding a Level 3 NVQ/QCF/RQF qualification (or equivalent) in medication management. For guidance on delegation, registered practitioners should refer to the SOP Delegation of Nursing Tasks to Non-Registrants by District Nursing Teams.

2.4.1 Bank registered nurses

Registered nurses who have undertaken relevant training within other health organisations may also be able to administer these injectable medicines providing

they can show evidence both practically and theoretically to the relevant clinical lead. Copies of certificates will be required and forwarded to the Education and Development Department.

2.4.2 Student nurses

Student nurses who are undertaking part of their training with FNHC must be given every opportunity to become proficient in medicines related activities under appropriate supervision (NMC 2018).

During each practice placement mentors should assess the student's proficiency in the administration of medicines in accordance with the expectations stated in their Assessment of Practice Portfolio and Skills Passport. Students must never administer or supply medication without **direct continuous supervision**.

Student nurses may observe and administer medicines, including administration of medicines via subcutaneous, intramuscular, intradermal and intravenous routes, under the **direct and constant supervision** of a registered nurse (NMC 2018).

Students **may not** participate in the preparation and administration of medication given by any other route that requires a Registered Nurse to undertake further education and training

2.5 Infection Prevention and Control

All staff undertaking any procedure should follow local and national guidelines and be up to date with mandatory training in relation to Infection Prevention and Control. FNHC policies of particular relevance to injectable medicines include (but are not limited to):

- Hand Hygiene and the use of Personal Protective Equipment Policy and Procedures
- Aseptic Non-Touch Technique Policy
- Waste Management Policy
- Sharps Safety Policy
- Sharps Injury and / or Blood or Body Fluids Exposure Procedure

2.6 Preparation and Administration

Before beginning preparation, staff must be completely satisfied with the prescription, ensuring it is clear, unambiguous and appropriate for the patient's age and condition. They should have access to essential information about the product and processes needed for safe preparation and administration. Technical information is available on desktops via MEDUSA (Injectable Medicines Guide). If there are any concerns they should contact the medical prescriber who completed the prescription for clarification prior to preparing the medication.

Practitioners who prescribe or administer medicines are fully responsible for their actions and exercise their own professional judgement at all times (FNHC Medicines Policy; FNHC Non-Medical Prescribing Policy).

All practitioners should observe standard infection control precautions in particular hand hygiene, wearing of protective clothing and the disposal of sharps and other waste.

Aseptic non-touch technique should be used during preparation and administration.

If more than one injectable medicine needs to be prepared then each one must be prepared and administered before another one is made.

Injectable medicines should always be administered immediately after preparation.

Practitioners administering injectable medicines should have appropriate knowledge and understanding of the medicine to be administered, including;

- indications for use
- recommended therapeutic dose and frequency
- methods of preparation
- rate of administration
- contra-indications
- side effects and potential adverse reactions
- appropriate emergency interventions, in particular the management of anaphylaxis
- any special monitoring or health and safety requirement

Prior to each administration the nurse must check the:

- patient consents (verbal consent) to treatment and confirms that they understand what treatment is to be given
- patients name and date of birth
- medicine name, form and strength
- dose to be given
- route of administration
- time and date of administration
- expiry date of any medicines, diluents, flushes and infusion fluids if applicable
- method and rate of administration
- medicines are free from particles, contamination and faults
- any known allergies/previous reaction
- patient's cannula site before giving intravenous (IV) medication

If the visual infusion phlebitis (VIP) score is 2 or more the cannula must not be used but removed and replaced. The VIP score (Appendix 1 and 2) must be documented for each dose of IV medication (RCN 2016; RPS 2019).

The practitioner is responsible for evaluating and monitoring the effectiveness of the prescribed medicine, documenting the patient's response, any adverse events and interventions.

Any suspected Adverse Drug Reaction (ADR) should be reported to the Medicines and Healthcare Regulatory Agency (MHRA) via the yellow card scheme. Yellow Card | Making medicines and medical devices safer (mhra.gov.uk).

All practitioners are responsible for reporting 'near misses' and clinical incidents regarding the prescribing, dispensing and administration of medicines via the FNHC incident reporting system ASSURE.

2.7 Storage and Disposal

Injectable medicines should be stored correctly as directed by the packaging e.g. in a cool dry place.

Store all equipment (consumables) in a clean area.

Dispose of all needles and glass vials in a sharps box, don't fill the sharps box more than 2/3 full.

Remove sharps box when treatment complete.

Used syringes, saline plastic bottles/bags and extension sets can be placed in ordinary bins, remove spike from giving set and dispose in sharps box.

2.8 Documentation

As well as electronic documentation, paper notes will include, where applicable, but not limited to:

- patient demographics
- prescription chart/medication record & authorisation sheet
- national early warning score (NEWS)
- care bundle including visual infusion phlebitis (VIP) score (peripheral vascular access device / midline vascular access device)
- venous thromboembolism (VTE)

The person administering the medicine should personally make a record of administration as soon as possible after the event. Batch number and expiry dates must be documented.

All clinical staff, where applicable, should complete their essential training in documentation. For further guidance on record keeping please refer to the FNHC Record Keeping Policy.

2.9 Patient Self-Administration of Injectable Medicines

Where appropriate, patients may be trained to self-administer injectable medicines. Family carers may also be trained to administer injectable medicines to the patient. In such cases the patient / carer should be assessed as suitable

to undertake this, trained and competency assessed in the relevant methods of preparation, administration and monitoring.

2.10 Care / Support Workers administration of Injectable Medicines

Registered Nurses are responsible for delegating care appropriately in accordance with their professional code, this policy and other relevant organisational policies and procedures. Guidance should be sought from the FNHC Personal Care and Clinical Tasks in Adult Social Care Policy and Procedures.

2.11 Consent

Informed consent must be obtained prior to any procedure being performed. Every adult has the right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. Please refer to the current FNHC Consent to Treatment and Care Policy for further guidance. For detailed guidance on capacity, please refer directly to the Capacity and Self Determination (Jersey) 2016 Code of Practice.

3. PROCEDURE

Please follow the Preparation of Injectable Medicines SOP for step by step guidance. Intramuscular and subcutaneous injections sites are as shown in Appendix 2.

Further information and guidance of evidence based procedures for intravenous, intramuscular and subcutaneous injections is available at www.clinicalskills.net or the Royal Marsden online manual.

Guidance on bolus, intermittent and continuous infusions can also be accessed via www.clinicalskills.net and the Royal Marsden online manual.

For syringe driver guidance please refer to the FNHC Palliative Care: Syringe Pump Policy.

4. GLOSSARY

Administer

To give to a patient a medicinal product, dressing or medical device, either by introduction into the body, either orally or by injection, etc., or by external application (e.g. application of an ointment or dressing).

Aseptic technique (Aseptic non-touch technique, ANTT)

A technique used during a procedure to minimise the risk of microbial contamination of an invasive device.

'Authorisation to medicate' chart

Written authorisation to administer prescribed medicines, ideally this should be on the approved FNHC documentation however FNHC acknowledges that other

forms of written authorisation may be used e.g. hospital medication chart, written instruction in the patient's care record

Bolus (push)

Administration from a syringe of a single dose of a sterile solution directly into a tissue, organ or vein, over a short period of time usually, between 30 seconds and 10 minutes.

Cannula

A thin tube inserted into a vein or body cavity to administer medication

Diluent

Any sterile injection solution, such as water for injection or sodium chloride 0.9%, commonly used to dissolve (reconstitute) or dilute a medicine immediately before administration.

Extravasation

Leakage of drug or IV fluid from veins or inadvertent administration into subcutaneous or subdermal tissue. Can cause tissue necrosis.

Flush, flushing solution

A sterile solution of diluent such as sodium chloride injection 0.9%, used to purge (flush) access devices e.g. cannulae before and/or after injection of a medicine or between injections of different medicines.

Hazard, risk

Any factor, such as a difficult procedure or a complex calculation, with the potential to cause harm if carried out incorrectly.

Infusion

Administration, from a syringe, or other rigid or collapsible container e.g. plastic bag, of a volume of sterile solution of an injectable medicine directly into a tissue, organ, vein or artery, at a constant rate, under gravity or by means of an electronic or mechanical pump or other means of rate control, over a defined period usually of at least 10 minutes.

Intravenous (IV)

Medicines that are administered directly into a vein.

Intramuscular (IM)

Medicines that are given by needle into the muscle.

Medication error

Any preventable event that may cause or lead to inappropriate medication use and/or patient harm while the medication is in the control of the healthcare professional, patient or carer.

Medicine

Any substance or combination of substances presented for treating or preventing disease. Any substance or combination of substances, which may be administered with a view to making a medical diagnosis or restoring, correcting or modifying or maintaining physiological or psychological functions.

Non-Medical Prescriber (NMP)

NMPs are nurses, therapists, optometrists, physiotherapists, podiatrists and radiographers or pharmacists who have satisfactorily completed the supplementary and independent prescribing course.

Parenteral

Administered by any route other than the alimentary canal, for example by intravenous, subcutaneous or intramuscular routes.

Prescribe

To order in writing (or electronically) the supply of a medicinal product.

Prescriber

A healthcare professional that is legally authorised to prescribe a medicinal product, including medical and non-medical prescribers.

Prescription

An order for the dispensing of a medicinal product. The order is presented to a professional who is legally authorised to dispense.

Standard Operating Procedure (SOP)

Step by step instructions to assist staff carry out complex routine activities

Subcutaneous

Medicines injected into the subcutaneous fat layer under the skin

5. CONSULTATION PROCESS

Name	Title	Consultation Date
Justine Le Bon Bell	Head of Education and Development	27.06.2023
Clare Stewart	Operational Lead RRRT	27.06.2023
Louise Hamilton	Team Lead RRRT	27.06.2023
Tia Hall	Operational Lead Adult Services	27.06.2023
Jo Champion	Team Lead DN Services	27.06.2023
Michelle Margetts	Team Lead DN Services	27.06.2023

6 IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Upload onto Procedural Document Library (PDL)	Secretary / Administration Assistant (Quality and Governance Team)	Within two weeks of ratification
Upload to Virtual College (VC)	Head of Education and Development	Within two weeks of ratification
Communication regarding updated policy on PDL and VC	Secretary / Administration Assistant (Quality and Governance Team)	Once uploaded onto PDL and VC

7 MONITORING COMPLIANCE

Compliance with this policy is the responsibility of all registered practitioners administering injectable medicines. Incidents involving injectable medicines will be reviewed by the Governance Team.

8 EQUALITY IMPACT STATEMENT

A statement to show that the document does not discriminate against disadvantaged or vulnerable people

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate

- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times. See appendix 3 for the Equality Impact Assessment for this policy.

9 REFERENCES

National Patient Safety Agency (2007) *Patient safety alert 20: Promoting safer use if injectable medicines.* Available at: [ARCHIVED CONTENT] Promoting safer use of injectable medicines (nationalarchives.gov.uk) (Last accessed 21.06.2023)

Nursing and Midwifery Council (2018) *Future Nurse: Standards of proficiency for registered nurses.* Available at*:* future-nurse-proficiencies.pdf (nmc.org.uk) Last accessed 22.09.2022

Royal College of Nursing. (2016). *Standards for Infusion Therapy 4th Edition.* Available: https://www.rcn.org.uk/professional-development/publications/pub005704.(Last accessed 21.06.2023)

Royal Pharmaceutical Society (2019) *Professional Guidance on the Administration of Medicines in Healthcare Settings.* Available at: https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20pro f%20guidance.pdf?ver=2019-01-23-145026-567 (Last accessed 12.06.2023)

10 APPENDIX

Appendix 1 Peripheral Vascular Access Device Care Bundle

Please Complete or Affix Addressograph

Surname:

Forename:

Date of Birth:

URN:

PVAD

States of Jersey

Name / Designation: ....

Signature: ....

Date and Time: ....

Ward / Area: ....

PERIPHERAL VASCULAR ACCESS DEVICE (PVAD) CARE BUNDLE - ADULT

PART 1 FOR IN-PATIENT USE ONLY (PVAD's likely to stay in for >24 hours)

PVAD Sites:

Indicate:	1	2
Left	☐	☐
Right	☐	☐
Hand	☐	☐
Forearm	☐	☐
Foot	☐	☐
Other		

PVAD size:

Indicate:	1	2	
24G	☐	☐	(Yellow) - Paeds
22G	☐	☐	(Blue)
20G	☐	☐	(Pink)
18G	☐	☐	(Green)
16G	☐	☐	(Grey)
14G	☐	☐	(Orange)

PVAD insertion - safety	Tick box on completion		Signature	
Cannula sited by ambulance personnel? YES ☐ NO ☐	PVAD 1	PVAD 2	1	2
2% Chlorhexidine / 70 % Isopropyl alcohol used for skin preparation				
Aseptic technique practiced				
Semi-permeable dressing applied with date documented on it				
Peripheral line flushed to ensure patency				

Transferred to ward 1:- Transferred to ward 2:-

Ensure Hand Hygiene prior to accessing device. Clean hub for at least 15 seconds with 2% Chlorhexidine wipe

PART 2 OBSERVATIONS OF PVAD - DAILY CHECKS

Date:	Required?	Dressing	V.I.P. score	Flush	Action	Signature
PVAD 1						
PVAD 2						
Date:	**Required?**	**Dressing**	**V.I.P. score**	**Flush**	**Action**	**Signature**
PVAD 1						
PVAD 2						
Date:	**Required?**	**Dressing**	**V.I.P. score**	**Flush**	**Action**	**Signature**
PVAD 1						
PVAD 2						
Date:	**Required?**	**Dressing**	**V.I.P. score**	**Flush**	**Action**	**Signature**
PVAD 1						
PVAD 2						

V.I.P. Score (Visual Infusion Phlebitis Score)

Observation	Score	Action
I.V. site appears healthy	0	No signs of phlebitis ☐ OBSERVE CANNULA
ONE of the following is evident: Slight pain near I.V. site or slight redness near I.V. site	1	Possible first signs of phlebitis ☐ OBSERVE CANNULA
TWO of the following are evident: Pain near I.V. site, Erythema, Swelling	2	Early stage of phlebitis ☐ RESITE CANNULA
ALL of the following are evident: Pain along path of cannula, Erythema, Induration	3	Medium stage of phlebitis ☐ RESITE CANNULA ☐ CONSIDER TREATMENT
ALL of the following are evident: Pain along path of cannula, Erythema, Induration, Palpable venous cord	4	Advanced stage of phlebitis or start of thrombophlebitis ☐ RESITE CANNULA ☐ CONSIDER TREATMENT
ALL of the following are evident: Pain along path of cannula, Erythema, Induration, Palpable venous cord, Pyrexia	5	Advanced stage of thrombophlebitis ☐ INITIATE TREATMENT ☐ RESITE CANNULA

PART 3 PVAD Removal - Remove if V.I.P. score 2 or above or is no longer needed

PVAD 1	Date:	Removed by:
PVAD 2	Date:	Removed by:

H&SS GB, PLS & GW *Adapted from the North West London Hospitals* STA 58644

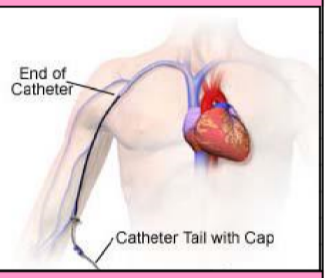
Appendix 2 Midline Vascular Access Device Care Bundle

Please complete or affix addressograph		Mid-Line care bundle	Family Nursing & Home Care
Surname		Name/Designation	.....
Forename		Signature	.....
Address		Date/Time	.....
Date of birth		Team	.....
URN No			

Mid-line vascular access device (MLVAD) care bundle - adults

Part 1 MID-LINE INSERTION	Tick	Signature
Hands decontaminated		
2% Chlorhexidine / 70% Isopropyl alcohol 1.5ml used for skin prep (ChloraPrep)		
Aseptic technique practiced		
Device secured and clear view dressing applied		
Line fushed with 0.9% Sodium chloride to ensure patency		
	Tick	Signature
Draw on the diagram were the insertion point is and where the Mid-line ends		

Document points below	
Length of catheter	
Guage of catheter	
Brand of catheter	
Catheter Lot Number	
Local anaesthetic used	YES / NO
Number of insertion attempts	
Insertion complications?	



Part 2 on back of sheet

V.I.P. Score (Visual infusion phlebitis score)

	Score	
I.V.Site appears healthy	0	No sign of phlebitis OBSERVE CANNULA
One of the following is evident: Slight pain near the i.v. site or slight redness near the i.v. site	1	Possible first sign of phlebitis OBSERVE CANNULA
Two of the following are evident: • Pain near i.v. site • Erythema • Swelling	2	Early stage of phlebitis RESITE CANNULA
All of the following are evident: • Pain along path of cannula • Erythema • Induration	3	Medium stage of phlebitis RESITE CANNULA + CONSIDER TREATMENT
All of the following are evident: • Pain along path of cannula • Erythema • Induration • Palpable venous cord	4	Advanced stage of phlebitis or start of thrombophlebitis RESITE CANNULA + CONSIDER TREATMENT
All of the following are evident & extensive • Pain along path of cannula • Erythema • Induration • Palpable venous cord • Pyrexia	5	Advanced stage of thromboplebitis INITIATE TREATMENT + RESITE CANNULA

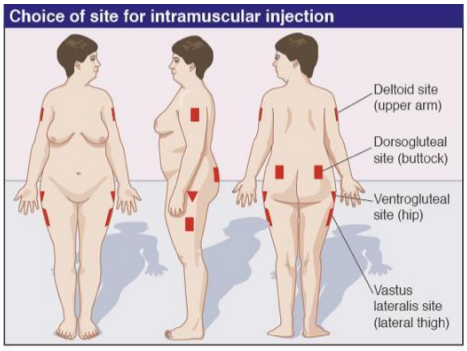
Part 3 MLVAD Removal - Remove if V.I.P. score 2 or above or is no longer needed

MLVAD	Date:	Removed by:

Part 2 Oservations of MLVAD - Daily checks							
Ensure hand hygeine prior to accessing device. Clean hub for at least 15 seconds with Clinel wipe							
Date Day 1:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
24 hour post insertion dressing check - change if not clean and intact							
Date Day 2:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 3:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 4:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 5:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 6:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Day 7							
Date:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Change Griplock securing device if used							
On changing cleanse insertion site with CloraPrep and allow to dry							
Change Clear View dressing							
Change needle free access device (connector bung)							
Date Day 8:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 9:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 10:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 11:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 12:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Date Day 13:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Day 14							
Date Day 14:	Required?	Dressing	Insertion VIP Score	End VIP Score	Flush	Action	Signature
MLVAD							
Change Griplock securing device if used							
On changing, cleanse insertion site with ChloraPrep and allow to dry							
Change Clear View dressing							
Change needle free access device (connector bung)							
Ensure Griplock device / Clear View dressing / needle free access device changed every 7 days							

Appendix 3 Injection Sites

Intramuscular Injection

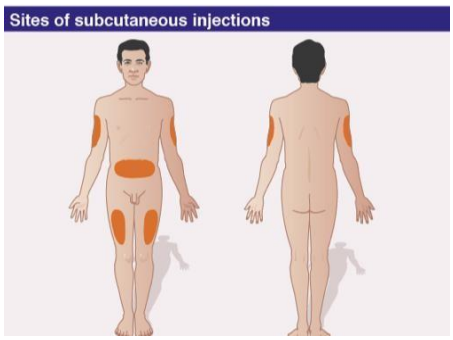


Adapted from Clinical Skills.net

The four sites commonly used for intramuscular injection are the deltoid muscle, the ventrogluteal muscle, the vastus lateralis muscle and the dorsogluteal muscle. The registered nurse should use their clinical judgement, incorporating evidence-based practice, to select an appropriate site and should consider inherent risks, e.g., sciatic nerve damage is a recognised complication of IM injection at the dorsogluteal site (Shepherd, 2018; Greenway, 2014).

The viscosity of the medication, the volume of medication to be injected and the amount of subcutaneous tissue at the injection site will all influence site selection.

Subcutaneous Injection



Adapted from Clinical Skills.net

Appropriate sites for subcutaneous injections are the deltoid areas of both arms, the abdomen and thighs. The information leaflet accompanying the medicine being administered will also indicate the appropriate site to administer the injection. Skin decontamination is not advised when administering medication via the subcutaneous route because alcohol causes the skin to harden and this hardening interferes with absorption of the medication (NICE, 2016).

Please refer to Clinical Skills.net or the Royal Marsden online manual for further guidance and step by step advice in performing the above procedures.

Appendix 4 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Injectable Medicines Policy for Adults			
Date of Assessment	July 2023	Responsible Department	Governance
Name of person completing assessment	Mo de Gruchy	Job Title	Quality and Performance Development Nurse

Does the policy/function affect one group less or more favourably than another on the basis of :	**Yes/No**	**Comments**
Age	No	
Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
Ethnic Origin (including hard to reach groups)	No	
Gender reassignment	No	
Pregnancy or Maternity	No	
Race	No	
Sex	No	
Religion and Belief	No	
Sexual Orientation	No	

If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2.

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions (what needs to be done to minimise / remove the impact)**	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level