**IV THERAPY - STANDARD I - SAFETY**

The patient can expect that a safe environment will be provided free from untoward events.

1. Regardless of practice setting, established standards of patient care will be observed at all times.

2. Patient identification will be confirmed per hospital policy prior to initiating intravenous access or performing IV related care.

3. The nurse will protect the patient from infection and cross contamination by observing Standard Precautions and Infection Control Policies.

4. Intravenous access will be initiated by qualified personnel in accordance with Sarasota Memorial Hospital policies, procedures, job descriptions and the Florida Nurse Practice Act.

5. The nurse will provide for the patient’s intravenous safety needs as outlined in Sarasota Memorial Hospital policies.

6. All IV equipment, including catheters, will be inspected prior to, during, and after use to evaluate integrity. Defective products will be removed from use and reported to the appropriate agencies. IV catheters and intravenous agents will not be identified solely by product or label color(s).

7. An arm-board can be applied to the patient’s limb when an IV cannula is placed near an area of flexion. Other restraining devices will be applied and monitored according to state and federal laws.

8. Written reports shall be used to document unusual occurrences, specifically detailing the occurrence and any intervention(s) by the nurse. Reports will be shared with appropriate departments to institute corrective action where needed.

9. IV Therapy policies and procedures will be reviewed every 3 years and updated as necessary to meet statutory, professional standard, and facility requirements.

**IV THERAPY - STANDARD II - NURSING CARE**

The patient will receive nursing care based on an assessment of the patient’s needs by the registered nurse.

**Peripheral IV:**
1. A cannula shall be placed only for a definitive therapeutic and/or diagnostic indication.

2. A physician’s order is necessary to initiate, and to discontinue, intravenous therapy. Admission to a nursing unit with cardiac monitoring implies use of IV access unless otherwise ordered.

3. Treatments, medications, and IV’s ordered by the physician will be instituted according to Sarasota Memorial Hospital policies and nursing procedures.

4. IV calls are prioritized according to the needs of the patient, based on information provided by unit nurses. A call shall be treated as a “stat” only if the patient is in a life-threatening situation.

5. Venous assessment and site selection is accomplished to provide the most appropriate access for prescribed therapy and to minimize the potential risk of IV related complications. Assessment shall include the patient’s age, condition, and diagnosis, the vein condition, size and location; and the type and duration of therapy.

6. Use of an Arteriovenous Fistula for peripheral venous access is appropriate during a Code Blue situation only.

7. The cannula selected shall be radiopaque and of the smallest gauge and shortest length that will accommodate the prescribed therapy. The vein shall accommodate the gauge and length of the cannula.

8. Cannula placement shall be accomplished utilizing aseptic technique. Cleansing of the site, as well as application and maintenance of appropriate dressings, shall be in accordance with Sarasota Memorial Hospital policies and nursing procedures.

9. A device shall be utilized only once for each cannulation attempt.

10. A physician must be consulted after a total of five unsuccessful cannulation attempts (non-IV team RN’s may only attempt three (3) venipunctures before calling IV Therapist).

11. Cannulas shall be stabilized in a manner that does not interfere with assessment and monitoring of the intravenous site or impede delivery of the prescribed therapy.

12. Flushing with sterile 0.9% saline solution to maintain patency of an intermittent intravenous cannula shall be performed at least every eight (8) hours, as well as before and after administration of medication/solutions, which are incompatible.

13. Cannula site care, utilizing aseptic technique, shall be done with each dressing change.

14. A peripheral venous cannula shall be removed every 96 hours and immediately upon suspected contamination or complication.

15. If phlebitis occurs, the degree shall be measured according to the provided scale and shall be documented in the medical record with appropriate intervention initiated as set forth in the CVAR.
16. Any other complications shall be assessed and appropriate nursing intervention implemented.

17. A cannula shall be cultured when a cannula-related infection is suspected.

18. Purulent drainage at the skin-cannula junction site shall be cultured.

19. Documentation in the patient's medical record shall identify IV procedures and prescribed treatments, as well as complications related to IV therapy and the resulting nursing interventions.

**Implanted Port:**

20. A physician's order is not necessary to access a patient's Implanted Vascular Access Device.

21. Strict aseptic technique shall be maintained when accessing an implanted port.

22. Specifically designed non-coring needles shall be utilized for access and shall be changed every seven (7) days in accordance with SMH policies and nursing procedures.

**Peripherally Inserted Central Catheter/Midline Catheter:**

23. A PICC or MLC shall be placed only for a definitive therapeutic indication.

24. A physician's order is necessary to initiate, and to discontinue, a Peripherally Inserted Central Catheter.

25. A PICC shall be ordered 24 hours in advance if at all possible. The IV Department shall attempt to place a PICC within 24 hours of receiving the order. This depends on staffing levels and the number of calls with higher priority.

26. A Midline Catheter may be inserted at the discretion of a qualified IV Therapy nurse when the patient meet specified criteria and with physician order.

27. Catheter placement shall be accomplished utilizing aseptic techniques.

28. In the case of a PICC placement, radiographic confirmation of the catheter tip location shall be obtained prior to initiation of prescribed therapy.

29. Insertion site care, utilizing strict aseptic technique, shall be done along with a dressing change every five (5) days and PRN.

30. Dressing changes, and changes of the extension tubing, shall be performed by IV Therapy nurses only.

31. Irrigation of Ports, PICCs and MLCs shall follow SMH policies and nursing procedures.

**De-clotting Venous Access Devices:**

32. A physician's order is necessary for using thrombolytic agents.
33. Only those thrombolytic agents specifically designed for de-clotting catheters shall be used, and the procedure shall be carried out in accordance with SMH policies and nursing procedures.

34. IV Therapy nurses should be contacted for de-clotting of PICCs and Midline Catheters. They may also be available for assistance in de-clotting of Implanted Ports.

**Catheter Exchange:**

35. PICCs and Midline Catheters may be exchanged using through-the-introducer technique.

36. This procedure may be carried out by qualified IV Therapy nurses only.

**IV THERAPY - STANDARD III - PLAN OF CARE**

The patient and/or significant other will be given the opportunity to participate in the planning of their care.

1. The IV plan of care is a dynamic tool, which changes as outcomes are evaluated and is intended to help the patient achieve his or her optimal, individual level of health and functioning.

2. The patient/significant other is an active participant in establishing mutually acceptable IV healthcare goals.

3. The plan of care is developed in collaboration with other healthcare providers.

4. Statistical data shall be compiled, reviewed, and evaluated to quantify and qualify outcomes of care.

5. IV procedures and policies establish general and specific acceptable courses of nursing action.

**IV THERAPY STANDARD IV - EDUCATION**

The patient and/or significant other will receive education that will enhance their knowledge, skills, and behaviors related to their healthcare needs.

1. The patient shall be informed of a particular treatment in clear, concise terminology, geared to his educational level and understanding.

2. Patients have the right to receive information on all aspects of their care, as well as the right to accept or refuse treatment(s).

3. When patients are required to participate in their own care, understanding and return demonstration by the patient, when necessary, shall be ascertained.

4. Verbal instruction and/or printed materials may be utilized according to the patient's preferred method of learning.

5. The IV Therapy Department will be available 24 hours/day to answer questions and/or explain procedures.
6. Education of the patient, as well as the patient's response, shall be documented in the medical record.

7. When a patient requires a continuum of medical treatment in the home setting, the nurse shall provide comprehensive education along with a written set of comprehensive instructions on all pertinent aspects and information regarding his treatment. Methods of accessing health care personnel on a round-the-clock basis shall be explained.

IV THERAPY STANDARD V - CONTINUUM OF CARE

The patient will receive care based on the collaborative efforts of nursing and other health professionals to achieve a continuum of patient care across all settings.

1. Nursing staff will seek input from the patient and/or significant other and other health care professionals to plan and implement care.

2. Nursing staff will communicate pertinent information needed to provide continuity of patient care.

3. The nurse will utilize available resources to facilitate an optimal transition between health care settings.

IV THERAPY STANDARD VI - SATISFACTION

The patient and/or significant other will receive the opportunity to communicate their responses to the hospital, illness, or care provided.

1. Standards of practice shall be met in all settings where IV Therapy is delivered.

2. IV nurses provide clinical expertise, cost-effective care, and decrease risk of complication related to IV Therapy.

3. Quality improvement is a systematic process to ensure desired patient outcomes.

4. The IV nurse will monitor patient satisfaction with IV care provided.

IV THERAPY STANDARD VII - COMFORT

The patient will have his/her comfort needs effectively managed.

1. Except in emergency situations, intravenous procedures will be performed at times that effect minimal disruption of rest periods or other personal care needs.

2. Patients’ comfort level will be assessed and comfort measures will be provided to meet patient's pain management needs.

3. Complaints of pain or other patient needs will be reported to the assigned nursing staff if the IV nurse is unable to provide relief measures.
4. Pain-relief medications will be administered upon a physician’s order, in accordance with the Florida Nurse Practice Act.

IV THERAPY STANDARD VIII - PATIENT RIGHTS/INFORMED CARE

The patient will be provided with the information necessary to participate in decisions about his/her nursing care.

1. The patient shall be informed of a particular treatment in clear, concise terminology, geared to his educational level and understanding.

2. Verbal or implied consent of the patient or a legally authorized representative shall be obtained prior to initiation of peripheral venous access. Written informed consent shall be obtained for the insertion of a Peripherally Inserted Central Catheter.

3. Patients have the right to accept or refuse treatment(s).

4. The physician shall be notified upon the patient's refusal of treatment.

5. Any patient refusal and subsequent physician notification shall be documented in the medical record.

IV THERAPY STANDARD IX - CONFIDENTIALITY

The patient can expect that confidentiality of information regarding his/her care will be maintained.

1. The patient can expect that the Nursing staff will maintain confidentiality of information regarding his/her care according to hospital policy.

2. Standards set by the Customer Service Program will be maintained.

IV THERAPY STANDARD X - CULTURAL/ Spirital VALUES

The patient will receive considerate and respectful care as demonstrated through our Customer Service Program consistent with his/her cultural and spiritual values.

1. The patient’s sincere religious/cultural beliefs related to treatments, diet, and other aspects of his care shall be taken into consideration, and respected, when therapy is being rendered.

2. Patient and family interactions shall be conducted in a caring, courteous, professional and empathetic manner without regard to race, religion, or national origin.

3. Available resources will be utilized to maximize patient/significant other support as needs are identified.

Reviewing Authors: Joanne Barker, RN, MSN, CRN I, Clinical Manager, IV Therapy
**APPROVALS:**

Signatures indicate approval of the new or reviewed/revised policy  

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Nursing Standards & Practice | 3/6/08 |

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