

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.30.51	Page 1 of 6
	Original Effective Date: 08/30/10	New Effective Date: 02/15/17
	Supersedes: 500.30.51	Dated: 08/30/10
	Administrator's Approval: Jim Schwochert, Administrator	
Required Posting or Restricted:		
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Intravenous Therapy		

POLICY

The Division of Adult Institutions shall provide guidelines for basic intravenous therapy.

REFERENCES

MMWR Guidelines for the Prevention of Intravascular Catheter-Related Infections
August 9, 2002

Lippincott Manual of Nursing Practice

Attachment – Access Care and Maintenance

DEFINITIONS, ACRONYMS, AND FORMS

CPS – Central Pharmacy Service

DCI – Dodge Correctional Institution

DOC – Department of Corrections

DOC-3026A – IV Administration Record

HSU – Health Services Unit

IV – Intravenous

IVPB – Intravenous Piggyback

ml – milliliter

NS – Normal Saline

SAS – Saline-Antibiotic-Saline

TPN – Total Parenteral Nutrition

PROCEDURE**I. Venipuncture Peripheral IV**

A. IV access requires a prescriber's order to initiate.

B. Inform the inmate patient what you plan to do.

DAI Policy #: 500.30.51	New Effective Date: 02/15/17	Page 2 of 6
Chapter: 500 Health Services		
Subject: Intravenous		

- C. Wash your hands and apply gloves.
- D. Identify suitable veins for peripheral venipuncture. Trim hair if necessary.
- E. Use distal veins of non-dominant, non-paralyzed forearm or dorsum of hand if possible.
- F. Avoid:
 - 1. Lymph edematous limbs.
 - 2. Dialysis sites.
 - 3. Areas of joint flexion.
 - 4. Antecubital fossa.
 - 5. Small superficial veins.
 - 6. Veins irritated by previous use.
 - 7. Veins in feet shall only be used with prescriber order.
 - 8. Subclavian and jugular venipuncture shall only be initiated by a prescriber.
- G. Select IV catheter according to vein size and fluid to be infused.
- H. Assemble equipment to include:
 - 1. Intravenous catheter.
 - 2. IV start kit.
 - 3. Pre-flushed extension set or needleless injection site cap.
 - 4. 3 ml saline flush.
- I. Support inmate patient's extremity and apply tourniquet approximately 4-6 inches above the site. Gently tap the selected vein.
- J. Cleanse the selected site with 2% chlorhexidine (povidone-iodine or 70% alcohol if inmate patient is allergic) preparation for approximately 30 seconds and allow to air dry.
- K. Anchor the vein by applying manual traction to the skin a few centimeters below the injection site.
- L. Ensure the IV catheter is bevel up, and inform inmate patient of imminent injection.
- M. Insert the needle through the skin at an angle using a slow and continuous motion. Once the vein is entered, advance the catheter $\frac{1}{4}$ to $\frac{1}{2}$ inch to assure the catheter is actually in the vein, pull back or eject the needle, while advancing the catheter into the vein.
- N. Apply an extension set, injection site cap or IV tubing to catheter hub and release the tourniquet. An extension set works the best for intermittent infusion as it prevents trauma to the injection site.

DAI Policy #: 500.30.51	New Effective Date: 02/15/17	Page 3 of 6
Chapter: 500 Health Services		
Subject: Intravenous		

- O. Flush with 3 ml saline flush solution. If you meet resistance, or if there is pain, swelling or leakage, discontinue.
- P. Apply transparent dressing (no gauze) and secure with tape or securement device.
- Q. Dispose of sharps and other waste. Wash your hands.
- R. Record venipuncture including IV size, date, time and number of attempts and initials on DOC-3026A – IV Administration Record. After two unsuccessful attempts, or if assessment reveals poor access, seek further assistance.
- S. RNs shall discontinue and restart any peripheral IV if there is evidence of redness, tenderness, edema or infiltration.
- T. RNs shall document the appearance and condition of an IV at least every eight hours on the DOC-3026A – IV Administration Record.

II. Intermittent Peripheral Intravenous Locks

- A. A needleless system shall be utilized for all IV locks.
- B. All IV locks shall be flushed with 3ml NS prior to and following administration of any medication using the SAS method.
- C. All IV locks shall be flushed with 3ml NS at least every eight hours if no medication is being administered through the IV lock.
- D. All flushes shall be documented on the DOC-3026A – IV Administration Record.

III. Accessing an Implanted Port

- A. Accessing an implanted port is a sterile procedure.
- B. Prime the non-coring Huber needle with NS.
- C. Position your inmate patient so you can easily see the site.
- D. Locate the port by palpation.
 - 1. Assess for any signs of redness, swelling, pain or temperature differences with the surrounding skin.
 - 2. Notify a prescribing practitioner for direction if there are abnormal findings.
- E. Prep the site using 2% chlorhexadine swab sticks using a circular motion from port outward.
 - 1. Allow to air dry.
 - 2. Povidone-iodine swab sticks or 70% alcohol swab sticks are only to be used if inmate patient has a chlorhexadine allergy.

DAI Policy #: 500.30.51	New Effective Date: 02/15/17	Page 4 of 6
Chapter: 500 Health Services		
Subject: Intravenous		

- F. Locate the port septum with your non-dominant hand and stabilize it by applying light pressure with your thumb and first two fingers, stretching the skin so it is tight over the septum.
- G. Pick up the non-coring needle with your other hand.
 - 1. Hold the needle perpendicular to the septum and insert it into the center of the port.
 - 2. You should feel minimal resistance as you puncture the skin and the port septum.
- H. Advance the needle until you feel the bottom of the port. Do not attempt to insert past resistance.
- I. Confirm patency of the port by flushing with normal saline.
- J. Remove the huber needle and reattempt if the port cannot be easily flushed or there is swelling with flushing at the site.
- K. After the second access attempt do not reattempt and notify an ACP for further direction.
- L. Secure using a CHG impregnated patch/dressing.

IV. Medication Administration

- A. Medications may not be given via direct venipuncture.
- B. Medication compatibility shall be checked before administration. Do not infuse together if compatibility cannot be established.
- C. All central line infusions shall be administered via an infusion pump.
- D. Administer IV push medications using a syringe at needleless port.
- E. Administer IVPB medications using secondary tubing connected to needleless port between the infusion pump and primary IV bag.
 - 1. Do not use a port between the pump and the inmate patient as this will free-flow the medication.
 - 2. Primary bag shall be below the secondary bag in order for the secondary bag to flow.
- F. Always trace a tube from the inmate patient to the point of origin before connecting any new device or infusion.

V. IV Care and Maintenance (See Attachment)

- A. With an exception of the DCI Infirmary and those sites that already have an IV pump, only a very small supply of emergency IV supplies shall be maintained

DAI Policy #: 500.30.51	New Effective Date: 02/15/17	Page 5 of 6
Chapter: 500 Health Services		
Subject: Intravenous		

on site to prevent waste from expiration. HSU staff shall assure they are monitoring expiration dates of these supplies on a routine basis.

- B. An inventory of IV pumps and supplies shall be stocked at CPS.
- C. Notify CPS as soon as possible of an IV order so that supplies and equipment can be sent.
- D. Facilities shall return pumps and any unused supplies and equipment to CPS when the IV order is complete.
- E. IV tubing is changed every 96 hours if continuous infusion and every 24 hours for intermittent infusion and TPN/Lipids.

Bureau of Health Services: _____ **Date Signed:** _____

James Greer, Director

_____ **Date Signed:** _____

Ryan Holzmacher, MD, Medical Director

_____ **Date Signed:** _____

Mary Muse, Nursing Director

Administrator's Approval: _____ **Date Signed:** _____

Jim Schwochert, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
Original Effective Date:	DAI Policy Number: 500.30.51	Page 6 of 6
New Effective Date: 00/00/00	Supersedes Number:	Dated:
Chapter: 500 Health Services		
Subject: Intravenous		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS, AND FORMS

FACILITY PROCEDURE

- I.
 - A.
 - 1.
 - a.
 - B.
 - C.
- II.
 - A.
 - B.
 - C.