

JHAL POLICY & PROCEDURE MANUAL

Health Services Policy and Procedure Manual	Jewish Home Assisted Living
Intravenous Therapy	Pending

Policy:

There will be a registered nurse on duty 24 hours a day, seven days a week. The RN will be responsible for insertion of the peripheral catheter into the vein of the arm.

Guidelines for LPNs to: initiate, administer, and withdraw intravenous therapy upon successful completion of an intravenous certification course and demonstration of educational and clinical competence, Licensed Practical Nurses may initiate and administer intravenous therapy.

Through documentation of continuing education, clinical competence and successful completion of an annual intravenous therapy re-certification continuing education program, LPNs may be re-certified annually to initiate and administer intravenous therapy.

Intravenous therapy certification courses and re-certification continuing education programs shall meet national intravenous Nursing Standards of Practice.

It is the responsibility of the registered professional nurse to make a determination as to whether the task will be delegated to the LPN based on the situation, condition of the patient and the knowledge, skills and abilities of the individual being delegated to at a particular point in time.

Competencies:

Written documentation shall be maintained verifying that the Licensed Practical Nurse has demonstrated the following competencies for initial certification, maintained continuing education and clinical competence and obtained annual re-certification to initiate and administer intravenous therapy.

Procedure:

1. Demonstrate verbally or in writing a basic knowledge of the anatomy and physiology of the circulatory system.
2. Accurately observe, monitor, report and document the status of a peripheral site.
3. Demonstrate principles of asepsis and universal precautions in the management of intravenous therapy.
4. Accurately identify the nursing actions to be taken when complications occur.
5. Demonstrate the ability to correctly calculate flow rates.
6. Locate and utilize the resources available on a nursing unit for acquiring information concerning medications.
7. Identify the action, correct dosage, nursing implications and adverse effects of commonly used intravenous drugs and solutions.

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- a. Start intravenous infusion in peripheral veins with a peripheral catheter or a wing tipped steel needle, on the upper extremities of the resident.
- b. Calculate and adjust the flow rate after specified by the pharmacist.
- c. Observe and report on:
 - i. Insertion sites
 - ii. Objective and subjective signs of an adverse reaction to infusion therapy.
- d. Change the dressing on insertion sites.
- e. Change administration sets.
- f. Remove peripheral needle or catheter from peripheral veins.
- g. Flush a peripheral device.
- h. Administer medication via a peripheral intravenous line by:
 - i. Adding medication to an intravenous solution;
 - ii. Injecting medication into an auxiliary fluid chamber;
 - iii. Reconstituting the full dose of the medication.

Conditions for Intravenous Therapy Practice:

The Licensed Practical Nurse may initiate, administer, and/or withdraw intravenous fluids only if the following conditions are met:

1. The LPN is in possession of a current certificate for intravenous therapy certification.
2. The LPN has documented continuing education and clinical competence.
3. A specific written order has been issued for a designated resident by a New Jersey licensed physician, dentist, physician assistant, or certified nurse practitioner.
4. The LPN complies with written policies and procedures, which are established by a committee of nurses, physicians, pharmacists and the administration of the agency or institution employing or having jurisdiction over the LPN. These policies and procedures shall set forth standards, requirements and guidelines for the performance of venipuncture by the LPN and for the administration and withdrawal of intravenous fluids by the LPN. A current copy and any revisions in policies and procedures shall be provided to the LPN. The policies and procedures shall include standards, requirements and guidelines which:
 - a. List, identify and describe the intravenous fluids, which may be administered by the LPN.
 - b. List, identify and describe the circumstances under which venipuncture may be performed, including technical and clinical indications.
 - c. List, identify, describe and explain principles, including technical and clinical indications, necessary for the identification and treatment of possible adverse reactions.
 - d. Provide for and require in-service instruction and supervised clinical practice to insure clinical competence in performing venipuncture and in administering and withdrawing intravenous fluids. The LPN will be observed by the Director of Nursing or designee for assessment of skills every six months.

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5. An accurate record is made concerning:
 - a. The time of puncture or injection or withdrawal of the intravenous fluid.
 - b. The type of intravenous fluid injected.
 - c. The amount of intravenous fluid injected.
 - d. The site of the puncture or injection.
 - e. Reactions to the puncture or the intravenous fluid injected.

Regulatory Update:

The Board will issue to the RN and LPN definitive information, including any changes describing the nature, scope, and extent of authorized functions and practice concerning venipuncture and the initiation, administration, and withdrawal of intravenous fluids.

Facility Specific Competencies:

Adhering to the facility policies and procedures, the Licensed Practical Nurse will competently demonstrate the following:

1. Correct use and operation of basic intravenous equipment (bag, tubing, heparin/saline, locks/adaptors).
2. Correct administration and regulation of hydrating solutions and premixed medications via existing peripheral intravenous lines.
3. Correct procedure for flushing heparin/saline lock/adaptors.
4. Correct conversions of peripheral intravenous infusions to heparin/saline lock, and vice versa.
5. Correct discontinuation of existing peripheral intravenous needles/catheters.
6. Accurate reinforcement of resident teaching as it relates to the practice of intravenous therapy, using established protocols.
7. Safe performance of peripheral venipuncture using a short (less than 3 inches) over the needle catheter or a wing tipped steel needle.
8. Correct administration and regulation of hydrating solutions and premixed medications.
9. Correct procedure for performing heparin/saline flushes.