

## Infusion Therapy Guideline

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**VALIDITY – Guidelines should be accessed via the Trust intranet to ensure the current version is used.**

### CHANGE RECORD

Version	Date	Change details
<b>Infusion Therapy Policy (N-025)</b>		
1.0	Jan 15	<i>New policy - This policy was developed to enable patients to safely receive IV and SC infusion therapy in their own homes, community hospitals and prison settings, thereby facilitating early discharge from acute hospital or preventing hospital admission as per local operational guidelines. It will direct a standardised approach to the safe and consistent administration of IV and Sc therapy for both staff and patients</i>
1.4	Aug 16	<i>Review - Changes to include additional pathways “subcutaneous hypodermoclysis in palliative care” and “subcutaneous Furocemide in chronic heart failure patients”.</i>
2.0	Dec 18	<i>Major Review - Policy title updated to Infusion Therapy Policy. Appendices removed and changed to procedures which will be hyperlinked in final document</i>
<b>Infusion Therapy Guideline (G426)</b>		
1.0		<i>Full review - Minor changes – Changed to guideline document and formatted accordingly. Updated training section, updated monitoring and compliance section. Added in roles and responsibilities of the infusion therapy facilitators. Updated job titles. Updated links to trust policies and procedures. Approved at QPaS (05/10/22).</i>

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## 1. INTRODUCTION

Many patients admitted to hospital or in receipt of health care in the other settings, including their own homes, will become recipients of infusion therapies at some stage (NICE, 2013). Increasingly infusion therapies are being delivered in community settings, which is a reflection of the changing approach to care delivery. This in turn has implications for patient care and safety.

Health care professionals must ensure that each patient receives the most appropriate infusion therapy via the most appropriate device and site, in the most appropriate environment, and at the right time (Hallam et al., 2016; Loveday et al., 2014).

The guideline is also to ensure Humber Teaching NHS Foundation Trust practitioners work within a standardised evidence-based framework, thereby offering high standards of care to patients and reducing the risk of complications.

This guideline acknowledges the importance of evidence based care and as such aligns with the evidence based *Standards for infusion therapy* (Royal College of Nursing, 2016) [Standards for Infusion Therapy | Royal College of Nursing \(rcn.org.uk\)](#)

## 2. SCOPE

The scope of infusion therapies in this guideline includes both intravenous (IV) and subcutaneous (S/C) routes of administration. Therapies may include fluids or medications.

This guideline does not cover the transfusion of blood components. For the Transfusion of Blood and Blood Products Policy follow [this link](#)

This guideline and its related procedures has been developed to support the care of adult patients under the care of Humber Teaching NHS Foundation Trust who have a differential or confirmed diagnosis requiring infusion therapy. The scope of this guideline and its related procedures is limited to the following types of infusion therapy:

- [Intravenous Infusion Protocol - including the care and management of peripheral and central venous access devices](#)
- Safe delivery of drugs via the a syringe driver in the palliative care setting [Syringe Driver Protocol](#)
- [Administration of Subcutaneous Fluids Hypodermoclysis SOP](#)

This guideline supports the delivery of infusion therapies by health care professionals (HCP) who have been assessed as having the necessary skills and competencies. Infusion therapy is now an integral part of professional practice for many HCPs however this will always be appropriate to the individual's role, in the best interests of the patient, and within the HCP's sphere of clinical skills and competency.

The guideline supports the delivery of infusion therapies in a variety of clinical settings and this may include, where appropriate, a patient's home (including patients in care homes).

This guideline **does not** support Trust staff in training patients or carers to flush access devices or manage infusion devices.

## 3. DEFINITIONS

Infusion therapy can be defined as parenteral solution(s) administered into the vascular or non-vascular systems with the intention of promoting a therapeutic effect.

## 4. DUTIES AND RESPONSIBILITIES

### Chief Executive

The chief executive has overall responsibility for the effective implementation of this guideline.

### Medical Director, Director of Nursing, Allied Health and Social Care Professionals and Divisional Clinical Leads

To ensure that this guideline is acted on through a process of policy dissemination and implementation.

### Chief Pharmacist

To ensure that medication used for infusion therapies is monitored as stated in the [Safe and Secure Handling of Medicines Procedures Proc431](#)

### Modern Matrons and Community Matrons

All modern matrons and community matrons who have responsibility for services that deliver infusion therapy will:

- Maintain up to date knowledge and skills to enable the provision of high standards or clinical leadership
- Conduct audit, monitoring and compliance as required.
- Ensure time and resources are allocated to enable the delivery of training and competency update

### Ward Manager and Team Leaders

All ward managers and team leaders who have responsibility for services that deliver infusion therapy will:

- Ensure HCPs (registered and non-registered) receive appropriate training and support, and are assessed as competent before delivering care that involves infusion therapies and/or venous access devices.
- Ensure HCPs are supported with time and resources to have their competency assessed annually.
- The ward manager/team leader will ensure that adequate numbers of Registered Nurses (RN) are competent in order to provide a safe service for patients requiring infusion therapies.
- Deliver training and competency updates.
- Conduct audit, monitoring and compliance as required.

### Infusion Therapy Facilitators

- Infusion therapy facilitators will be experienced staff who have been deemed competent in the safe administration of infusion therapy
- Infusion therapy facilitators will have completed face to face training with an external accredited training provider (organised by the learning centre) and be deemed competent to cascade local training staff within their areas.
- Upon completion of face-to-face training, they will support the training and competency assessment of staff within their team ensuring staff receive one to one supervision, competency assessment and sign off and that they have completed the infusion therapy workbook.
- Infusion Therapy Facilitators will support the annual competency assessment of staff in their areas.
- Infusion Therapy Facilitators will be required to maintain their clinical skills and undertaken annual assessment of their own competency and undertake refresher facilitator training (face to face) every three years.

## Registered Health Care Professionals (RN/ACP/ANP)

All Registered Health Care Professionals delivering care that involves infusion therapies and/or venous access devices will:

- Be appropriately trained in both the theoretical and practical aspects and assessed as competent (RCN 2017) as outlined in Appendix 1. Temporary RNs, such as bank or agency staff, will have to evidence their competency with the nurse in charge, before taking on the administering role.
- Have completed their medicines optimisation training and annual updates.
- Be compliant with ILS/BLS statutory/mandatory training requirements including anaphylaxis training
- Be responsible for ensuring they maintain their clinical competency within their scope of practice and will have their clinical competency assessed annually by an appropriately trained infusion therapy facilitator.
- Maintain written evidence of clinical competence.
- Follow the specific infusion related procedures when undertaking infusion therapy. See Section 5: Procedures Related to the Policy.

## 5. PROCEDURES RELATING TO THE GUIDELINE

Procedural documents related to this guideline are as follows:

- [Intravenous Infusion Protocol - including the care and management of peripheral and central venous access devices Prot530](#)
- [Syringe Driver Protocol Prot525](#)
- [Administration of Subcutaneous Fluids Hypodermoclysis SOP20-15](#)
- [Aseptic Non-Touch Technique Protocol Prot524](#)
- [Safe and secure medicines Procedure Proc431](#)

## 6. CONSULTATION

The consultation pathway for this guideline and its related procedures is:

- Infusion Therapy Working Group
- Primary Care, Community and Learning Disability Clinical Network meetings
- Physical Health and Medical Devices Group
- Quality and Patient Safety Group.

## 7. IMPLEMENTATION AND MONITORING

Implementation of this guideline and its related procedures will be the responsibility of the ward managers, team leaders and matrons as per local arrangement.

## 8. TRAINING AND SUPERVISION

All registered health care professional undertaking infusion therapy must firstly demonstrate competence, skills and knowledge in relation to the specific task to be undertaken as detailed in Appendix 1.

The Nursing and Midwifery Code 2015 (updated 2018) places specific responsibilities on nurses to maintain professional knowledge and competence. Appropriately-trained healthcare professionals are asked to recognise and work within the limits of their competence.

## 9. REFERENCE TO ANY SUPPORTING DOCUMENTS

Hallam, Ce, Weston, V, Denton, A, Hill, S, Bodenham, A, Dunn, H, Jackson, T (2016) Development of the UK Vessel Health and Preservation (VHP) framework: a multi-organisational collaborative. *Journal of Infection Prevention*.

Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M, Tingle A, Bak A, Browne J, Prieto J and Wilcox M (2014) Epic3: National evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England, *Journal of Hospital Infection*, 86 (Supp.1), pp.S1-S70.

National Institute for Health and Care Excellence (2013) *CG174: Intravenous fluid therapy in adults in hospital* [online], available: [www.nice.org.uk/guidance/cg174?unlid=7240841622016876654](http://www.nice.org.uk/guidance/cg174?unlid=7240841622016876654)

Nursing and Midwifery Council (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*.

Royal College of Nursing (2017) *Accountability and Delegation: A Guide for the Nursing Team* <https://www.rcn.org.uk/professional-development/publications/pub-006465>

Royal College of Nursing (2016) *Standards for infusion therapy: Fourth edition* <https://www.rcn.org.uk/professional-development/publications/PUB-005704>

## 10. MONITORING COMPLIANCE

Compliance with this guideline will be assessed by review of local incidents reported via Datix. All medication and prescribing errors relating to infusion therapy will be reviewed by the Trust's Medicines Safety Officer (MSO) and as part of the Trust's Corporate Safety huddle.

Compliance with competency and training will be monitored locally by ward managers/team leaders and matrons.

## Appendix 1 – Infusion Therapy-related Training, Supervision and Competency Assessment

Training type	Applicable to	Delivery method	Frequency	Accessing training
Infusion Therapy * Facilitator (Initial) Training	Experienced Registered HCPs <ul style="list-style-type: none"> <li>Experienced in the delivery of infusion therapies.</li> <li>Who support, coach and mentor junior staff as part of their role.</li> <li>Not previously undertaken the training programme</li> </ul>	Externally accredited trainer  Face-to-face  Classroom based	Once only followed by update training as outlined below	Clinical trainer The Learning Centre
Infusion Therapy * Facilitator peer supervision	Current infusion therapy facilitators: <ul style="list-style-type: none"> <li>Who have had a Infusion Therapy Facilitator Training or update not longer than three years ago</li> </ul>	1:1 supervision Competency assessment Observed practice	Annually following initial facilitator training	Via local Infusion Therapy Facilitator
Infusion Therapy * Facilitator Training Update	Current infusion therapy facilitator <ul style="list-style-type: none"> <li>Have completed the Trust approved Infusion Therapy Facilitator Training</li> <li>Who continue to maintain clinical competency through peer supervision updates</li> </ul>	Externally accredited trainer  Face to face  Classroom based	Every 3 years	Clinical trainer The Learning Centre
Infusion Therapy * Training Programme	Registered HCPs with: <ul style="list-style-type: none"> <li>No or little experience of infusion therapies <b>or</b></li> <li>Returning to practice or new to the Trust <b>or</b></li> <li>Identified as a gap in the knowledge and skill through supervision or appraisal</li> </ul>	Infusion therapy workbook and competency assessment  1:1 supervision  Observed practice	Once only	Via local Infusion Therapy Facilitator
Infusion Therapy * practice supervision update	Registered HCPs with: <ul style="list-style-type: none"> <li>Evidence of previous training in infusion therapies <b>and</b></li> <li>Currently undertaking infusion therapy related clinical care as part of their role.</li> </ul>	1:1 supervision  Competency assessment  Observed practice	Annually following initial training	Via local Infusion Therapy Facilitator

\*includes the care and management of peripheral and central venous access devices

Training type	Applicable to	Delivery method	Frequency	Accessing training/update
Syringe driver training	Registered HCPs with :No or little experience of the McKinley T34 syringe driver <ul style="list-style-type: none"> <li>Returning to practice or new to the Trust <b>or</b></li> <li>Identified as a gap in the knowledge and skills</li> </ul>	Via the e-learning  Observed practice using the competency assessment tool  See <a href="#">Syringe Driver Protocol</a>	Once only followed by annual competency assessment as outlined below	See <a href="#">Syringe Driver Protocol</a>  Contact your locality matron/clinical lead
McKinley T34 syringe driver competency assessment	Registered HCPs with : <ul style="list-style-type: none"> <li>Evidence of previous training in the safe use of the McKinley T34 syringe driver <b>and</b></li> <li>Currently undertaking duties that involve caring for patient with a McKinley T34 syringe driver</li> </ul>	Observed practice using the annual competency assessment tool  See <a href="#">Syringe Driver Protocol</a>	Annually	See <a href="#">Syringe Driver Protocol</a>  Contact your locality matron/clinical lead
Administration of subcutaneous fluid	Registered HCPs with : <ul style="list-style-type: none"> <li>No or little experience in the administration for s/c fluids <b>or</b></li> <li>Returning to practice or new to the Trust <b>or</b></li> <li>Identified as a gap in the knowledge and skills</li> </ul>	Observed practice using the annual competency assessment tool	Initial assessment followed by annual competency assessment	Contact your locality matron/clinical lead
Administration of subcutaneous Furosemide in Chronic Heart Failure	Registered HCPs with : <ul style="list-style-type: none"> <li>No or little experience in the administration of s/c furosemide in CHF <b>or</b></li> <li>Returning to practice or new to the Trust <b>or</b></li> <li>Identified as a gap in the knowledge and skills</li> </ul>	Observed practice using the annual competency assessment tool from the heart failure nurse specialist	Initial assessment followed by annual competency assessment	Contact the Heart Failure Specialist Nurse Team, locality matron or clinical lead