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# NHS Borders Statement of intent to support practice

The administration of an intravenous (IV) flush is a routine task associated with the care of patients who have an intravenous access device (e.g. PVC, CVC, Hickman line, PICC line, Midline, or Portacath) in situ. These IV devices maybe used for total parental feeding, IV fluids/blood products, chemotherapy or medicines via the intravenous route. Situations where IV flush solutions are administered include:

- On insertion of an intravenous access device to ensure patency.
- At specified intervals in patients with an intravenous access device to maintain patency.
- Before and / or after the administration of an IV medicine (via an intravenous access device
- During administration of multiple IV medicines. (This is not an exhaustive list of situations)

The most common fluid administered as an IV flush is sodium chloride 0.9%. In some instances, glucose 5% may be used if it is more suitable for use due to compatibility with the IV medicine being administered. Both sodium chloride 0.9% and glucose 5% injections are classified as Prescription Only Medicines (POMs) due to their intended IV route of administration.

Legislation and NHS Borders policy stipulates that all POMs for administration to patients must be prescribed by an appropriate authorised practitioner and a record of their administration should be made and retained using authorised records. Area Drugs and Therapeutics Committee have reviewed this approach in relation to intravenous flushes; practice in other Health Boards (where this practice has been formally adopted without prescription) and relative risk to patients of not receiving an intravenous flush.

It is accepted practice within NHS Borders for IV flush solutions to be administered without a formal prescription or administration record being made as part of the routine care of patients who require IV fluids/IV medicine to be administered via an intravenous access device. This practice is endorsed and supported by NHS Borders for all inpatients.

### 1. IV Flush policy – core statements

- An IV flush of sodium chloride 0.9% will be administered to all patients on insertion of an intravenous access device and at routine time intervals thereafter to maintain patency. IV therapy administration requires the use of aseptic non touch technique and observation of standard precautions and product sterility.
  - Cleansing of relevant equipment such as PVC, CVC, Portacath hubs etc must be undertaken using the appropriate Chlorhexidine 2% with 70% alcohol wipe. Clean for a minimum of 15 seconds and allow to air dry. In the event of patient allergy to Chlorhexidine 2%, use povidone iodine (10% in aqueous solution) as an alternative cleanser if compatible with equipment (see manufacturer's guidelines).
- An IV flush (2 to 30mls volume depending on method of administration) will be administered before and / or after the administration of an IV medicine and / or between the administration of multiple IV medicines via an intravenous access device as necessary. This will routinely be 0.9% sodium chloride but glucose 5% may be used if compatibility with the IV medicine being administered is assured.
- Recommended flush volumes
  - o Peripheral cannulae Adults and children > 1 year 2.5 5mls
  - Central lines in adults 30mls
- A suitably sized syringe should be used for flush administration to prevent excess pressure being applied on the cannula or vein and / or to prevent fracture / rupture (e.g. a 5ml flush should always be given in a 10ml syringe using a push pause technique).
   IV Flush solutions for adult patients within NHS Borders acute areas do not require to be prescribed by an authorised practitioner nor the administration recorded.
   IV Flush solutions for paediatric patients within NHS Borders acute areas do not require to be prescribed by an authorised practitioner, but a record of the volume administered should be recorded on the fluid balance chart or other appropriate documentation by the person administering the flush

Non registered staff such as Health Care Support Workers, Operating Department Practitioners, Phlebotomists with appropriate experience, education and training may only administer a sodium chloride flush as part of the peripheral cannula insertion process in adults and children > 1 month of age. They must have received the appropriate training and have been assessed as competent to undertake this role. This process of not prescribing or recording the administration of flush solutions (except in paediatric patients) is an authorised *exemption* to the normal practice for all other POMs, as described on the NHS Borders code of practice for the control of medicines

### 2. Scope

This policy is applicable to all NHS Borders staff and relevant student nurses who work within adult and children's services and are authorised to administer IV flush solutions directly to patients. (Please see appendix 1) This will predominantly occur within the acute hospital environment but may occur in other situations too such as community Hospitals).

This policy does not apply in neonatal intensive care units and special care baby units.

### 3. Roles and Responsibilities

Any NHS Borders staff member administering an IV flush must be trained and competent to carry out this practice. Competence will be recorded on the Competency Assessment Recording System (CARS) hosted on Learnpro and updated every 2 years. Student nurses with appropriate education, experience, supervision and training during specific modules of training identified by each HEI can also undertake this practice whilst on placement within NHS Borders (Please see appendix 1)

### 4. Review of Policy

The policy will be reviewed every 2 years.

## **Appendix 1**





# Pre-registration Nursing and Midwifery: Partner Approved Education Institution (AEI) Clinical Skills Curricula





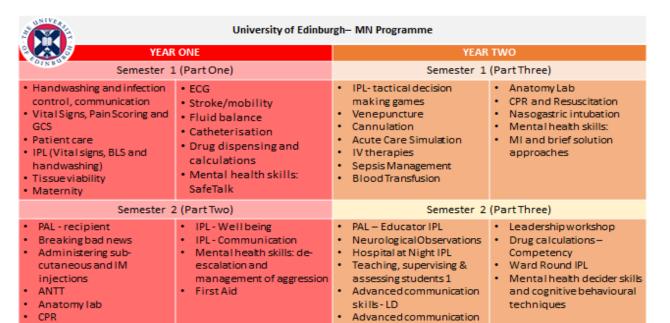




Edinburgh Napier University						
Year One,	Part One	Year Two/Part Two		Year Three/Part Three		
PLE 1 (Sep to April)		PLE 3 (Sep to Dec)		PLE 5 - Tri 1 (Sep-Dec)		
PMVA, CPR-Basic     Manual Handling     Infection Prevention & Control     BP Monitoring     TPR & Urinalysis     NEWS2 & PEWS     Personal Care & Care Rounding     Oral Medications     IM/SC Medications & Injection Technique	Risk Assessments Ind of Life Care Pain Assessment Professionalism BGM Sexual Health & Wellbeing Respitatory Assess 1 First Aid Safe Medicate Part 1—Target pass rate 80%	CPR & AED Catheterisation - Midwives Part 1 Intravenous Fluid Therapy Controlled Drug Administration - Midwives Part 1 Blood Transfusion - Midwives Part 1 Yellow Card Scheme Trak Training ABCDE & Priorities of Care	Midwifery only  Obstetric emergencies  Diabetes  Eclampsia Pre eclampsia BFI assessment (in Practice)	CPR Simulation Anaphylaxis Blood and ABG Analysis ABCDE Complex Issues Ward Management Complex Medicine Management Assessment Tools Safe Medicate Part 3 Summative must 100% pass rate ECG Part 2 12 Lead Interpretation		
PLE 2 (May to Aug)		PLE 4 (Jan-April)		PLE 5 - Tri 2 (Jan-May)		
Child & Adult Protection Dementia Framework ABCDE Systematic Assessment NG Tube & PEG Pain Management		2 - Chest Auscultation & a Suctioning - C Tracheostomy & N Laryngectomy Asepsis & Wound ANTT N	Nutritional Assessment and Fine Bore NG Confusion & Delirium Neurological Assessment Seizure Management First Aid Mental Health	PMVA Intravenous Medications including exam Infusion Devices Venepuncture & Cannulation Manual Handling		
Safe Medicate 1     Consolidation Yea	ar 1	Autistm , Dementia SVirtual Reality Session SPre- and Post-Procedure/Op Care 9	Suicide Awareness SEPSIS & Management Safe Medicate Part 2 90% pass rate Antimicrobial	BN/BM/MM Year 1 = Part 1 Year 2 = Part 2 Year 3 = Part 3  MN		
			1edications	Part 1 = (PLE 1, 2, 3) Part 2 = (PLE 4, 5, 6)		

N.B Midwifery and Child Health skills may vary from table above please check with Local Academic Assessor for clear guidance.

	University of Edinburgh - BN Programme							
60	Part One/Year One	Part Two/Year Two	Part Three/Year Three	Part Three/Year Four				
Semester 1	Handwashing & Infection control Communication Vital Signs Bed Making & clinical ward orientation Maternity CPR Stroke/mobility Anatomy lab TIPL (Vital signs, BLS & handwashing) Patient Care (1)	Administering sub-cutaneous and IM injection MHS: SafeTalk Catheterisation ANTT MHS: de-escalation & management of aggression MHS: MI & brief solution approaches Mental health decider skills & Cognitive Behavioural Techniques  *IPL - Communication CPR and Resuscitation Nasogastric intubation	*IPL- tactical decision making games     CPR and Resuscitation     Placement Preparation	Advanced communication skills - LD CPR and Resuscitation Venepuncture Cannulation + Hospital at Night IPL Drug calculations Placement Preparation				
Semester 2	Vital Signs Revision Patient care (2) First Aid IV fluids & Fluid balance Anatomy lab Neurological observations Managing pain *IPL- Wellbeing Drug calculations - Competency Placement Preparation	NeurologicalObservations ECG Breaking Bad News Sepsis Management Blood Transfusions Anatomy Lab IPL PAL student Placement Preparation	Advanced communication skills - Dementia     Placement Preparation     Acute Care Simulation  The asterisked * IPL sessions occur throstudents and have NS staff inputs. All of					



skills-Dementia

#### Queen Margaret Queen Margaret University - MN Programme University Year One/Part One Year Two/Part Two administration of suppositories and Enemas . Theory of Suprapubic catheters Including AVPUC Aggression (Low level Breakaway) · Waterlow scoring/Observing skin integrity · Bowel Assessment (Frequency, Bristol CPR: Hospital Resuscitation . Complex Communication - Breaking Bad (AEDs, algorithm's) News · Handwashing Stool Chart and Rectal Examination) · Stoma Management · Intro to wound Basic Infection control (Excoriation management charts) . Insertion of NG tubes assessment/management/documentation · Personal Hygiene - bed bath, oral hygiene · Supporting patients to eat & drink Administration of Controlled Drugs with TVN. ANTT including fluid balance management. · Intro to Pain Assessment & Management . Including clips & suture removal. Theory of · Medicine Administration (Oral/Injections · Introduction to basic pharmacology (PCA's & Epidurals) Theory wound drains. Ind. S/C & IM) (including use of BNF) · Blood Transfusion from BTS team . Ongoing development of pharmacology · Nutritional Assessment (Intro BMI/MUST Urinalysis · Administration of IV fluid via gravity (including use of BNF) · Basic Communication skills scoring) · Ongoing development of numeracy skills Infusions . Peak Flow Assessment theory only · NEWS Chart documentation ANTT recap (including gravity/pump infusion cales, Basic Numeracy . Intro to Pre & Post op Care volume into a syringe) · Basic First Aid · Blood Glucose Monitoring including training · Administration of oxygen via nasal cannula, BLS and barcode for Roche Monitor venture mask and Hudson mask. Including · Manual Handling Administration of Insulin (syringe & pens) administration of nebulisers · Manual handling update Year Four/Part Three Year Three/Part Three Venepuncture & Cannulation (2021) · Advanced Life Support including ABCDE Assessment . Neuro Assessment Including GCS and · Airway Management Pupillary assessment only) asynchronous breaths/compressions · ECG recording & basic interpretation . Venepuncture & Cannulation from Feb. · IV additive administration from Feb · Mental Health Assessment · Intro to cardiac monitoring (incl. 2022 2022 · Abdominal Assessment

Alline/CVP)

Managing pain

- Basic ABG interpretation
- Advanced Life Support Including asynchronous breaths/compressions.
- · Intro to primary/secondary assessment
- · Seizure Management
- · Chest drains Theory ONLY
- · Respiratory assessment including
- Auscultation
- Advanced Wound assessment TVN
- · Manual handling update
- Prevention & Management of Violence & Aggression (Low level Breakaway) update
- · Basic Heart sound assessment
- · Manual handling update

#### Open University BSc Hons Adult/CYP/LD/MH Part One (16 months- 3PLEs) Manual Handling (mandatory training) Prevention & Management of Violence Aggression (Mandatory training) Bowel and Bladder Health (urinalysis, Vital Signs Recording · Mandatory training updates as · Neurological observations necessary (Manual handling, BLS, Handwashing (SIPCEP Foundation PMVA) · Epilepsy and management of seizures Infection prevention and management Personal Care Hygiene, skin integrity and wound care Nutrition and Hydration including Nutrition and Hydration including · Numeracy (numeracy assessment) Respiratory assessment Administer medication vascular access devices and enteral Pre and post op care • Dementia Aseptic technique assessment and fluid balance · Developing as a leader equipment Communication skills management. IV fluid administration and intro to IV Person centred/family centred care Assessment skills and care planning Medicines management Numeracy Blood Glucose Monitoring drug administration Enteral feeding EWS and Chart documentation Numeracy Pain Assessment & Management Developing professionalism Emergency management of seizures Numeracy . Blood Transfusion (TURAS module) Acute and emergency care (BLS-mandatory training) Patient safety · Communication skills Part Three (16 months- 3PLEs) Notes OU students are employed in HCSW roles and as part of their employment complete mandatory training as outlined in National PAD. This is completed pre-programme and verified by employer at each Part of OU students may have completed NHS board training and development in venepuncture and cannulation and may be able to continue practising these skills in the nursing programme as per local Numeracy (numeracy assessment 100%) Communication skills Safeguarding across lifecourse with Management of deteriorating patient Physical assessment Physical assessment ABCDE Assessment Venepuncture & Cannulation emphasis on roles and responsibilities as Medicine management including IV drug registrant Mandatory training updates as necessary (Manual handling, BLS, PMVA) Mental Health assessment including administration Pharmacology Central venous access devices Blood Transfusion (theory and TURAS) The OU uses clinical skills.net and in Pat 2 students undertake an Open learn free course - Everyday Maths

prevention of suicide
• Leadership and management

module)