Parenteral Fluids Administration in Adults Policy (excluding parental nutrition)

This policy outlines the process for the administration of Fluids via the Intravenous and Subcutaneous routes.

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Approved by:	Clinical Effectiveness Group	
Ratified by:	Quality Assurance Committee/QF	
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Please state if there is a reason for not publishing on website	No	
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Expiry date:	November 2025	
Type of Policy	Clinical √	Non Clinical

Contents

1.0 Quick Look Summary

This policy in conjunction with the below guidelines provides a structured approach to assessment, administration and monitoring of parenteral fluids through intravenous and subcutaneous routes in community and the community hospitals. It specifies the training requirement and monitoring of compliance and effectiveness. 4 key supporting documents to guide practice in this area are

1. Guideline for the administration of sub-cutaneous fluids for adults http://www.leicspart.nhs.uk/Library/GuidelinefortheAdministrationofSubc utane ousFluidHypodermoclysisforAdults.pdf
2. Guidelines for the administration of intra-venous fluids for adults within the community hospitals
3. The policy and procedure for the administration of intravenous medications to adults and children within community and community hospitals
4. NICE Guidance https://www.nice.org.uk/guidance/cg174
5. Peripheral Cannulation. Procedural guidelines for use with adult patients in community and community hospital settings (2023).

This policy excludes parenteral nutrition.

1.1 Version Control and Summary of Changes

Version number	Date	Comments
1.0	Sept 2014	New
2.0	11/06/15	Added in Community ICS Service
3.0	15/12/16	Policy review, distribution list updated, references updated
4.0	15/01/19	Policy review, distribution list updated, inclusion of End of Life patients, references updated
5.0	10/08/23	Policy review, distribution list updated, references updated

1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Accountable Director	Clinical Director for Research and Development and Specialist Community Services
Author(s)	Advanced Nurse Practitioner
Implementation Lead	
Core policy reviewer group	
Wider consultation	Head of Nursing and Quality CHS
	Associate Director of Nursing and Professional Practice
	Lead Nurse Adult Mental Health
	Clinical Trainer and Practice Development Manager
	Lead Nurse for Community Services
	Matron Community Hospitals
	CHS Pharmacy Lead
	Head of Medical service CHS

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Clinical Effectiveness Group	Quality Assurance Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

1.5 Due Regard

LPT will ensure that Due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.5 Definitions that apply to this Policy

Parenteral Administration	Administration by breach of the skin or mucous membrane
Hypodermoclysis	Administration of drug/fluid into the subcutaneous tissue

2.0. Purpose and Introduction

The majority of fluid administration in the community setting is via oral, naso gastric, or percutaneous endoscopic gastrostomy (PEG) administration. However, in certain clinical circumstances administration of fluids via Intravenous or Subcutaneous (Hypodermoclysis) route is required. The administration of Intravenous fluids currently only applies to community hospitals and End of Life patients at home; subcutaneous route applies to all settings community and in-patient.

This policy sets out the duties of key staff members in assessing, prescribing, administering, and reviewing fluid requirements.

This policy should be used in conjunction with the Intravenous fluids guidance and Sub-cutaneous fluids guidance referenced within this document and available on insite. Where relevant the NICE Clinical Guideline 174 should be adhered to**.** The policy and procedure for the administration of Intravenous Medication to Adults and Children within the Community and Community Hospital should be utilised as the underpinning document for intravenous administration.

The principle purpose of the policy is to provide a structured process to the assessment, administration and monitoring of parenteral fluids in the community and community in-patient hospital setting specifically relating to the:

- Intravenous route
- Sub-cutaneous route

3.0 Policy requirements

This policy has been developed considering recent NICE Clinical Guidance 174 in relation to Intravenous fluid administration and national changes to end of life care (Leadership Alliance 2014). The recommendations within the NICE CG 174 can also be applied to subcutaneous administration. This policy will facilitate a responsive service for our changing acuity of patients within the community and the community hospital setting.

4.0 Duties within the Organisation

Policy, Guideline or Procedure / Protocol Author

Lead Director

Directors, Heads of Service

Divisional Directors and Heads of Service are responsible for ensuring that there are appropriate resources provided within their Services to implement and adhere to this policy.

All Staff

Staff will be responsible for ensuring they are familiar with the policy in relation to their field of practice with parental fluid administration.

Corporate Affairs Team

Responsibility of Clinical Staff

Consent

- Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent as long as they understand the treatment or care about to take place. Consent must be voluntary and informed and the person consenting must have the capacity to make the decision.
- In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision
- Remember that information
- Use the information to make the decision
- Communicate the decision

Services Managers and Matrons are responsible for

Ensuring this policy is adhered to in the clinical setting and there is a clear process for dissemination.
Staff are released to meet training needs.
To act in accordance with organisational policy on the actions required of reported incidents.

Prescriber/ ANP /medical staff are responsible for:

The effective assessment of the patients' hydration needs on admission and

throughout their hospital stay
Prescribing enteral, parenteral, intravenous fluids and blood products where required
Monitoring blood results, the use of diuretics and fluid balance charts
Reviewing fluid status at each ward round and altering the patients' fluid management accordingly.

Ward sisters/ Charge Nurses are responsible for:

Ensuring staff attend/ complete mandatory training updates, and records of attendance are kept
Ensuring staff are released to meet training needs
Ensuring that all patient documentation is completed correctly
Ensuring that staff work in line with this policy and the SOP for Managing Fluid Balance and Hydration in Adult Patients within CHS Inpatient Setting.
Ensuring they act in accordance with organisational policy of the reporting of incidents
Ensuring that the appropriate resources are made available to staff to enable them to work to this policy
All fluid balance charts to be scanned onto the patients Systm1 record in a timely mannor.

All Registered Nurses (RN) and Allied Healthcare Professionals (AHP) are responsible for:

Being aware of the implications of fluid management
Planning, implementing, and monitoring the effectiveness of appropriate care plans and ensuring that fluid balance charts are commenced, correctly completed where indicated, accurately reviewed every 6 hours, and the 24hr intake/output totals and balance reviewed every 24 hours.
Accurate completion of frequency of intervention record (FIR) chart
The provision of oral fluids and the correct administration of enteral, parenteral, sub cut, intravenous fluids and blood products as prescribed.
Bringing any concerns regarding the patient's hydration to the attention of senior staff as soon as this is identified.
Informing patients and relatives about the role they can play in fluid management.

Health Care Assistants/support workers are responsible for:

Supporting the RN and AHP with their role in maintaining the patients' hydration requirements by assisting with the provision of oral fluids
Accurately monitoring and documenting fluid input and output on fluid balance

charts. This includes areas in the Trust that use FIR charts.
To bring any concerns to the attention of the RN and ANP as soon as it is identified.

Fluid Administration

Parenteral fluid administration can be via one of two routes:

- Intravenous – please refer to Intravenous Fluid Guideline (excluding parenteral nutrition)
- Subcutaneous – please refer to Subcutaneous Fluid Administration Guideline

5.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Process for Monitoring	Responsible Individual /Group	Frequency of monitoring
	Registered nurses or other relevant healthcare professionals must have undertaken appropriate training to administer Intravenous medications	Via uLearn or evidence of previous training	Line Managers	As required
	Untoward incidents reported regarding any issues with administration	Incident forms received and investigations logged	Divisional Governance groups	As required

6.0 References and Bibliography

- NMC Code – Professional, Staff, quality services (2018)
- NICE Clinical Guidance 174NICE guidance CG174, Intravenous fluid therapy in adults in hospital, issued December 2013 updated May 2017.
- Guidelines for the administration of subcutaneous fluids
- Guidelines for the administration of Intravenous fluids excluding parenteral nutrition
- The Policy and Procedure for the Administration of Intravenous Medication to Adults and Children within the Community and Community Hospital

- Leadership Alliance for the care of the Dying People (2014) NHS England

7.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

- Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.
- Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.
- If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Managing Fluid Balance and Hydration SOP

Managing Fluid Balance and Hydratio

Available on staffnet

Appendix 2 Training Requirements

Training Needs Analysis

Training topic:	
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ☐√ Role specific ☐ Personal development
Directorate to which the training is applicable:	☐ √ Adult Mental Health ☐ √ Community Health Services ☐ Enabling Services ☐ Families Young People Children / Learning Disability/ Autism Services ☐ Hosted Services
Staff groups who require the training:	Nursing Profession
Regularity of Update requirement:	Professionals are responsible for maintaining their clinical competency in relation to this area of practice. Medicines Management should be completed 2 yearly, as per Trust requirements
Who is responsible for delivery of this training?	Training and Development Team and/or training from previous roles
Have resources been identified?	N/A
Has a training plan been agreed?	N/A
Where will completion of this training be recorded?	☐√ ULearn ☐ √Other (please specify) records of previous training acknowledged
How is this training going to be monitored?	Via Ward Managers

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	☐√
Respond to different needs of different sectors of the population	☐√
Work continuously to improve quality services and to minimise errors	☐√
Support and value its staff	☐√
Work together with others to ensure a seamless service for patients	☐√
Help keep people healthy and work to reduce health inequalities	☐√
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	☐√

Appendix 3 Due Regard Screening Template

Section 1	
Name of activity/proposal	Parenteral fluids Administration In Adults Policy (excluding parenteral nutrition)
Date Screening commenced	
Directorate / Service carrying out the assessment	CHS LPT
Name and role of person undertaking this Due Regard (Equality Analysis)	Barclay Consultant Nurse Advanced Practice
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This policy describes the process within CHS assess, administer and review the delivery of parenteral fluid administration to patients within in-patient and community setting	
OBJECTIVES: Safe fluid Administration	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No negative impact
Disability	No negative impact
Gender reassignment	No negative impact
Marriage & Civil Partnership	No negative impact
Pregnancy & Maternity	No negative impact
Race	No negative impact
Religion and Belief	No negative impact
Sex	No negative impact
Sexual Orientation	No negative impact
Other equality groups?	No negative impact

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No √
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4.

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
All aspects of this policy are equally applicable to all patients and staff.			
Signed by reviewer/assessor	Caroline Barclay	Date	15/01/2019
Sign off that this proposal is low risk and does not require a full Equality Analysis			

Head of Service Signed	J Smith	Date	29/01/19

Appendix 4 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.
The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.

Name of Document:	**Parenteral Fluids Administration in Adults Policy (excluding parenteral nutrition)**	
Completed by:	**C. Barclay**	
Job title	**Consultant Nurse Advanced Practice**	**Date 22/01.19**

Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	

If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk
In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	**N/A**

Date of approval	**N/A**

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust