Leicestershire Partnership NHS Trust

The Policy and Procedure for the Administration of Intravenous Medication to Adults and Children within the Community and Community Hospital

The document prescribes how clinicians will administer medication via the intravenous route using a peripheral cannula.

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Target audience:	Clinical staff giving IV medications via peripheral cannulae as part of their role.	
Type of Policy	Clinical X	Non Clinical
Which Relevant CQC Fundamental Standards?	9,10,11,12	

Contents

APPENDICES

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	October 2006	Adopted for LCR PCT
2.0	December 2009	
3.0	April 2012	Updated and adopted for LPT Procedure tables created for ease of reading. Updated list of other relevant policies. Added links to Medical Devices for Electronic Infusion Devices. Updated Reference list. Added Visual Phlebitis Score and Cannula Chart
4.0	May 2014	Updated references, updated infection prevention and control measures, updated relevant reading.
5.0	March 2018	Updated references, updated template. Revised cannulae chart. Includes Privacy Assessment
6.0 6.3 ext agreed	March 2021	Updated Reference List. Updated infection prevention and control measures. Updated Privacy Impact Screening.

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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.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

Due Regard

LPT must have **due regard** to the aims of eliminating discrimination and promoting equality when policies are being developed. Information about due regard can be found on the Equality page on e-source and/or by contacting the LPT Equalities Team.

The Due regard assessment template is Appendix 10 of this document

Definitions that apply to this Policy

Aseptic Technique	Mechanisms employed to reduce potential contamination.
Bolus	Concentrated medication and / or solution given rapidly over a short period of time.
Cannula	Hollow tube made of silastic, rubber plastic or metal used for accessing the body.
Extravasation	Inadvertent infiltration of a vesicant solution or medication into the surrounding tissue.
Infiltration	Inadvertent administration of a non-vesicant solution or medication into the surrounding tissue.
Non-Vesicant	Intravenous medication that generally does not cause tissue damage or sloughing if injected outside of a vein.
Phlebitis	Inflammation of a vein; may be accompanied by pain, erythema, oedema, streak formation and / or palpable cord; rated by a standard scale – Visual infusion phlebitis score.
Thrombophlebitis	Inflammation of the vein in conjunction with the formation of a blood clot (thrombus)
Vesicant	Agent capable of causing injury when it escapes from the intended vascular pathway into surrounding tissue.

1.0. Introduction and Purpose of the Policy

The majority of medicines that are administered in the community setting are via the oral route. However, in certain circumstances, administration of medicines via the intravenous route is more effective. The organisation appreciates the importance of such service provision but also recognises the risks associated with such interventions.

The aim of this policy is to set out the standards that must be adhered to by all staff administering intravenous medicines via a peripheral cannula within a community / community hospital setting in order to maintain patient safety.

1.1 This policy is applicable to nursing staff employed by the organisation and should be applied in conjunction with the following local and national policies and standards:

- Administering Medication in the Community Setting Standard Operating Procedure - LPT
- Aseptic Non Touch Technique / Clean Technique Policy - LPT
- Hand Hygiene Policy - LPT
- Medical Devices Policy - LPT
- Management of Sharps and exposure to Blood Born Virus Policy - LPT
- NPSA (2007) Promoting the Safer use of Injectable Medicines. London. NPSA.
- Management of Central Lines Clinical Guideline - LPT
- Royal College of Nursing (2016). Standards for Infusion Therapy, London. RCN.
- Royal College of Nursing (2013) Guidance to support the implementation of The Health and Safety (Sharp Instruments in Healthcare Regulations).

Registered Nurses must always work within their professional NMC Code (2015) and adhere to the Professional guidance on the administration of medicines in healthcare settings (2019) - this guidance, co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN) provides principles-based guidance to ensure the safe administration of medicines by healthcare professionals.

2.0 Summary and Key Points

This policy is an update to a previously existing policy.

Changes include the updated references and infection prevention and control measures.

2.1 **This policy covers** the administration of intravenous medication via

- Peripheral IV cannula

2.2 **This policy excludes** the administration of intravenous medication via

- Central Lines such as Skin Tunnelled catheters (Hickman Lines)
- PICC lines (Peripherally Inserted Central Catheter)
- Portacaths.

(The exclusions are dealt with specifically in a separate relevant policy).This policy also excludes

The administration of blood and blood products outside the community hospital environment.

Training for the administration of blood and blood products within the designated community hospitals will be addressed separately via http://nhs.learnprouk.com

However the training for administration of IV medicines MUST be completed prior to training to administer blood and blood products.

3.0. Duties within the Organisation

The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

Trust Board Sub-committees have the responsibility for ratifying policies and protocols.

3.1 Divisional Directors and Heads of Service are responsible for:

- Ensuring that there are clear policies and protocols that give authority for individuals to perform the tasks and that this is reflected within their job descriptions.

3.2 Line Managers are responsible for:

- Ensuring that their staff are aware of this policy.
- Ensure staff evidence their competencies as part of their annual appraisal.
- Ensure that staff who are unable to pass their competency are managed in line with the organisations performance management policy.
- Using audits of patient records ensure that documentation is correctly being used as prescribed.
- Ensuing that staff are aware of their duty to report incidents via the correct system.

3.3 Responsibility of Clinicians –

- 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 verbally 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

3.4 Medical staff/Non-Medical Prescribers

To clinically assess the patient as required in order to manage and treat the clinical condition of the patient.

Consider the 5 Rs of fluid replacement therapy. Resuscitation,

Routine maintenance, Replacement, Redistribution and Reassessment in line with NICE guidance CG174.

Initiate intravenous therapy when no other alternative is appropriate and ensure it is safe for drug to be given via the prescribed route.

To correctly prescribe medication and where required authorise for the patient in order that treatment is facilitated in a timely fashion.

Access information from the IV Monographs http://medusa.wales.nhs.uk /BNF as required. Within Childrens services the CBNF or Monograph from the Childrens Hospital would be accessed.

Ensure compatibility exists between the infusion fluid and medication, which is to be administered; ensuring the amount of medication prescribed is adequate until the patient is reviewed again.

3.5 Staff undertaking intravenous administration

Registered Nurses are responsible and accountable for their practice and should always work within their competence in accordance with The Code (NMC, 2015) and the Royal Pharmaceutical Society (RPS, 2019) and Royal College of Nursing (RCN, 2019) Professional guidance on the administration of medicines in healthcare.

Registered Nurses must attend the required training run within house by the Clinical Education Team CHS or for Childrens Nurses that run by the Clinical Team Leads and also identify to their line manager any ongoing training needs.

Registered Nurses must maintain their clinical skills within this area and must seek to refresh their knowledge and skills as required.

Registered Nurses must access information from the IV Monographs http://medusa.wales.nhs.uk / BNF as required. Within Childrens services the CBNF or Monographs from the Childrens Hospital would be accessed.

Registered Nurses must be familiar with and demonstrate a working knowledge of policies and procedures.

Registered Nurses must be adequately prepared and equipped to deal with an anaphylactic or untoward reaction.

In community hospitals two Registered Healthcare Practitioners should check drugs to be given intravenously before administration, in accordance with the Trust Medicines Management Policy. Where applicable, calculations must be undertaken independently and the results compared by the two practitioners.

In the Community where Registered Nurses are administering the drug in the patient's home and have demonstrated the necessary knowledge

and competence they may administer intravenous drugs without a second check.

If involved with the administration of blood or blood products staff must have undertaken mandatory blood transfusion training (see section 2.3).

VIP Scores and checklists must be noted. As record keeping systems evolve these may be documented electronically using EPMA (Electronic Prescribing and Medicines Administration) or on forms taken from within cannulation packs or as per trust examples in Appendices 5 and 6.

3.6 Staff undertaking intravenous administrations using infusion pumps

If the infusion requires to be given with the use of an electronic infusion device in line with monographs or information from the drug manufacturer, it is the Registered Nurses professional responsibility to ensure their competence by accessing training or by reading instruction manuals and declare such competence to the organisation prior to using the equipment. This is in line with the Management of Medical Devices and Equipment policy and The Code (NMC. 2015)

4.0 Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as essential to role.

The course directory e-source link below will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

https://www.ulearnlpt.co.uk

A record of the event will be recorded on Ulearn.

Training needs analysis (see appendix 7)

4.1 Practitioners must be Registered Nurses.

Before accessing an intravenous line independently all staff must:

Have completed the organisations competency based training and assessment programme to include Intravenous Therapy, Medicines Management, Anaphylaxis as well as Adult or Paediatric Basic Life Support and Infection Prevention and Control.

Have commenced a period of supervised practice within 2 months of attending the training.

Provide evidence of assessment and competency signed by an appropriate

assessor. Observation, supervised practice and assessment should ideally be carried out in the clinical area in which the practitioner normally works. It is possible to carry out assessment using a simulation dummy outside of the work place should the need arise. The dates of supervision and assessments must be documented in the LCAT record of supervision held by the practitioner, the assessor and supervisor must sign this document. The practitioner must keep a record of competency in their professional portfolio as well as having a copy lodged in their personal file held by the line manager.

Staff employed from another trust must provide evidence of a completed training and assessment programme and completed competencies that should be current. A supportive competency assessment of the staff must be carried out to ensure that they have the required skills in line with this organisations policy.

4.2 Criteria for Supervisors

For staff new to accessing intravenous ports and delivering medication via this route, supervision should be carried out by members of staff with experience and competence in this skill.

Supervising staff must:

Be a Registered nurse.
Have a sound knowledge of the relevant policies and documents.

4.3 Criteria for Assessors

Final assessment of Competency must be carried out using the LCAT (Leicester Clinical Assessment Tool, McKinley, R.K et al 2008) by an accredited LCAT assessor. A register of accredited assessors is held by the Clinical Education Leads.

5.0 Monitoring Compliance and Effectiveness

Page Ref	Minimum Requirements	Evidence for Self-assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
7	Ensure staff attend training to deliver the care as described in section 3.5 of this policy.	Sec 3.5	Review by team managers of records of training that is recorded on Ulearn.	Community Managers / Matrons	Annually
12-18	Ensure staff are competent to deliver the care as detailed in appendices 1-4 of this policy	Appendices 1-4	Review of staff LCAT assessments at PDR by team managers.	Community Managers / Matrons	Annually

6.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
CQC Standard: Service will be safe	Evidenced by the fact that clinicians are appropriately trained.
CQC Standard: Service will be effective	Evidenced by ensuring this policy is underpinned by national guidance and evidence.
CQC Standard: Service will be caring	Evidenced by ensuring clinicians maintain patients dignity and privacy, consider mental capacity and that information is made available to patients about the choices they have.
CQC Standard: Service will be responsive	Evidenced by ensuring that patients receive the appropriate level of care when they need it.
CQC Standard: Service will be well led	Evidenced by rigorous governance procedures that capture and act on untoward incidents in an open and transparent manner.

7.0 References and Bibliography

McKinley R.K, Strand J, Gray T et.al. (2008). Development of a tool to support holistic generic assessment of clinical procedural skills. Medical Education 42 619- 627

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APPENDIX 1

INTRAVENOUS ADMINISTRATION PROCEDURE (PREPARATION OF BOLUS DOSE OF DRUG)
Wherever practicable safer sharps should be used

ACTION	RATIONALE
1 Discuss procedure with patient or parent/carer and obtain informed consent to the treatment.	To check that the patient or parent/carer understands the procedure and treatment and gives his or her consent
2 Read all prescription and authorisation details and confirm they relate to the patient to be treated. Check that the medication has not inadvertently been given already.	To ensure patient safety and that the prescription is detailed enough to safely administer from and to ensure that it is legal.
3 Check for patient allergies.	To ensure patient safety and reduce the risk of an allergic and anaphylactic reaction
4 Ensure that the area in which the medication is to be prepared is as clean and uncluttered and free of distraction as possible.	To reduce the risk of contamination and mistakes.
5 Assemble all equipment required. Check all expiry dates and that medication, diluents, and flushes are not damaged and have been stored correctly.	To ensure patient safety and comply with the Professional guidance on the administration of medicines in healthcare settings (RPS & RCN, 2019)
6 Check that the medication formulation, dose, infusion fluid and rate of administration correspond to the prescription and product information.	To ensure patient safety and comply with the Professional guidance on the administration of medicines in healthcare settings (RPS & RCN, 2019)
7 Calculate the volume of medicine solution needed to give the prescribed dose. If required check this with another registered nurse.	To comply with the Professional guidance on the administration of medicines in healthcare settings (RPS & RCN, 2019)
8 Community Hospital Nurses must use yellow labels and attach them to the syringe. Community Nurses should use yellow labels if syringes containing a flush have the same volume in them as a syringe containing a drug.	To clearly identify syringes containing drugs as they are transported from preparation area to the patient.
9 Disinfect your work surface using 70% alcohol and 2% Chlohexidine swab. Wash hands with liquid soap and water and dry thoroughly. Put on a plastic apron and clean gloves from a dedicated box.	To reduce the risk of bacterial contamination during the procedure.

10 Clean all sides of a plastic tray/trolley with 70% alcohol and 2% Chlorhexidine swab and unpack equipment onto it. Open diluents, flushes and medications ready to draw up. Remove gloves and apron.	Allows for the preparation of equipment prior to the procedure without contamination.
11 Clean hands. Put on a clean apron and gloves from designated area.	To reduce the risk of bacterial contamination during the procedure.
12 Using an ANTT (Aseptic Non Touch Technique) assemble needles and syringes. **Do Not Touch Key Parts.** Prepare the injection by following the manufacturer's instructions. Draw up pre and post bolus flushes as required using gauze to hold the bottles	Using ANTT reduces the risk of bacterial contamination during the procedure.
13 **REMEMBER** if piercing a rubber seal always cleanse with a swab of 70% alcohol and 2% Chlohexidine and leave to dry for 30 seconds.	To ensure that bacterial contamination risk is reduced.
14 **REMEMBER** some medications require to be gently swirled to dissolve all of the powder and should not be allowed to bubble up. It may take several minutes to dissolve powders. Check monograph or reconstitution notes if unsure.	
15 Always keep ampoules and any unused medicine until administration to the patient is complete and no untoward reactions have occurred.	Once ampoules or vials have been disposed of they cannot be retrieved from sharps safes in the case of untoward reactions.
16 Once solutions have been drawn up, remove the needle from the luer loc syringe and either fit a blind hub or a new sheathed needle to maintain asepsis.	Reduces the risk of accidental sharps injury and maintains asepsis of key parts.
17 Remove gloves and apron disposing of correctly according to policy.	

APPENDIX 2

ADMINISTRATION OF A PERIPHERAL INTRAVENOUS BOLUS DOSE OF DRUG

Wherever practicable safer sharps should be used

ACTION	RATIONALE
1 Before administering any drug check the following: Right patient, Right drug, Right dose, Right time, Right route.	To comply with the Professional guidance on the administration of medicines in healthcare settings (RPS & RCN, 2019)
2 Obtain informed consent.	To check that the patient understands the procedure and treatment and gives his or her consent
3 Check for allergies.	To ensure patient safety and reduce the risk of an allergic and anaphylactic reaction
4 Check that an appropriate venous access device is in place this should include the use of an extension/octopus line and that the administration site is free of leakage, infection and inflammation.	Use of an octopus/extension line enables ease of access and reduces the risk of vascular damage and device mobility. Leakage, inflammation and infection are possible contra indications to the use of the access device. RCN (2016) **See Appendix 5 & 6**
5 Take all equipment to the patient.	
6 Wash and dry hands thoroughly	Reduces the risk of bacterial contamination.
7 Put on a plastic apron and gloves and clean gloves from a designated box.	Reduces the risk of bacterial contamination.
8 **AT ALL TIMES TAKE CARE NOT TO TOUCH KEY PARTS -** Clean the needleless valve (bionector) located at the end of the extension / octopus line thoroughly using Chlohexidine 2% and alcohol 70% swab and allow to dry for 30 seconds.	To prevent bacterial contamination during the procedure.
9 Ask the patient to promptly report any soreness at the access site or any discomfort at all. Recheck the access site and device for any signs of leakage, infection or inflammation.	Early detection of untoward reactions and prompt action will reduce further complications. **See Appendix 5**
10 Attach a 10ml leur loc syringe filled with sodium chloride 0.9% and flush with 5ml of the sodium chloride 0.9%. **DO NOT FORCE.**	To ensure patency of the device.
11 Disconnect the syringe.	

12 Attach leur loc syringe containing drug as prescribed and inject over the appropriate amount of time.	All drugs must only be injected over the prescribed rate and time as set out by IV monographs and manufacturer's instructions. Reduces the risk of speed shock
13 Disconnect the syringe	
14 Attach a 10ml leur loc syringe filled with sodium chloride 0.9% and flush with 5ml of the sodium chloride 0.9%.	To ensure the patient receives the full dose of the prescribed medication.
15 Clear away equipment and ensure the patient is comfortable and the line is secure.	
16 Remove gloves and apron and dispose of appropriately then wash and dry hands thoroughly.	
17 Make a detailed record of administration using appropriate documentation to include batch numbers and expiry dates.	To comply with local policies
18 Finally discard used ampoules / vials and sharps into the appropriate sharp safe.	Once ampoules or vials have been disposed of they cannot be retrieved from sharps safes in the case of untoward reactions

APPENDIX 3

INTRAVENOUS ADMINISTRATION PROCEDURE ADDING A DRUG TO AN INFUSION BAG)

Wherever practicable safer sharps should be used

ACTION	RATIONALE
1 Prepare the medicine in the syringe using the method described in appendix 1.	
2 Check the outer wrapper of the infusion solution is not damaged	To ensure that asepsis of the contents have not been contaminated.
3 Check the infusion solution is free of particles, haziness, discolouration and is intact. Remove the wrapper.	Particles, haziness, discolouration would indicate contamination and must not be used.
4 Using clean gloves from a designated box remove the tamper evident seal on the additive port according to manufacturer's instructions. Cleanse with 70% alcohol and 2% chlorhexidine swab and leave to dry for 30 seconds.	To reduce the risk of bacterial contamination.
5 **REMEMBER** if the volume of medicine solution to be added to the infusion bag is greater than 10% of the initial contents of bag then an equivalent volume needs to be removed prior to adding the medication. **EXAMPLE** 50ml into a 500ml infusion bag or 100ml to 1000mls.	
6 On a flat surface inject the medicine into the infusion through the centre of the injection point taking care to keep the tip of the needle away from the side of the infusion bag.	To prevent accidental piercing of the infusion bag.
7 Once the drug has been added to the infusion bag remove the syringe and Needle placing in a sharps bin. Gently invert the bag at least 5 times.	To ensure the medication is completely mixed within the infusion solution.
8 Check the appearance of the final infusion solution for haziness, discolouration and particles.	Haziness, discolouration, and particles would indicate incompatibility or contamination and the infusion should not be used.
9 **AT ALL TIMES TAKE CARE NOT TO TOUCH KEY PARTS –** On a flat surface attach administration/giving set to the infusion bag using the port provided.	Reduces the risk of bacterial contamination
10 Prime the administration/giving set slowly to reduce air gaps in the line. Ensure the end of the line is covered.	Reduces the risk of air embolus and prevents bacterial contamination.
11 Community Hospital Nurses must fully complete the yellow infusion label and attach it to the bag.	To ensure that all staff are aware of the addition of the drug to the infusion solution.

APPENDIX 4

ADMINISTRATION OF A DRUG ADDED TO AN INTRAVENOUS INFUSION
Wherever practicable safer sharps should be used

ACTION	RATIONALE
1 Before administering any drug check the following: Right patient, Right drug, Right dose, Right time, Right route.	To comply with local policies and to keep the patient safe.
2 Obtain informed consent.	To check that the patient understands the procedure and treatment and gives his or her consent.
3 Check for allergies.	To ensure patient safety and reduce the risk of an allergic and anaphylactic reaction.
4 Check that an appropriate venous access device is in place which should include the use of an extension/octopus line and that the administration site is free of leakage, infection and inflammation.	Use of an octopus/extension line enables ease of access and reduces the risk of vascular damage and device mobility. Leakage, inflammation and infection are possible contra indications to the use of the access device. RCN (2016). **See appendix 5 & 6**
5 Take all equipment to the patient.	
6 Wash and dry hands thoroughly	Reduces the risk of bacterial contamination.
7 Apply clean gloves from a designated box.	Reduces the risk of bacterial contamination.
8 **AT ALL TIMES TAKE CARE NOT TO TOUCH KEY PARTS -** Clean the needleless valve (bionector) located at the end of the extension / octopus line thoroughly using Chlohexidine 2% and alcohol 70% swab and allow to dry for 30 seconds.	To prevent bacterial contamination during the procedure.
9 Attach a 10ml leur loc syringe filled with sodium chloride 0.9% and flush with 5ml of the sodium chloride 0.9%. **DO NOT FORCE.**	To ensure patency of the device.
10 Disconnect the syringe.	
11 Attach the administration giving set and regulate and run the infusion as required	All drugs must only be injected over the prescribed rate and time as set out by the prescription/authorisation or IV monographs and manufacturer's instructions. Reduces the risk of speed shock.
12 Remove gloves and apron dispose of appropriately.	Prevent accidental contamination of equipment or surroundings
13 Once infusion is complete stop the infusion.	
14 Put on a plastic apron, decontaminate hands using hand sanitiser and apply clean gloves from a designated box.	To reduce bacterial contamination

15 **AT ALL TIMES TAKING CARE NOT TO TOUCH KEY PARTS** – Detach the administration giving set from the access device.	To prevent contamination of key parts
16 Attach a 10ml leur loc syringe filled with sodium chloride 0.9% and flush with 5ml of the sodium chloride 0.9%.	To ensure the patient receives the full dose of the prescribed medication.
17 Clear away equipment and ensure the patient is comfortable and the line is secure.	To prevent cross infection
18 Discard used ampoule /vials and sharps into the appropriate sharp safe.	Once ampoules or vials have been disposed of they cannot be retrieved from sharps safes in the case of untoward reactions
19 Ask the patient to promptly report any soreness at the access site or any discomfort at all. Recheck the access site and device for any signs of leakage, infection or inflammation.	Early detection of untoward reactions and prompt action will reduce further complications.
20 Make a detailed record of administration.	To comply with local policies
21 Check that arrangements for monitoring fluid balance or clinical parameters have been made. Ensure that relevant documentation is made available for subsequent regular monitoring to take place.	To keep patient safe and monitor for early complications.

N.B. ELECTRONIC INFUSION DEVICES

If the medication requires to be given with the use of an electronic infusion device in line with monographs or information from the drug manufacturer, it is the Registered Nurses professional responsibility to ensure their competence by accessing training or by reading instruction manuals and declare such competence to the organisation prior to using the equipment. This is in line with the Management of Medical Devices and equipment policy and The Code (NMC. 2015)

N.B. WORKED EXAMPLE OF THE FORMULA FOR CALCULATING DRIP RATES IF NOT USING AN ELECTRONIC INFUSION DEVICE

$$\frac{\text{mls to be infused (500)}}{\text{Hours to run (12)}} \times \frac{\text{Drops per ml (20)}}{\text{Convert to min (60)}} = \frac{10000}{720} = \textbf{13.8 dpm (14)}$$

EXAMPLE of VISUAL INFUSION PHLEBITIS SCORE (VIPS) – Taken from: Jackson A (1998)

APPENDIX 5

IV Site appears healthy. No pain evident.	**0**	No signs of phlebitis • OBSERVE CANNULA
ONE of the following is evident: • Slight pain near IV site • Slight redness near IV site	**1**	Possible first signs of phlebitis • OBSERVE CANNULA
TWO of the following are evident: • Pain at IV site • Erythema • Swelling	**2**	Early stages of phlebitis • RESITE CANNULA
ALL of the following signs are evident: • Pain along the path of cannula • Erythema • Induration	**3**	Medium stage of phlebitis • RESITE CANNULA and CONSIDER TREATMENT
All of the following are evident and extensive: • Pain along path of cannula • Erythema • Induration • Palpable venous cord • Pus	**4**	Advanced stage of phlebitis or the start of thrombophlebitis • RESITE CANNULA and INITIATE TREATMENT • COMPLETE INCIDENT FORM
All of the following are evident and extensive: • All of the above PLUS • Pyrexia • Tissue damage	**5**	Advanced stage of thrombophlebitis • RESITE CANNULA and INITIATE TREATMENT • COMPLETE INCIDENT FORM

APPENDIX 6

EXAMPLE of a VISUAL INFUSION PHLEBITIS SCORE AND CANNULA CHECKLIST

(ANY SCORE GREATER THAN 0 REQUIRES AN ENTRY IN THE EVALUATION OF CARE)

Patients Full Name:	**Date of Birth:**	**NHS Number:**

Cannula No		**1**		**2**		**3**		**4**		**5**	
Insertion of cannula											
Date of cannulation											
Inserted by											
Insertion site											
Size / colour of cannula											
Manufacturer											
Batch no & expiry date											
		Score	**Signature**	**Score**	**Signature**	**Score**	**Signature**	**Score**	**Signature**	**Score**	**Signature**
VISUAL INFUSION PHLEBITIS SCORE	**Day 1**										
	Night 1										
	Day 2										
	Night 2										
	Day 3										
	Night 3										
	Remove the cannula unless the patient has poor venous access or clinician can justify leaving in situ.										
	Day 4										
	Night 4										
	Day 5										
	Night 5										
Removal of cannula											
Date of removal											
Removed by											
Swab Taken?		Y / N		Y / N		Y / N		Y / N		Y / N	
Tip sent for C&S?		Y / N		Y / N		Y / N		Y / N		Y / N	
Sterile dressing to site?		Y / N		Y / N		Y / N		Y / N		Y / N	

Appendix 7

Training Needs Analysis

Training topic:	Intravenous Access and Administration of Medicine via Peripheral Cannulae
Type of training: (see study leave policy)	☐ Mandatory (must be on mandatory training register) ✓ Role specific ☐ Personal development
Division(s) to which the training is applicable:	✓ Adult Mental Health & Learning Disability Services ✓ Community Health Services ☐ Enabling Services ✓ Families Young People Children ☐ Hosted Services
Staff groups who require the training:	Registered Nurses who are required as part of their job to access peripheral cannulae.
Regularity of Update requirement:	Not fixed as staff must work within the NMC Code and ensure that they are competent to carry out the intervention.
Who is responsible for delivery of this training?	Clinical Education Team and Clinical Team Leads (Diana service)
Have resources been identified?	In place already
Has a training plan been agreed?	In place already
Where will completion of this training be recorded?	✓ ULearn ✓ Other – on personal records held by the clinician for revalidation
How is this training going to be monitored?	Via the Learning and Organisational Development Team in conjunction with the Clinical Educators

Appendix 8

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 9

Key individuals involved in developing the document

Name	Designation
Karen Connor	Original Policy Developer 2009
Jo Potts	Original Policy Developer 2009
Julie Grant	Clinical Education Lead 2011 update
David Leeson	Clinical Education Lead 2011, 2014 updates
David Leeson	Clinical Education Lead 2018 update

Circulated to the following individuals for comment

Name	Designation
Amanda Hemsley	Senior Nurse – Infection Prevention & Control Team
Caroline Barclay	Nurse Consultant Advanced Practice - CCHS
Colin Bourne	Clinical Educator - MHSOP
Corinne Hutton	Diana Nurse Team Lead
Joanne Charles	Lead Pharmacist - CHS
Julie Neville	Clinical Trainer – CHS Community Hospitals
Kelly Arthurs	Deputy Sister – CHS Community Hospital
Laura Smith	Clinical Educator – LD / AMH
Louise Short	Clinical Educator – LD / AMH
Sandy Zavery	Equalities Lead - LPT
Sarah Latham	Matron – CHS community Hospitals
Sue Swanson	Clinical Trainer – CHS Clinical Education Team
Susannah Ashton	Matron – Intensive Community Support

Due Regard Screening Template **Appendix 10**

Section 1	
Name of activity/proposal	Administration of medication via peripheral cannulae
Date Screening commenced	19th March 2021
Directorate / Service carrying out the assessment	CHS
Name and role of person undertaking this Due Regard (Equality Analysis)	Angela Richardson – Nurse Consultant Advanced Practice.
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: Update the policy that prescribes the standards to be adhered to when preparing and administering medication via a peripheral cannula.	
OBJECTIVES: To ensure that any medication given via a peripheral cannula is given safely and protects the nurse and patient against errors..	

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

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:			
Implementation of this policy is low risk. It is an update from an existing policy. It should not have an impact on any protected characteristics. It merely prescribes good practice.			
Signed by reviewer/assessor	Angela Richardson	**Date**	19th March 2021
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed	M. Emery	**Date**	21st April 2021

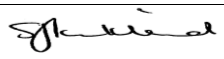
DATA PRIVACY IMPACT ASSESSMENT SCREENING

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:	**The Policy and Procedure for the Administration of Intravenous Medication to Adults and Children within the Community and Community Hospital**	
Completed by:	Angela Richardson	
Job title	Nurse Consultant Advanced Practice	**Date** 23/04/21

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, adoption of a procedural document will not take place until review by the Head of Data Privacy.

Data Privacy approval name:	Sam Kirkland, Head of Data Privacy 

Date of approval	**30/04/21**

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