

SUBJECT: POLICY FOR ADMISSION	REFERENCE #2001
DEPARTMENT: INFUSION THERAPY SERVICES	PAGE: 1 OF: 4
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

- The Agency admits only clients whose needs can be met by the services it provides at the level required by the client's condition.
- Clients shall be accepted for care and cared for without discrimination on the basis of age, sex, mental or physical handicap, race, color, religion, ancestry or national origin.
- Client referrals are received with licensed physician orders and authorization.
- The Agency's ability to accept a client for admission will be determined by the following criteria:
 - The level of care needed by the client is congruent with the type of services provided by the Agency, based on an assessment of the client's condition/needs at the time of admission.
 - A physician licensed by the state has assumed care for the client prior to the client being registered or accepted for service.
 - A written treatment plan for care will be established and intermittently evaluated by the physician.
 - Skilled care is required (unless reimbursement is by a third party payor not requiring this or by private pay).
 - Identified needs can be met on an intermittent basis (unless reimbursement is by a third party payor not requiring this or by private pay).
 - The client's needs require reasonable service, which is necessary for treatment.
 - The client is homebound (unless when homebound status is not a reimbursement requirement for non-Medicare clients).
 - There is a reasonable expectation that medical, nursing and social needs can be appropriately satisfied by the Agency in the client's residence, and that the agency has adequate staffing and resources available to meet those needs.
 - A reasonable expectation exists that the client's needs can be met at home without infringing on client safety or accomplishment of medically desirable results.

SUBJECT: CEFTRIAZONE SODIUM INJECTION	REFERENCE #3008
DEPARTMENT: INFUSION THERAPY SERVICES	PAGE: 1 OF: 2
APPROVED BY:	EFFECTIVE: REVISED:

REGARDING YOUR TREATMENT:

- Your physician has ordered ceftriaxone sodium (Rocephin), an antibiotic to treat your infection. The drug will be either injected into a large muscle (such as your buttock or hip) or diluted in intravenous fluid and allowed to drip through a needle or catheter placed in your vein for about 30 minutes, one or two times a day.
- Ceftriaxone eliminates bacteria that can cause many different types of infections, including pneumonia and infections of the skin, urinary tract, abdomen, bone, joint and blood.
- Your health care provider (physician, nurse, or pharmacist) will use laboratory tests and physical exams to check the progress of your treatment, the type of infection present and how you respond determine the length of treatment.

SIDE EFFECTS:

- Side effects during ceftriaxone therapy are not common. However, some people experience diarrhea, abdominal pain, nausea, vomiting, skin rash and itching. If any of these symptoms are severe or last for several hours, notify your health care provider.
- If you are receiving ceftriaxone intramuscularly (in your muscle), it probably will be mixed with lidocaine (Xylocaine) to reduce pain at the injection site.
- Tell your health care provider as soon as possible if any of the following symptoms are present:
 - Unusual bleeding or bruising
 - Difficulty breathing
 - Hives
 - Persistent diarrhea
 - Sore mouth or throat

PRECAUTIONS:

- If you are allergic to penicillin, cephalosporins (e.g., cefaclor (Ceclor), cefadroxil (Duncef), and cephalexin (Keflex), or any other drugs, please tell your physician before taking ceftriaxone. Please, also tell your physician if you have a history of kidney, liver, gallbladder, gastrointestinal disease (especially colitis) or if you are pregnant, plan to become pregnant or are breast-feeding.

SUBJECT: CHEMOTHERAPY - VESICANTS	REFERENCE #3042
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- A central line should be used to give vesicants IV push; however, peripheral lines may be used with caution. An unused vein with a free-flowing IV line should be used to give vesicants peripherally. To check for IV patency and to make sure that there is no extravasation into surrounding tissue, use only normal saline.
- A central line must always be used when giving vesicants by continuous infusion.
- An attempt will be made by the pharmacist or nurse to obtain a physician authorization for extravasation standing orders and an extravasation kit before giving IVP vesicant(s) in the home setting. If the physician does not want to sign standing orders or order an extravasation kit, this will be recorded in the client's medical record.
- All clients receiving vesicants via continuous infusion will be instructed by the pharmacist or nurse with respect to the signs of extravasation (i.e., displacement of the Huber needle) and how to shut off the infusion if an extravasation is suspected. The client will be taught to shut off the infusion immediately if he/she suspects an extravasation. The client will also be instructed to call the on-call personnel and to go to the emergency department.
- Vesicant extravasation signs include:
 - ◆ Pain, stinging or burning at site of infiltration;
 - ◆ IV insertion site swelling or swelling along venous tract;
 - ◆ Erythema at site of infiltration;
 - ◆ Poor or absent blood return from IV catheter/needle;
 - ◆ IV infusion rate decreasing.
- If an extravasation is suspected follow General Extravasation Treatment Measures. When giving an antidote a physician order must be obtained. Management of specific vesicant extravasations may be referred to for guidance. These may also be referred to as examples of standing orders.
- The following will be recorded in the client's medical record:
 - ◆ Date/time;
 - ◆ Needle size and type;
 - ◆ Insertion site;

PICC INSERTION PROGRESS NOTE

Client Name: _____ **Physician:** _____

Vital Signs: T: _____ O/R/AX Heart Rate: Apical _____ Radial: _____ Respirations: _____ Weight: _____ lbs.

Homebound Status: _____

Necessity for Insertion: _____

Nursing Observations/Assessments: _____

Catheter brand: _____ Lumens: _____ Size: _____ Lot #: _____

Catheter length: _____ Length inserted: _____

Vein accessed: _____

Bicep circumference (5" above the insertion side): _____

Tip placement: _____ CXR ordered: _____

Evaluation/Complications: _____

Nursing Diagnosis:

- Knowledge deficit r/t PICC insertion, care and maintenance.
- Potential for infection r/t PICC placement: _____

Nursing Intervention/Instruction: _____

Treatment Plan: _____

Visit Date: _____ Time: _____ AM/PM

Signature of Client Date

Signature of Nurse Date

SUBJECT: ASEPTIC TECHNIQUE	REFERENCE #6002
DEPARTMENT: INFUSION THERAPY SERVICES	PAGE: 1 OF: 7
APPROVED BY:	EFFECTIVE: REVISED:

POLICY:

Only trained pharmacists and Infusion Therapy Services technicians may prepare sterile parenteral products, as aseptic technique is crucial to the provision of sterile parenteral products. Infusion Therapy Services will establish procedures regarding the proper techniques to reduce turbulence and touch contamination. The ASHP Practice Standards and technical assistance bulletins will be used as a guide.

PROCEDURE:

- Personnel
 - Personnel who meet the following criteria may compound parenteral products:
 - An individual who is qualified to compound under federal and state regulations, such as:
 - ◆ Licensed pharmacist
 - ◆ Registered technician
 - An individual who has passed the aseptic technique evaluation (upon hire and annually).
 - While in the admixture area, personnel are to follow these strict guidelines:
 - In the immediate admixture area there is to be no smoking, eating, drinking or applying of make-up.
 - Personnel with colds, flu, diarrhea, cuts, abscesses or infections on their hands or arms are to be allowed in the immediate admixture area only at the Director of Infusion Therapy Services's discretion.
 - Only Infusion Therapy Services personnel who need to work in and around the laminar flow hoods will be allowed in the immediate admixture area.
 - No through traffic will be allowed in and around the compounding area.
 - While housekeeping personnel are cleaning the admixture area, there is to be no preparation of sterile products.
 - Lint-free scrubs or gowns will be worn by personnel involved in batch compounding.