### Intravenous Fluid Administration and Addition of Medicines to Intravenous Fluids (Drug Additives) (In-Patient Facilities) Interim Nursing Procedure

<table>
<thead>
<tr>
<th>Reference Number:</th>
<th>NHSCT/10/307</th>
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<tbody>
<tr>
<td>Target audience:</td>
<td>Nurses and Midwives</td>
</tr>
<tr>
<td>Sources of advice in relation to this document:</td>
<td>Carolyn Kerr, Deputy Director of Nursing</td>
</tr>
<tr>
<td>Replaces (if appropriate):</td>
<td>N/A</td>
</tr>
<tr>
<td>Type of Document:</td>
<td>Trust Wide</td>
</tr>
<tr>
<td>Approved by:</td>
<td>Policy, Standards and Guidelines Committee</td>
</tr>
<tr>
<td>Date Approved:</td>
<td>18 March 2010</td>
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</tbody>
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**Date Issued by Policy Unit:**
26 August 2010

(Mandatory policy content added in Mar 11 at review and placed on Staffnet)

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**NHSCT Mission Statement**
To provide for all the quality of services we would expect for our families and ourselves
INTERIM NURSING PROCEDURE FOR INTRAVENOUS FLUID ADMINISTRATION and ADDITION OF MEDICINES TO INTRAVENOUS FLUIDS (DRUG ADDITIVES) (IN-PATIENT FACILITIES)
This interim nursing procedure will be withdrawn when the NHSCT Medicines Code is endorsed by the Policy, Standards and Guidelines Committee.

Intravenous (IV) fluids must be checked by 2 registered nurses, one of whom should also be the registrant who then administers the IV medication.

Check the IV fluid to be erected against the prescription sheet.

The check includes the type of fluid, strength of fluid, volume of fluid, expiry date, batch number and a visual check to ensure integrity of packaging and that the infusion is clear, not discoloured or cloudy and is particle free. Once erected the infusion rate should also be checked by both members of staff to ensure that the correct rate has been programmed into the infusion device or drops per minute are calculated accurately in the drop chamber of the IV giving set (if IV device not available).

The IV Prescription Chart (WNB 126) is signed by both nurses. There are 2 columns on the IV Prescription Chart:

(i) Bag erected by (nurse erecting fluids).
(ii) Bag and / or label checked by (nurse checking fluids).

Addition of Medicines to IV Fluids

Nurses who have completed the approved IV Therapy Administration Course may add medicines to IV fluid bags.

Assemble the required materials in a clean location (medication ampoules / vials, IV fluid bag, needle(s), alcohol wipes, disposable protective gloves, clean reusable plastic tray and sharps bin for disposal of waste).

IV fluids checked as per guidance above.

Check that the medication to be added to the IV fluid matches with the product prescribed.

Check packaging and containers for damage and ensure that the materials have not passed their expiry date.

Medicines which may be added are contained in the IV Medicines Administration Guide 2008.

Calculate the volume of medication required to give the prescribed dose, make a record of the calculation in the patient’s notes and have the calculation checked independently by a second registered nurse.
Prepare the label for the prepared medicine.

Cleanse hands according the Trust Policy and put on a pair of disposable gloves. Disinfect the surface of the plastic tray in which preparation is to be undertaken.

Prepare and arrange the medication, IV fluids and needles on the tray and using a non-touch technique prepare the medication according to prescription requirements, with reference to technical information contained in the IV Medicines Administration Guide (2008).

Immediately label the prepared medication. NEVER leave unlabelled syringes or infusion bags unattended or in the presence of other unlabelled medication.

When drug addition is required, the solution should be thoroughly mixed by shaking and inverting.

**Additive Labels**

The infusion should be labelled using the Trust IV Additive Label (BSO WRN 2500) with:

- the patient’s name and number;
- the name and amount of additives;
- the date and time prepared;
- infusion expiry date / time;
- route, diluent and final volume;
- prepared by and checked by.

Place the labelled infusion, the empty ampoule / vial and prescription chart in a clean tray for transportation to the patient for immediate administration.

When the medicines have been added, the medicines kardex and IV prescription sheet must be signed by both nurses. Staff should divide the appropriate box in the kardex into 2 sections and enter both signatures.

The label must not obscure the name or the expiry date of the infusion fluid. It is good practice to monitor intravenous infusions while they are running. If cloudiness, crystallisation, change of colour any other sign of interaction or contamination is observed the infusion should be discontinued.

**Equality, Human Rights and DDA**

The policy is purely clinical/technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

**Alternative formats**

This document can be made available on request on disc, larger font, Braille, audio-cassette and in other minority languages to meet the needs of those who are not fluent in English.
Sources of Advice in relation to this document

The Policy Author, responsible Assistant Director or Director as detailed on the policy title page should be contacted with regard to any queries on the content of this policy.

Carolyn Kerr
Deputy Director of Nursing