

Introduction to Home IV Antibiotic Therapy

Your physician has carefully selected you as a candidate for receiving intravenous (IV) medication at home. Home IV therapy has proven to be a safe and effective alternative to hospitalization.

Antibiotics are used to fight infection in a wide range of disease processes. Many antibiotics are taken by mouth, but the IV route has been chosen for you. This is because the medication is better utilized by the body in this form, and therefore is more efficient in its ability to ward off infection.

Training about IV administration begins either in the hospital prior to discharge or upon admission to homecare services. Family members are encouraged to attend training sessions. Until you are independent, a homecare nurse will be present for your IV infusions at home. This printed information on IV Administration Procedures has been provided to you to refer to should questions arise.

Throughout your antibiotic program the homecare nurse will periodically evaluate your general physical condition and response to the antibiotic treatment. Nursing support will be provided if there is a problem or complication. Your homebound status will be continually evaluated to make sure you meet the qualifications to receive at home nursing. If your homebound status changes, you may be required to receive nursing services at an outpatient facility.

All supplies related to your home IV needs may be obtained through the IV company that is supplying your IV therapy.

***IN CASE OF EMERGENCY GO TO YOUR NEAREST EMERGENCY DEPARTMENT**

*CONTAINED WITHIN THIS PRINTED INFORMATION ARE GENERAL GUIDELINES. REFER TO PHYSICIAN ORDER FOR SPECIFIC FLUSHING PROTOCOLS.

Your Healthcare Team

IV Supplier: _____ **Telephone:** _____

Physician's Name: _____ **Telephone:** _____

Physician's Appointment: _____

*Be sure to call and make a follow up appointment as soon as possible

Home Care Agency: _____ **Telephone:** _____

Home Care Nurse's Name: _____ **Telephone:** _____

Emergency Hospital: _____ **Telephone:** _____

Ambulance: _____ **Telephone:** _____

Pharmacy for Prescriptions: _____ **Telephone:** _____



IV Antibiotic Information Sheet

The IV antibiotic medications you are taking are:

1. _____ Dosing times: _____

2. _____ Dosing times: _____

*If on **Vancomycin, Gentamicin, Tobramycin or Amikacin**, labs for trough levels will be drawn to monitor the amount of medication in your blood. **DO NOT** give the dose on the days you are due for your troughs, until the nurse comes out and draws blood first. Be sure to ask your nurse the days the troughs will be done.

Labs will be done: _____ Mondays and Thursdays

_____ Tuesdays and Fridays

IV dressing will be changed weekly on: _____

The administration system you are going to use is: _____

Common side effects include: _____

Special precautions with administration of this medication include: _____



Preparing the Work Surface

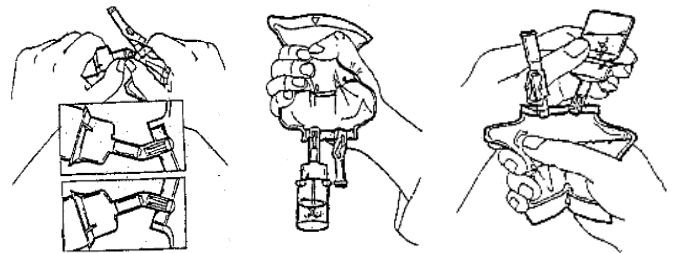
Prepare a clean work area by cleaning a solid surface with a household cleaner (such as bleach cleaner, Lysol® or another brand) and follow the labeling instructions.

Preparing Your IV Medications

It is important that proper technique be maintained throughout the preparation and administration of your IV therapy. Proper technique is also needed for the care of your IV catheter. Proper technique includes the following:

- **Always** wash hands with antibacterial soap and water for 20 seconds before and after all IV procedures.
- Many medications require storage in the refrigerator. If the medication is refrigerated, **always** remove it from the refrigerator 30–60 minutes prior to beginning the infusion or as you have been instructed by your home care nurse.
- **Always** prepare a clean work surface.
- **Always** check the label for name, medication dose and beyond use date before each infusion. Medication should not be used after the beyond use date listed on the label.
- Remember to check for cracks, leaks, tears, cloudiness, discoloration or floating matter before beginning the infusion. If any of the above is observable, notify the pharmacy and **do not** use the medication and/or equipment.

- Be careful after removing protective caps from the tubing spike, the IV tubing ends and syringes. Do not touch these areas or allow them to touch any non-sterile surface.
- Mini-bags require reconstitution **before** infusing:



- **Always** prime your IV tubing before beginning your IV infusion. The goal of priming is to remove all of the air from your IV tubing.

Care of Your IV Site

- **Always** wash hands with antibacterial soap and water for 20 seconds before and after all IV procedures.
 - A nurse will change the IV dressing weekly or as needed if it becomes soiled or loose.
 - Dressings must be kept clean, dry and intact. **DO NOT** allow the dressing to get wet, this may put you at risk for infection.
 - Notify the nurse if the dressing becomes wet or loose. You can apply extra tape to the edges of the dressing, but **DO NOT** change the dressing on your own.
 - **DO NOT** lift heavy objects with the arm that your IV line is in.
- Notify your healthcare provider or seek medical attention if you have:
 1. Redness, drainage, soreness or swelling at the IV insertion site or on your arm
 2. Fever, chills or vomiting
 3. Difficulty giving medications, or being able to flush your IV line
 4. Your IV catheter becomes damaged in any way such as it begins to leak, is torn or broken
 5. Any problems with your IV catheter while caring for it



Rules for IV Therapy – Important Points

- **Never** touch equipment without washing your hands first.
- **Never** pull, bend or kink the catheter.
- **Never** reuse syringes, needles or leftover IV solution.
- **Never** force any fluid into your catheter or needle if it feels clogged.
- **Never** leave the catheter end open, a needless connector must be on at **all** times.
- **Never** use broken or cracked equipment.
- **Never** use IV solutions that are expired or remain cloudy.
- **Never** speed up an infusion or dose sooner to catch up on a missed dose without calling and notifying the pharmacist first.
- **Never** use IV supplies if the packaging is wet, torn or contaminated.
- **Never** allow IV supplies to become contaminated and **Never** use IV supplies if they have been contaminated, when in doubt throw out and get new (just notify pharmacy).
- **Never** allow IV site dressing to become wet or soiled.
- **Never** use sharp objects or scissors near IV catheter.
- **Never** infuse your IV without **FIRST PRIMING** your IV tubing.
- **Never** wait to report a problem. When in doubt call your Home Care Nurse or Home Infusion Pharmacist.
- **Always** contact the pharmacy providing your IV medications if:
 1. You need additional IV supplies to complete your therapy.
 2. You missed or wasted a dose of medication.
 3. You contaminated your IV supplies and need them replaced.
 4. You changed or made appointment with your infection doctor.
 5. You have **ANY** questions or concerns.

Tips When Flushing Your IV Line

- **Always** wash hands with antibacterial soap and water for 20 seconds before and after all IV procedures.
- Use a clean alcohol swab each time you clean the end cap. Cover the end cap with an alcohol swab and twist 10 times to clean and allow to **air dry**. **DO NOT** blow on the cap.
- **Always** remove all air from the syringe before flushing. Hold the syringe upright so all the air raises to the top of the syringe, remove cap and slowly push plunger up until all of the air is removed from the syringe.
- Each time you flush your IV line with normal saline or heparin, use **push-pause flushing method**: firmly and quickly push a little solution, then pause 1–2 seconds, then push a little more, pause and so on until syringe is empty.
- Apply the clamp each time you are finished using your IV line.
- If more than 1 lumen, make sure you clean and flush all lumens daily or as instructed.



Return of Home Infusion Equipment and Disposal of Home Infusion Supplies

Home Infusion Equipment: Any device or piece of equipment used by home health personnel, patient, or family/caregiver to meet the patient's home health needs (i.e., infusion pumps and non-disposable IV poles).

Home Infusion Supplies: Those disposable items used by home health personnel, the patient, and/or family/caregiver to meet the patient's home health needs (i.e., dressings, syringes, tubing, gloves, etc.).

Patient agrees to return all Home Infusion Equipment promptly at end of therapy to avoid being charged for unreturned equipment.

Home infusion supply waste generated in the home is considered household waste and should **not** be transported for disposal at Mercy Health Home Health facilities.

After removing patient specific information, home Infusion supplies should be double bagged and disposed of in household trash out of reach of children and animals unless otherwise instructed.

Patient Responsibilities

- Patient must have a verifiable address with a working phone on the premises.
- Patient or representative must be available to sign for deliveries when required.
- Patient or caregiver must be willing to provide IV therapy and learn all steps needed for administration.
- If medication requires refrigeration, patient must have working refrigerator on premises.
- Patient should notify Home Care Company and Harness Health Home Infusion of Physician appointments or other times when the patient will not be available, ie. in the hospital.
- Patient must be available for the skilled nursing visits to teach/provide IV therapy, obtain ordered labs, complete IV line care, etc.



Procedure for Line Maintenance

1. Gather supplies needed:
 - Alcohol Swabs
 - 1- Saline filled syringe
 - 1- Heparin filled syringe
2. Prepare work surface.
3. Wash hands with antibacterial soap and water for 20 seconds.
4. Unclamp IV line, cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 10 mL Saline.
5. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. If directed, flush with 5 mL Heparin, remove syringe and apply clamp.

*If you have more than one port, the unused port(s) must be cleaned and flushed as directed per protocol with 10 mL Saline followed by 5 mL Heparin (if ordered).

*When flushing with Saline or Heparin solution, **ALWAYS** use push pause flushing (push plunger stop, push plunger stop and repeat until the required volume is used) and remember after removing last flush to clamp the line.



Procedure for Administration of IV Push medications

1. Gather supplies needed:
 - Remove IV Push medications from the refrigerator 30–60 minutes prior to beginning the administration or as stated on the label.
 - Alcohol Swabs
 - 2- Saline filled syringes
 - 1- Heparin filled syringe
2. Prepare work surface.
3. Wash hands with antibacterial soap and water for 20 seconds.
4. Check medication label for the correct patient, correct medication, and expiration date. Inspect syringe for leaks, cracks, particulate matter, and clarity of the medication.
5. Unclamp your IV line, cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 10 mL Saline.
6. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Administer medication IV PUSH over _____ minutes.
7. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 10 mL Saline, remove syringe.
8. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 5 mL Heparin, remove syringe, then apply clamp.

*If you have more than one port, the unused port(s) must be cleaned and flushed daily with 10 mL Saline and 5 mL Heparin.

*When flushing with Saline or Heparin solution, **ALWAYS** use push pause flushing (push plunger stop, push plunger stop and repeat until all of the solution is out of the syringe) and remember after removing last flush to clamp the line.



Procedure for Administration of IV Dial-A-Flow Medications

1. Gather supplies needed:
 - Remove 250 mL bags or less 1 hour prior and those greater than 250 mL 2 hours prior to the beginning of IV Dial-A-Flow infusions or as stated on the label.
 - Alcohol Swabs
 - 1- IV Pole
 - 1- IV dial-a-flow tubing
 - 2- Saline filled syringes
 - 1- Heparin filled syringe
2. Prepare work surface.
3. Wash hands with antibacterial soap and water for 20 seconds.
4. Check medication label for the correct patient, correct medication, and expiration date. Inspect bag for leaks, cracks, particulate matter, and clarity of the medication. (*if mini bag mix medication)
5. Close clamp on tubing and turn dial to off.
6. Remove spike cover on the end of IV tubing and the blue rubber cover on the IV bag and insert the spike into the medication bag and hang the bag on the IV pole.
7. Squeeze the drip chamber until it is ½ full.
8. Open the clamp and slowly turn dial and let the fluid fill the tubing until all air is out of the tubing. Once liquid comes out end close the clamp.
9. Unclamp IV line and cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 10 mL saline.
10. Remove the protective cap from the end of the tubing and screw the tubing on the end cap.
11. Set the dial on _____. Open the clamp.
12. When the infusion is complete, clamp tubing and unscrew the IV tubing from the end cap. (The IV tubing is good for 24 hours, so if you dose more than once in 24 hours put end cap from saline flush on end of IV tubing and carefully drape the IV tubing over the IV pole. Leave the old IV bag attached until ready to attach the new bag.)
13. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 10 mL saline, remove syringe.
14. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 5 mL Heparin, remove syringe, then apply clamp.

*If you have more than one port, the unused port(s) must be clean and flushed daily with 10 mL Saline and 5 mL Heparin.

*When flushing with Saline or Heparin solution, **ALWAYS** use push pause flushing (push plunger stop, push plunger stop and repeat until all of the solution out of the syringe) and remember after removing last flush to clamp the line.



Procedure for Administration of IV Medications via Elastomeric Device (Medicine Ball)

Gather supplies needed:

- Elastomeric (Medicine Ball) Medication — Remove medication from refrigerator _____ hours before infusion as stated on medication label.
 - Alcohol swabs
 - 2 Saline filled syringes
 - 1 Heparin filled syringe
1. Prepare work surface.
 2. Wash hands with antibacterial soap and water for 20 seconds.
 3. Check medication label for the correct patient name, correct medication, and expiration date. Inspect ball for leaks, cracks, particulate matter, and clarity of the medication.
 4. Use a fresh alcohol swab to clean the end cap on your IV line. Twist 10 times to clean and allow to air dry.
 5. Take the cap off a syringe of saline solution. Twist the syringe into the end cap of your IV line. If there is a clamp on the line, open it.
 6. Flush your IV line with the saline, using a push-pause motion. Do this until the syringe is empty. Then hold the end cap and twist off the syringe.
 7. Use a fresh alcohol swab to clean the end cap on your IV line. Twist 10 times to clean and allow to air dry.
 8. Twist the tab end off the tubing that connects to the medicine ball. Don't touch the open end of the tubing. Twist the tubing into the end cap on your IV line until it's secure.
 9. Open the clamp on the medicine ball. If you have a clamp on the IV line, make sure it is open too.
- ** Your infusion should be done in about _____ minutes, or when the ball is empty.

Once the infusion is complete:

1. Close the clamp on the medicine ball.
 2. To remove the tubing from your IV line, hold the end cap and twist off the tubing. Always make sure the end cap stays attached to your IV line.
 3. Use a fresh alcohol swab to clean the end cap on your IV line. Twist 10 times to clean and allow to air dry.
 4. Twist the other syringe of saline solution into the end of your IV line. Flush the line until the syringe is empty.
 - Remove the empty saline syringe.
 - Use a fresh alcohol swab to clean the end cap on your IV line. Twist 10 times to clean and allow to air dry.
 - Twist the syringe of heparin into the end of your IV line.
 - Flush your IV line with the syringe of heparin using a push-pause motion.
 - Before removing the empty syringe, close the clamp if you have one. Then hold the end cap and twist off the syringe.
 5. Throw your used supplies into the household trash.
- * If you have more than one port, the unused port(s) must be clean and flushed daily with 10 mL Saline and 5 mL Heparin.

- * When flushing with Saline or Heparin solution, **ALWAYS** use push pause flushing (push plunger stop, push plunger stop and repeat until all of the solution out of the syringe) and remember after removing last flush to clamp the line.



Procedure for Administration of Intermittent Medications on CADD Solis VIP Infusion Pump

TO BE USED ON DAY OF BAG AND TUBING CHANGE, BATTERIES AS NEEDED

Gather supplies needed:

- Medication — remove from refrigerator ____ hour(s) before the infusion.
 - (250 mL Bag — 1 hour prior; 500 mL Bag — 2 hours prior unless otherwise stated)
 - 1- IV CADD tubing
 - Alcohol Swabs
 - 1- Saline filled syringe
 - CADD Solis Pump
 - 4- AA batteries (if needed)
1. Prepare work surface.
 2. Wash hands with antibacterial soap and water for 20 seconds.
 3. Stop the pump by pressing the **STOP/START** key. When **“Stop the Pump?”** appears, press **Yes**.
 4. Close all clamps on the IV tubing and disconnect the tubing from the end cap on your IV line. Disconnect the old tubing from the CADD pump. Pull silver latch forward until the IV tubing completely detaches.
 5. If battery change is needed, turn the grey battery lever on the top of the pump counterclockwise, battery door will open, remove old batteries and insert 4 new AA batteries. Close battery door and turn grey lever clockwise to lock batteries in place. Power the pump back on by pressing the power key located on the right side of the pump. Be sure to allow pump to completely power up before doing anything else with the pump. The batteries are inserted properly when the pump beeps.
 6. Check medication label for the correct patient, correct medication, and expiration date. Inspect bag for leaks, cracks, particulate matter, and clarity of the medication.
 7. Close clamp on tubing. Remove spike cover on the end of IV tubing and remove the blue rubber cover on the new IV bag and insert the spike into the medication bag.
 8. Be sure that the silver latch is pulled completely forward. Insert tubing attachment hooks into the hinge pins on the pump. Snap attachment into place. Return silver latch to correct position by pushing until flush with the pump.
 9. The next screen will say **“Reset Reservoir Volume to ____ ml?”** Press **“Yes.”**
 10. The next screen will say **“Prime Tubing”** press **“Yes.”**
 11. Open all clamps on the tubing and press **“Prime.”** Once solution is to the end of the tubing without air bubbles press, **“Stop Priming.”** It will then ask if you want to continue priming, press **“No.”**
 12. Cover end cap of PICC line with alcohol swab and twist 10 times to clean, allow to air dry.
 13. Flush with 10 mL Saline. Remove the protective cap from the end of the tubing and screw the tubing on the end cap.
 14. Press the **“Stop/Start”** key and when **“Start the pump”** screen appears press **“Yes.”**
 15. The pump is running when the green light is blinking and everything is green, including the green running tab at the top.



Procedure for Administration of Intermittent Medications on CADD Solis VIP Infusion Pump

TO BE USED ON DAY OF BAG CHANGE ONLY

Gather supplies needed:

- Medication — remove from refrigerator _____ hours before infusion
 - CADD Solis Pump
1. Prepare work surface.
 2. Wash hands with antibacterial soap and water for 20 seconds.
 3. Stop the pump by pressing the **STOP/START** key. When **“Stop Pump?”** appears, press Yes.
 4. Check medication label for the correct patient, correct medication, and expiration date. Inspect bag for leaks, cracks, particulate matter, and clarity of the medication.
 5. Remove used bag from the tubing. Remove blue rubber cover on the new IV bag and insert the spike into the new medication bag.
 6. Press **“Tasks”** to get to the **“Reset Reservoir Volume”** tab and press **“Select”** the screen will say **“Reset Reservoir Volume To _____ml?”** Press **Yes**.
 7. Press the **STOP/START** key and when **“Start Pump”** screen appears press **Yes**.
 8. The pump is running when the green light is blinking and everything is green, including the green running tab at the top.
 9. Throw your used supplies in the household trash.

* If you have more than one port, the unused port(s) must be cleaned and flushed daily with 10 mL Saline and 5 mL Heparin (cover end cap with alcohol swab and twist 10 times to clean and allow to air dry).

* When flushing line with Saline or Heparin solution, **ALWAYS** use push pause flushing (push plunger stop, push plunger stop and repeat until all of the solution is out of the syringe) and remember after removing last flush to clamp the line.



Procedure for Connection of TPN on CADD Solis VIP Ambulatory Infusion Pump

DAILY BAG AND TUBING CHANGE, BATTERY CHANGE AS NEEDED

Gather supplies needed:

- TPN
 - 2 vials of Infuvite (Multiple Vitamins for Infusion) — if applicable
 - 1- IV CADD tubing
 - Alcohol Swabs
 - 1- Saline filled syringe
 - CADD Prizm Pump
 - 4- AA batteries (if needed)
1. Prepare work surface.
 2. Wash hands with antibacterial soap and water for 20 seconds.
 3. Clean Infuvite vials with alcohol swab.
 4. Clean rubber port on bottom of TPN bag with alcohol swab.
 5. Draw up both vials of Infuvite (Vial 1 and Vial 2, both 5 mL) into a 10 mL syringe, remove all air from the syringe and then inject into TPN bag through the rubber port located on the bottom of the bag.
 6. If battery change is needed, turn the grey battery lever on the top of the pump counterclockwise, battery door will open, remove old batteries and insert 4 new AA batteries. Close battery door and turn grey lever clockwise to lock batteries in place. Power the pump back on by pressing the power key located on the right side of the pump. Be sure to allow pump to completely power up before doing anything else with the pump. The batteries are inserted properly when the pump beeps.

7. Check medication label for the correct patient, correct medication, and expiration date. Inspect bag for leaks, cracks, particulate matter, and clarity of the medication.
8. Close clamp on tubing. Remove spike cover on the end of IV tubing remove the cover on the new IV bag and insert the spike into the TPN bag.
9. Be sure that the silver latch is pulled completely forward. Insert tubing attachment hooks into the hinge pins on the pump. Snap attachment into place. Return silver latch to correct position by pushing until flush with the pump.
10. The next screen will say **“Reset Reservoir Volume to ____ml?”** Press **“Yes.”**
11. The next screen will say **“Prime Tubing”** press **“Yes.”**
12. Open all clamps on the tubing and press **“Prime.”** Once solution is to the end of the tubing without air bubbles press, **“Stop Priming.”** It will then ask if you want to continue priming, press **“No.”**
13. Cover end cap with alcohol swab and twist 10 times to clean, allow to air dry.
14. Flush with 10 mL Saline. Cover end cap with alcohol swab and twist 10 times to clean, allow to air dry. Remove the protective cap from the end of the tubing and screw the tubing on the end cap.
15. Press the **“Stop/Start”** key and when **“Start the Pump”** screen appears press **“Yes.”**
16. The pump is running when the green light is blinking and everything is green, including the green running tab at the top.



Procedure for Disconnection of TPN

1. Gather supplies needed:
 - Alcohol Swabs
 - 2- Saline filled syringes
 - 1- Heparin filled syringe
2. Prepare work surface.
3. Wash hands with antibacterial soap and water for 20 seconds.
4. Stop the pump by pressing the **STOP/START** key. When “**Stop the Pump?**” appears, press **Y**.
5. Close all clamps on the IV tubing and disconnect the tubing from the end cap of your IV line. Disconnect the old tubing from the CADD SOLIS Pump by pulling the silver latch forward until the cassette completely detaches. Double bag waste items and dispose in the household trash.
6. Remove old batteries and dispose in the household trash.
7. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 10 mL saline, remove syringe.
8. Repeat step #7 above with another 10 mL saline syringe.
9. Cover end cap with alcohol swab and twist 10 times to clean and allow to air dry. Flush with 5 mL Heparin, remove syringe, then apply clamp.
10. Attach curo cap after Heparin flush.

*If you have more than one port the unused port(s) must be cleaned and flushed daily with 10 mL Saline and 5 mL Heparin.

*When flushing with Saline or Heparin solution, **ALWAYS** use push pause flushing (push plunger stop, push plunger stop and repeat until all of the solution out of the syringe) and remember after removing last flush to clamp the line.



Troubleshooting IV Problems

PROBLEM	PREVENTION	SIGNS	CORRECTION
Infection at the IV site	<ul style="list-style-type: none"> Always wash hands before handling any IV equipment Always use sterile technique when handling IV equipment Keep the site clean and dry 	<ul style="list-style-type: none"> Swelling at the site of insertion or entire limb Tenderness, warmth, redness or drainage at the catheter insertion site Fever or chills 	<ul style="list-style-type: none"> Check temperature Stop the IV Call Home Care nurse or Home Infusion Pharmacy
Needle or Catheter accidentally comes out	<ul style="list-style-type: none"> Avoid excessive movement or pulling on the catheter Keep dressing dry and intact 	<ul style="list-style-type: none"> Catheter or needle comes out of the insertion site Bleeding or IV fluid leaking from catheter insertion site 	<ul style="list-style-type: none"> Put pressure with sterile gauze over the site until stops bleeding, then apply antibiotic ointment and band-aid Save the catheter for Home Care nurse to inspect Call Home Care nurse
Phlebitis	<ul style="list-style-type: none"> Run IV solution at the rate you were instructed Keep catheter secured and avoid excessive movement Always use sterile technique when handling IV equipment 	<ul style="list-style-type: none"> Tenderness, redness, warmth, or swelling at insertion site or entire limb A red streak may be seen along the vein 	<ul style="list-style-type: none"> Call the Home Care Nurse or Home Infusion Pharmacy
DVT (deep vein thrombosis)	<ul style="list-style-type: none"> Avoid excessive use of arm the catheter is in 	<ul style="list-style-type: none"> Tenderness, redness, warmth, or swelling in the arm the catheter is in 	<ul style="list-style-type: none"> Call the Home Care Nurse or Home Infusion Pharmacy
Fluid leaking from the tubing or bag	<ul style="list-style-type: none"> Keep all connections tight Be careful when spiking IV bags 	<ul style="list-style-type: none"> IV solution leaking 	<ul style="list-style-type: none"> Tighten all IV connections If the hole is in the bag get a new bag and report wasted bag to the pharmacy
Trouble flushing or unable to give medicines or fluids through your IV catheter	<ul style="list-style-type: none"> Flush your IV catheter as you have been instructed Keep IV catheter and tubing free of kinks 	<ul style="list-style-type: none"> Cannot flush line IV will not run 	<ul style="list-style-type: none"> If clamp is present, unclamp it Remove any kinks If catheter is not kinked or clamped, do not force the solution into the tube. Call the home care nurse and report the problem.
Blood in Tubing or IV catheter	<ul style="list-style-type: none"> Keep IV pole elevated and sit during infusion so the IV will run as ordered DO NOT let the IV run until the tubing is empty Apply clamp after done flushing line 	<ul style="list-style-type: none"> Blood is backed up into the IV tubing 	<ul style="list-style-type: none"> Make sure IV is running (you can stop IV, flush line and reconnect) Make sure tubing is not kinked or pinched off Once IV bag is empty, disconnect and flush your IV line



Administration of Enteral Feeding by Gravity Method

Properly administering your medication at home is important to your safety. In the event of an emergency, call 911.

SUPPLIES:

- Formula
- IV Pole
- Gravity bag set
- Syringe for flushing (Volume may vary)

PROCEDURE:

1. Clean work area. Wash hands thoroughly for at least 20 seconds. Gather supplies.
2. Remove gravity feeding bag with tubing from package.
3. Close the roller clamp on the tubing.
4. Fill the bag with the proper amount of formula and close bag securely at the top. **No more than 12 hours of feeding should be filled at a time for commercially sterile, canned formula; 4 hours of feeding at time for powdered/liquid formula or anytime an additive is mixed (also for any feeding for baby <1mo old). This will help reduce possible bacteria growth.**
5. Hang the bag on the IV pole.
6. Fill the drip chamber as instructed by your nurse. **NOTE: Fill the drip chamber slowly, allowing formula to reach level of score mark; not above.**
7. Prime the tubing with formula by slowly opening the roller clamp until fully primed. Close the roller clamp.
8. Flush your feeding tube as instructed by your nurse.
9. Connect the tubing to your feeding tube by inserting tip of the tubing into the end of your feeding tube attachment. You may secure this connection with a piece of tape if necessary.
10. Slowly open roller clamp and adjust to set feeding at prescribed rate.
11. When the formula has infused and feeding is complete, close the roller clamp on the tubing. Disconnect the tubing from your feeding tube.
12. Flush your feeding tube as instructed by your nurse.

13. Rinse the feeding bag set with warm water between feedings. Allow to air dry.
14. **DISCARD THE USED FEEDING BAG SET AND USE A NEW SET EVERY 24 HOURS.**
15. Wash Hands thoroughly for at least 20 seconds

ENTERAL PRODUCT STORAGE GUIDELINES:

General Temperature Guidelines

General recommended storage temperature ranges for your nutritional product is between 32- and 95-degrees Fahrenheit (F). The most desirable temperature range for storage of unopened containers is room temperature, between 55- and 75-degrees F. Storage at these temperatures will assure the highest-quality product.

Unopened products should be stored in a cool, dry area. Prolonged exposure to temperatures below 32 degrees F or to direct heat above 95 degrees F could affect the physical consistency of the product.

Extreme Storage Conditions

Do not freeze formula products or store at greater than 95 degrees F. Excess temperatures, even for short time periods, can cause physical changes in the products, rendering them undesirable or unusable.

Additional Powder Storage Recommendations

Powdered formula should be used within one month from opening. Although the powders will not “spoil” from a microbiological perspective, some of the vitamins and fatty acids will degrade over time when exposed to oxygen. Powdered nutritional products should be stored in a cool, dry area. Opened powder cans should be covered; they should not be stored in the refrigerator.

Opened liquid container storage

Refrigerate for up to 24 hours after opening.



Administration of Enteral Feeding by Bolus Method

Properly administering your medication at home is important to your safety. In the event of an emergency, call 911.

SUPPLIES:

- Formula
- 60 mL syringe

PROCEDURE:

1. Gather supplies. Clean work area. Wash hands thoroughly for at least 20 seconds.
2. Flush your feeding tube as instructed by your nurse.
3. Remove the plunger from the 60 mL syringe.
4. Insert the tip of the syringe into the end of your feeding tube or feeding tube attachment device.
5. Administer feeding. Slowly pour the prescribed amount of formula into the syringe. Avoid spills by pouring no more than 60 mL formula into the syringe at a time. Keep filling the syringe with formula as it empties, until the total volume prescribed is given.

NOTE: To prevent unwanted air from entering the stomach, do not allow syringe to empty until completed.

6. Flush your feeding tube as instructed by your nurse.
7. Rinse 60 mL syringe as instructed. Allow syringe to air dry for re-use.
8. Wash hands thoroughly.

ENTERAL PRODUCT STORAGE GUIDELINES:

General Temperature Guidelines

General recommended storage temperature ranges for your nutritional product is between 32- and 95-degrees Fahrenheit (F). The most desirable temperature range for storage of unopened containers is room temperature, between 55- and 75-degrees F. Storage at these temperatures will assure the highest-quality product.

Unopened products should be stored in a cool, dry area. Prolonged exposure to temperatures below 32 degrees F or to direct heat above 95 degrees F could affect the physical consistency of the product.

Extreme Storage Conditions

Do not freeze formula products or store at greater than 95 degrees F. Excess temperatures, even for short time periods, can cause physical changes in the products, rendering them undesirable or unusable.

Additional Powder Storage Recommendations

Powdered formula should be used within one month from opening. Although the powders will not “spoil” from a microbiological perspective, some of the vitamins and fatty acids will degrade over time when exposed to oxygen. Powdered nutritional products should be stored in a cool, dry area.

Opened liquid container storage

Refrigerate for up to 24 hours after opening.



IGG Continuous Subcutaneous Infusion

Properly administering your medication at home is important to your safety. In the event of an emergency, call 911.

SUPPLIES:

- Infusion Pump (Freedom 60 Pump)
- Freedom 60/Precision Flow tubing set
- Medication vials
- Sharps container
- Alcohol/Antiseptic wipes
- 50 mL syringe(s) for medication
- Mini transfer device(s) or needles
- Alcohol swabs
- Sub Q needle sets with transparent dressing included (single / multiple needle)

PROCEDURE:

1. Clean work area. Wash hands thoroughly with antibacterial soap for at least 20 seconds. Gather supplies and equipment. Remove medication from the refrigerator, as instructed by your nurse.
2. Check medication label for name, drug, frequency and expiration. Inspect the medication for any cracks, leaks, particulate matter and clarity of medication. Contact us for any discrepancies or concerns.
3. Draw up IGG per plan of treatment into the empty 50 mL syringe, using a mini transfer device or needle.

IMPORTANT SAFETY ALERT: Verify that you have the correct Freedom 60/ Precision flow tubing. The rate printed on the package must match the rate ordered by your doctor (check prescription label).

4. Remove tubing from package.
5. Attach Freedom 60/Precision tubing to the luer disc end of medication syringe.
6. Place syringe into pump as instructed by your nurse.
7. Ensure the Freedom pump is in the **OFF** position and the black tab is at the end of its track. To move the black tab, wind the large knob clockwise until click is heard. **DO NOT OVERWIND.**

MEDICATION ADMINISTRATION:

8. Insert the medication syringe with tubing attached, plunger end first into the clear cover on the pump. Ensure luer disk end of tubing is firmly seated in the nose of the pump.
9. Prime the Freedom 60/Precision Tubing by turning pump to ON position. Remove end cap UNTIL a drop of fluid is noted at end of tubing, reattach end cap. **Do NOT prime the needle. NOTE: Hold the syringe in place UNTIL the black tab engages with syringe to prevent disengagement.**
10. Turn the pump to **OFF** position.
11. Choose appropriate SQ site for patient. (Appropriate insertion sites include the abdomen, upper buttocks, lateral thigh or lateral hip. Select a new site with each new needle placement.)
12. Cleanse site with an alcohol swab using a back-and-forth friction scrub for at least 30 seconds and let air dry for 60 seconds. Allow the site to dry thoroughly. **Do not blot site dry.**
13. Carefully remove the protective cover from the SQ needle, keeping the exposed needle sterile.
14. At the needle insertion site selected, pinch the skin and insert the SQ needle at a 90-degree angle into the skin fold.
15. Apply clear dressing over the needle insertion sites.
16. Secure excess tubing to skin using adhesive tape.
17. Remove protective cap from the end of Freedom 60/Precision Tubing and attach tubing to the injection cap on the end of your IV catheter. Be careful to avoid touching the tip of the tubing.
18. Turn pump ON to begin infusion. Pump will automatically begin to infuse medication. Administer medication via Freedom pump per your Plan of Treatment, monitoring infusion progress while medication is being dispensed. **Note:** Pump is silent during medication infusion.

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IGG Continuous Subcutaneous Infusion...cont.

AT THE END OF THE INFUSION:

19. When medication syringe is empty, infusion is complete. Turn pump to OFF position.
20. Wash hands thoroughly, for at least 20 seconds.
21. Gently remove transparent dressing while securing SQ needle.
22. Remove SQ needle(s) from the skin.
23. Rewind the knob clockwise, moving the black tab to the end of the track.
24. Remove the empty medication syringe from the pump. Leave the empty syringe attached to the tubing.
25. Discard the used syringe, tubing and needle into the Sharps container.
26. Dispose of any IGG that is leftover in the vial, into the trash.
27. Cover site with a gauze pad. You may apply direct pressure but avoid rubbing site.
28. Apply band aid(s).
29. Wash hands thoroughly, for at least 20 seconds.

NOTE: Freedom 60/Precision tubing is to be disposed of daily.

All supplies and waste can be double bagged and disposed of with your household garbage.



Glossary

Administration Set – tubing used to connect solution or medicine to the end cap or needless connector

Alcohol Swab – a small piece of gauze soaked in alcohol used to wipe off an area to make it sterile

Allergy – reaction to certain things such as medications or foods that can cause itching, rash, hives, breathing problem

Antibiotics – a type of drug used to fight bacterial infections

Aseptic – free of germs

Aseptic Technique – a technique used to prevent contamination

Catheter – a piece of soft plastic tubing placed in a vein, used to give fluids or medications

Central Line – a catheter placed in a large vein near the heart that is used to give fluids, medications or draw blood

Contaminated – dirty, should not be used

Deep Vein Thrombosis (DVT) – development of a blood clot in one or more veins in the upper or lower extremities

Dehydration – when you do not have enough water in your body. Causes include diarrhea, vomiting, large output from a stoma or fever. If you are dehydrated, you may feel thirsty and be urinating less.

Discoloration – a change in color, not the color it normally is, odd color

Drip Chamber – a part of the IV tubing that allows you to count how many drops are running to give the correct amount of medicine

Entry site – the place where a catheter goes into a vein

Exit Site – the place where a catheter comes out of the skin

Expiration Date – the month and year written on the labels of medicines, solutions, TPN bags or other products. The product should not be used past this date.

Heparin Flush – a sterile solution used last when flushing a line to keep blood from clotting the IV line

Hives – a rash; red, itchy swellings on your skin

Infiltration – Swelling at an IV site caused by catheter or needle

Infuse – to put medicine or solution into a vein through a needle or IV catheter

Infusion Pump – a pump used to move the medicine or solution through the tubing and into the body

Intravenous (IV) – into your vein; into your blood stream, putting drugs or fluids directly into your blood

Needless Connector/End Cap – a device placed on the end of a catheter to screw IV tubing and syringes on to eliminate the use of needles

Patency – the state of being freely open

Phlebitis – Inflammation of a vein

Sepsis – an infection in the blood stream that commonly causes fever and chills

Side effect – a reaction to a medicine

Sterile – something free of germs

Subcutaneous (S.C., sub-q, SQ) – to put under the skin

Symptom – sign of a particular illness

Systemic – refers to affecting the whole body

Vial – a small glass bottle that holds medications. A vial can contain more than one dose of medication.

