PURPOSE
To provide infusion therapy and access procedure guidelines for scope of practice, administration, and patient care for infusion therapy and blood components administration via peripheral intravenous (IV) and central line access.

POLICY

A. Patient Placement – Table 1.

1. Patients needing Peripheral or Central IV fluids or IV medications will be placed at an Inpatient and/or Infirmary designated facility. This includes ambulatory continuous infusion pumps.
2. Patients needing IV sedation and intermittent infusion of IV Chemotherapy will be placed at an Inpatient designated facility.
3. Patient’s requiring Blood Administration will be placed at Central Prison Health Care Facility (CPHCF) or transferred to a community designated facility
4. Patients with Peripherally Inserted Central Line Catheter (PICC) or other peripherally inserted central lines will be placed in an Inpatient and/or Infirmary Designated Facility. Patient’s with central lines will be housed at a facility designated as inpatient or infirmary
5. Outpatient designated facility: Will not provide peripheral IV’s, IV fluids or IV medication, except in accordance with emergency written Protocol. Patients with Implanted Ports i.e. Porta Cath requiring maintenance care, flushing and dressing changes may be housed at outpatient facility. Blood draws via the Porta Cath at outpatient facilities will be addressed on case by case bases with referral to the Regional ADON at the time the order is written.

B. Education/Training/Competency

All staff must have documented training and competency validation for clinical skills prior to patient care for all IV therapy, IV medications, chemotherapy, and administration of blood components.

Nursing staff scope of practice as related to intravenous (IV) therapy will follow the N.C. Board of Nursing (NC-BON) “Infusion Therapy / Access Procedures – Position Statement for Registered Nurse (RN) Licensed Practical Nurse (LPN), and Nursing Assistant II (NAII) Practice”, with the following exceptions:

- Department of Public Safety – Division of Adult Corrections (DPS-DAC) Health Services nursing staff will NOT insert or remove a central venous line catheter, including but not limited, to PICC lines.
- IV Push route – this route is via an intravenous catheter only. DPS-DAC nursing staff will NOT directly administer medication in the vein without IV catheter access.
• Per DPS-DAC policy for NA-II [CHA-II] staff may monitor flow rates but cannot adjust flow rates. The 
  CHA-II will notify the licensed nurse for any questions regarding IV therapy flow rates or need for further 
  assessment.
• Within DPS-DAC, CHA-II staff will NOT provide IV site care or IV dressing changes.

The LPN must have continuous availability of a RN who is able to be on-site when necessary (per BON scope of 
  practice). In addition:

• LPNs may NOT administer 
  (1) IV thrombolic medications 
  (2) IV conscious sedation meds 
  (3) Prostaglandin suppositories 
  (4) IV pitocin during labor and delivery 
  (5) IV Chemotherapy 
  (6) Blood components, except as stated in this policy

If applicable, RN staff may only administer the above medications after documented training and competency 
  validation.

C. **BLOOD ADMINISTRATION**

Central Prison Health Care Facility (CPHC) will be the only DPS – DAC facility that will administer blood in 
  accordance with CPHC Standard Operating Procedure (SOP).

**PROCEDURE**

The following references will be used as detailed procedure guidelines for IV therapy, including but not limited to, 
  peripheral and central line IV therapy, peripheral catheter site changes, tubing changes, dressing changes, IV therapy 
  maintenance, and blood transfusions:

• Peripheral and Central Line Care Guide revised December 2007 
  – references current December 2010; reviewed and revised 2015
• Nursing Orientation training and competency documentation related to IV therapy and blood transfusion 
• Lippencott Manual of Nursing Practice, 10th Edition 
  ▪ Intravenous Therapy 
  ▪ Nursing Role in Intravenous Therapy 
  ▪ Procedure Guidelines for Accessing Implanted Port 
  ▪ Administering Blood and Blood Products
• Equipment for IV therapy and blood components administration will be obtained from the Pharmacy
**HEALTH SERVICES POLICY & PROCEDURE MANUAL**

North Carolina Department Of Public Safety Prison

SECTION: ASSESSMENT OF PATIENT

POLICY # A-13

PAGE 3 of 4

SUBJECT: INFUSION THERAPY AND BLOOD COMPONENTS ADMINISTRATION

EFFECTIVE DATE: January 2016

SUPERCEDES DATE: None

---

Table 1: DPS – DPC – Health Services Guidelines for Scope of Practice and Patient Facility Placement for Infusion Therapy and Blood Transfusion

<table>
<thead>
<tr>
<th>DEVICE/ACTIVITY</th>
<th>Inpatient designated facility</th>
<th>Infirmary designated facility</th>
<th>Outpatient designated facility</th>
<th>Who can perform</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral IV’s</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Porta Cath – central line</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Peripherally Inserted Central Catheters (PICC)</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Infusion Pumps – Continuous Infusion pump</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral IV Start &amp; removal</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X according to facility SOP</td>
</tr>
<tr>
<td>Peripheral IV fluids and medication</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X according to facility SOP</td>
</tr>
<tr>
<td>IV Sedation and IV Chemotherapy</td>
<td>X</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Site care/dressing change ALL</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X according to facility SOP</td>
</tr>
<tr>
<td>Flushing peripheral line</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X according to facility SOP</td>
</tr>
<tr>
<td>Flushing central line</td>
<td>X</td>
<td>X</td>
<td>X – Porta cath only</td>
<td>X</td>
</tr>
<tr>
<td>Blood Products</td>
<td>X – CPHC only</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Collection of blood samples from:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Line</td>
<td>X</td>
<td>X</td>
<td>Case by Case basis *notify ADON</td>
<td>X</td>
</tr>
<tr>
<td>PICC</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Ambulatory Infusion Pumps - Continuous Infusion Pumps</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
REFERENCES

• N.C. Board of Nursing Position Statement “Infusion Therapy / Access Procedures”, reviewed 2/13
• World Health Organization (WHO) National Standards for Blood Transfusion Service – January 2013
• Lippincott Manual Of Nursing Practice, 2014, 10th Edition
• Infusion Nurses Society, Infusion Nursing: An Evidence-Based Approach, Infusion Nursing Standards of Practice, 2011- current edition
• University of Michigan Hospitals and Health Centers, Blood Transfusion Procedures, March 2010

__________________________  ____________________________
Paula Y. Smith, M.D.                  4/14/2016

Paula Y. Smith, MD, Chief of Health Services     Date