HOME INTRAVENOUS MEDICATION: PARENT/CARER ADMINISTRATION - CHW

PRACTICE GUIDELINE ©

DOCUMENT SUMMARY/KEY POINTS

The administration of intravenous medications at home is a time consuming and demanding task. **Not all families will be suitable for such a program and not all families will want to participate**[4,5].

The following have been identified as key points for consideration when discharging patients who may have intravenous medications at home.

- Any infant/child or adolescent who is having intravenous medication therapy can be considered for home therapy if they meet the inclusion criteria.
- The treating physician in conjunction with the nominated co-ordinator makes the decision regarding inclusion or exclusion for home intravenous medication therapy.
- A co-ordinator must be nominated to manage the child on home intravenous medication therapy. This would usually be a Clinical Nurse Consultant, nurse practitioner or clinical nurse specialist.
- Parents/carers must provide consent to home intravenous medication therapy.
- The parents/carers must have access to a telephone in case of an emergency[2]
- The co-ordinator will make the final decision on date of discharge for home intravenous medication treatment, which is parent and education driven.
- The Children's Hospital at Westmead will provide ongoing support for families who have been discharged on intravenous medication therapy.
- **If the parent/carer live within the inclusion area for CAPAC, referral could be made by phoning ext 53857 or by paging the NUM on 7115**

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

Approved by:	SCHN Policy, Procedure and Guideline Committee	
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Team Leader:	Clinical Nurse Consultant	**Area/Dept:** Cystic Fibrosis

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Appendix I: Flowchart 9

This Guideline may be varied, withdrawn or replaced at any time.

Patient Selection

Also refer to Appendix I - Flowchart

- The patient should be referred for consideration by the child's consultant.
- For patients who live within the inclusion area for CAPAC, referral to CAPAC is the preferred option for patients continuing IV medication at home.
- Prior to offering the home intravenous medication program to the family all members of the child's health care team should be satisfied that the family is suitable for discharge on the program.
- The parent must consent to participating in the program.
- The inclusion criteria & exclusion criteria should be considered and applied for each individual IV medication course.
- The patient's designated coordinator makes the final decision as to when and whether the patient is ready for discharge.
- Education and training for parents/carers usually takes at least 48 hours, therefore the length of time on the medication therapy must be considered before offering the home intravenous therapy service.
- Short courses of intravenous therapy can be managed if patients meet the criteria above and live within the inclusion area for support from CAPAC.

Recommended Inclusion Criteria

- The patient is medically stable (determined by consultant Physician)
- The patient has a designated coordinator, in most circumstances this would be the Clinical Nurse Consultant or Nurse Practitioner involved in the child's care.
- Patient/carer consent has been given to participate.
- The patient has established venous access (long line, midline, CVL, PICC, port-a-cath)
- When possible, all medications should be in preloaded infusors. The patient's drug regimen should not be in excess of 2 medications given no more frequently than 8th hourly (TDS) [3]. However if the medications are preloaded the regimen may include up to 3 medications given no more frequently than 8th hourly (TDS).
- Patients who are referred should be given a minimum of 48hrs notice of intended discharge.
- The patient/carer should be capable of understanding written and practical instruction.
- The patient or carer has demonstrated a commitment to continue to provide all of the patient's general care needs (eg. Physiotherapy)
- There must be available reliable transport, telephone, safe storage area, a clean area to prepare and administer medication.
- The distance the family lives from the hospital may need to be taken into consideration depending upon the level of support they require.

Recommended Exclusion Criteria

- Inability to attend any scheduled follow-up tests or appointments.
- Any member of the patient's health care team doubtful whether the necessary care can be provided in the home environment.
- The patients age, particularly children under 1 year and the viability of maintaining safe intravenous access. Children under 1 year of age can be included in the program at the discretion of the child's physician.

Patient Education

The time required for patient education is based on individual needs and is dependent upon many variables. It is recommended that the education provided is divided into three to four separate sessions. Education is co-ordinated by the designated co-ordinator in conjunction with any other clinical staff involved in the care of the patient.

NOTE: It is acceptable for suitable adolescents to be taught to administer their own IV medications but it is essential that one parent also be able to carry out the procedure to assist their child.

Education should include:

- Preparation and delivery of medication
- Hand washing techniques
- Safety issues including sharps disposal, storage of medication
- Signs and symptoms requiring return to hospital
- Education on signs and symptoms of allergic reactions
- Care of the venous access (long line, PICC, Port-a-cath, midline, Central Line Care)
- How to access appropriate support services
- Completion of daily monitoring forms and evaluation forms (if required)

Education can be conducted by either the patient's coordinator or ward nursing staff. Usually it is a combination of the two.

- The patient/carer must be given the appropriate education prior to discharge, giving them time to practice and ask questions. The patient's coordinator must be satisfied that the parent is adequately educated prior to discharge and document this in the clinical record.

The parent or adolescent should be able to demonstrate (without verbal instruction) preparation and delivery of antibiotics prior to discharge.

Written education material should be provided for the families to support the education process. This material needs to be tailored to individual patient requirements. Educational material can be obtained from the designated co-ordinator.

Equipment

- Equipment supplies are obtained from the discharging ward.
- When possible the medications will be in preloaded infusors, however in circumstances where this is not possible and the medications cannot be administered as a bolus, pumps can be obtained on loan through biomedical engineering, this must be organised by the discharging co-ordinator (in most circumstances a Clinical Nurse Consultant / Nurse Practitioner) by contacting the loans technician. Biomedical Engineering will log details on the equipment database and it is the responsibility of the co-ordinator to ensure that all pumps on loan are returned by the co-ordinator directly to the Biomedical Engineering department to ensure they are logged back into circulation.
- **For safety (and probity) reasons, pumps are never to be taken from the ward areas for home use, or returned from home use to the wards directly**.
- Medications can be obtained through the hospital pharmacy. Orders for appropriate drugs and flushes should be written on an internal outpatient's prescription.
- The parent or carer should be aware they may be asked to pay for each individual antibiotic prescribed, as per normal prescription costs, but any fluid required for flushes is provided free of charge by the hospital pharmacy.

Support Services

The family should be aware of support services available to them and who to contact depending on the type of problem and time of day.

- In normal working hours the most appropriate contact for support is their nominated coordinator.
- Other support services that should be made available to the families include:
  - Children's Hospital emergency department
  - Local GP and or Paediatrician
  - Local community nursing services
  - The child's consultant or "on call" consultant for that service.

The family should have appropriate contact numbers for each of these services and the services should be made aware of the child and the treatment regimen.

Telephone contact should be made to any external service offered to the family to ensure they are in a position to provide assistance and are aware of the treatment plan.

Emergency Department Requirements

The co-ordinator is to notify the Emergency Department (ED) ext: 52460 (emergency dept secretary) to have an "alert" which identifies specific information about the IV access, medication regimen and any other unique information about the child (This will put an alert

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on the 'health-e-care' system used by emergency dept). The co-ordinator is also responsible for notifying the ED to remove the "alert" at completion of the drug therapy.

Evaluation

Evaluating this program provides important information which can help improve the service for other families. Evaluation can be completed by the health care professionals (coordinator) and the parent/adolescent at the end of the therapy.

It is also useful for families to have a form on which they can monitor their child's progress. This prompts the parent to assess the child's physical condition and monitor the IV access line on a regular basis.

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Appendix I: Flowchart

Patient had been identified for Home Intravenous (IV) Therapy

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Ensure Medical Staff support Home IV therapy → May require further negotiation

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Is the patient suitable for CAPAC

- Yes → Complete referral on Powerchart and discuss with NUM
- No → Notify specialty CNC 48 hours prior to expected date of discharge

Notify specialty CNC 48 hours prior to expected date of discharge →

- Parents unhappy to undertake education program for Home IV but keen for Home IV → Is the patient suitable for CAPAC
- CNC satisfied criteria for Home IV has been met
- Parents happy to undertake education program for Home IV

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Home IV therapy training program commenced

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Discharge is parent/ carer driven can take 24-72 hours

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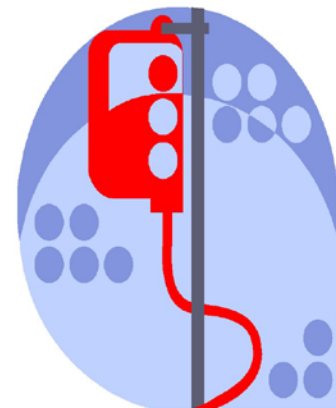
Discharged with follow-up by CNC involved with discharge →

- Emergency Department notified of patient details
- If appropriate notify General Practitioner or community services of discharge



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