**INTRAVENOUS THERAPY PROGRAM REVIEW**

IN ACCORDANCE WITH THE PUBLIC HEALTH CODE OF THE STATE OF CONNECTICUT

SECTION 19-13-D8u (please refer to the full regulation)

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| Facility: | Address: |
| Inspected by: | Date: |
| **Area of review** | **MET** | **NO MET** | **N/A** |
| 1. IV therapy prohibited unless ordered by a physician or other provider with prescriptive authority.
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| 1. Written policies and procedures are developed that ensure safe care for all patients including:
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| 1. Objectives/Goals/Scope
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| 1. Names/Titles/Duties/Responsibilities
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| 1. Education/Training/Supervision/Competencies
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| 1. Physician Orders.
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| 1. Safe administration/ monitoring/ documentation and termination of therapy.
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| 1. Preparation, labeling, and handling of IV admixtures
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| 1. Procurement, maintenance, and storage of equipment and solutions.
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| 1. Recognition of signs and symptoms ofcomplications including sepsis.
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| 1. Infection control, surveillance, review, and prevention of infections.
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| 1. Quality Management, review, safety, and effectiveness.
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| 1. Only physician/ extender and/or credential R.N. may remove central vein access.
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| 1. Prohibit blood draws, IV push, without a waiver.
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| 1. IV Therapy Nurse based on physician order may;a. Initiate venipuncture in a peripheral vein and administer IV fluids and /or admixture into the vein.
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| 1. Licensed nurses deliver IV fluids, admixtures, monitor, care for site, terminate procedure, and record event and observations.
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| 1. IV log is maintained including outcome of therapy and any complications.
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| 1. IV supplies are maintained in accordance with policy minimums.
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