

# Parenteral Fluids Administration in Adults Policy (excluding parenteral nutrition)

This policy outlines the process for the administration of  
Fluids via the Intravenous and Subcutaneous routes

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Which Relevant CQC Fundamental Standards:		

## CONTRIBUTION LIST

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**Please note** Any areas/specialities not specified within this policy considering undertaking IV Fluids must contact the author to advise on implementation

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## Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.0	Sept 2014	New
2.0	11/06/15	Added in Community ICS Service
3.0	15/12/16	Policy review, Distribution list updated, references updated
4.9	15/-1/19	Policy review, Distribution list updated, Inclusion of End of Life patients, References Updated

**For further information contact: Consultant Nurse Advanced Practice**

### Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all.

This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area.

This applies to all the activities for which LPT is responsible, including policy development and review.

### Due Regard

The Trusts commitment to equality means that this policy has been screened in relation to paying due regard to the Public Sector Equality Duty as set out in the Equality Act 2010 to eliminate unlawful discrimination, harassment, victimisation; advance equality of opportunity and foster good relations.

### Definitions are a Core Standard.

<b>Parenteral Administration</b>	Administration by breach of the skin or mucous membrane
<b>Hypodermoclysis</b>	Administration of drug/fluid into the subcutaneous tissue

## 1.0 Summary

This policy in conjunction with the below guidelines provides a structured approach to assessment, administration and monitoring of parenteral fluids through intravenous and subcutaneous routes in community and the community hospitals. It specifies the training requirement and monitoring of compliance and effectiveness. 4 key supporting documents to guide practice in this area are

1. Guideline for the administration of sub-cutaneous fluids for adults  
<http://www.leicspart.nhs.uk/Library/GuidelinefortheAdministrationofSubcutaneousFluidHypodermoclysisforAdults.pdf>
2. Guidelines for the administration of intra-venous fluids for adults within the community hospitals
3. The policy and procedure for the administration of intravenous medications to adults and children within community and community hospitals
4. NICE Guidance <https://www.nice.org.uk/guidance/cg174>
5. Peripheral Cannulation. Procedural guidelines for use with adult patients in community and community hospital settings (2016)

This policy excludes parenteral nutrition.

## 2.0 Introduction

The majority of fluid administration in the community setting is via oral, naso gastric, or percutaneous endoscopic gastrostomy (PEG) administration. However in certain clinical circumstances administration of fluids via Intravenous or Subcutaneous (Hypodermoclysis) route is required. The administration of Intravenous fluids currently only applies to community hospitals and End Of Life patients at home; subcutaneous route applies to all settings community and in-patient.

This policy sets out the duties of key staff members in assessing, prescribing, administering and reviewing fluid requirements.

This policy should be used in conjunction with the Intravenous fluids guidance and Sub-cutaneous fluids guidance referenced within this document and available on in-site. Where relevant the NICE Clinical Guideline 174 should be adhered to. The policy and procedure for the administration of Intravenous Medication to Adults and Children within the Community and Community Hospital should be utilised as the underpinning document for intravenous administration.

## 3.0 Purpose

The principle purpose of the policy is to provide a structured process to the assessment, administration and monitoring of parenteral fluids in the community and community in-patient hospital setting specifically relating to the:

- Intravenous route
- Sub-cutaneous route

## **4. Justification for Document**

This policy has been developed in light of recent NICE Clinical Guidance 174 in relation to Intravenous fluid administration and national changes to end of life care (Leadership Alliance 2014). The recommendations within the NICE CG 174 can also be applied to subcutaneous administration. This policy will facilitate a responsive service for our changing acuity of patients within the community and the community hospital setting.

### **5.0 Duties within the Organisation**

- 5.1 The Trust Board has a legal responsibility for Trust policies and for ensuring that they are carried out safely and effectively.
- 5.2. Trust Board Sub-committees have the responsibility for ratifying policies and protocols.
- 5.3 Divisional Directors and Heads of Service are responsible for ensuring that there are appropriate resources provided within their Services to implement and adhere to the policy
- 5.4 Managers will be responsible for ensuring the policy is implemented by their relevant staff
- 5.5 Staff will be responsible for ensuring they are familiar with the policy in relation to their field of practice with parenteral fluid administration.

### **6.0 Fluid Administration**

Parenteral fluid administration can be via one of two routes

- Intravenous – please refer to Intravenous Fluid Guideline (excluding parenteral nutrition)
- Subcutaneous – please refer to Subcutaneous Fluid Administration Guideline

### **7.0 Training**

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role development training.

Training sessions are available via u-learn [www.ulearnlpt.co.uk/LMS](http://www.ulearnlpt.co.uk/LMS) relating to fluid administration if required by individual nurses.

The course directory [www.ulearnlpt.co.uk/LMS](http://www.ulearnlpt.co.uk/LMS) will identify who the training applies to, delivery method, the update frequency, learning outcomes and a list of available dates to access the training.

A record of the event will be recorded on U learn, monitoring of training will be via the matrons and clinical network

Intravenous Administration – all staff must be compliant and in date with the training outlined in the Intravenous Medication administration within the community hospitals and community policy

Subcutaneous – all staff must be compliant with and in date with the training outlined in the guidelines for the administration of subcutaneous fluids for Adults guideline. Staff can be responsible for delivering one or both of these fluid administration avenues.

### **8.0 Monitoring Compliance and Effectiveness**

Incidents related to any aspect of fluid administration must be reported via the Trust Incident reporting process. The Divisional Patient Safety and Experience Sub Groups or equivalent group will monitor adverse incidents across all service areas of their Division including aggregate analysis and identify any trends and themes. This includes advising the Divisional Management Team of significant areas of risk through their local governance reporting mechanisms.

### **9.0 Links to Standards/Performance Indicators**

This document relates to the NICE Clinical Guidance 174 <https://www.nice.org.uk/guidance/cg174> and end of life care planning. It also relates to the guideline for administration of Intravenous fluids within community hospitals and the Guidelines for Subcutaneous fluids.

### **10.0 References and Associated Documentation**

This policy was drafted with reference to the following:

NMC Code – Professional, Staff, quality services (2018)

NICE Clinical Guidance 174 NICE guidance CG174, Intravenous fluid therapy in adults in hospital, issued December 2013 updated May 2017.

Guidelines for the administration of subcutaneous fluids

Guidelines for the administration of Intravenous fluids excluding parenteral nutrition

The Policy and Procedure for the Administration of Intravenous Medication to Adults and Children within the Community and Community Hospital.

Leadership Alliance for the care of the Dying People (2014) NHS England

# Policy Training Requirements

The purpose of this template is to provide assurance that any training implications have been considered

<b>Training topic:</b>	Administration of Parenteral fluids excluding Total parenteral nutrition
<b>Type of training:</b>	<input type="checkbox"/> Mandatory (must be on mandatory training register) <input checked="" type="checkbox"/> Role specific <input type="checkbox"/> Personal development
<b>Division(s) to which the training is applicable:</b>	<input checked="" type="checkbox"/> Adult Learning Disability Services <input checked="" type="checkbox"/> Adult Mental Health Services <input checked="" type="checkbox"/> Community Health Services <input type="checkbox"/> Enabling Services <input type="checkbox"/> Families Young People Children <input type="checkbox"/> Hosted Services
<b>Staff groups who require the training:</b>	Nursing Profession
<b>Update requirement:</b>	Professionals are responsible for maintaining their clinical competency in relation to this area of practice. Medicines management should be completed 2 yrly as per trust requirements
<b>Who is responsible for delivery of this training?</b>	Training and development team and/or training from previous roles
<b>Have resources been identified?</b>	n/a
<b>Has a training plan been agreed?</b>	n/a
<b>Where will completion of this training be recorded?</b>	<input checked="" type="checkbox"/> Trust learning management system <input checked="" type="checkbox"/> Other – records of previous training acknowledged
<b>How is this training going to be monitored?</b>	Via ward managers



## Policy Monitoring Section

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

Reference	Minimum Requirements	Self assessment evidence	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
	Registered nurses or other relevant healthcare professionals must have undertaken appropriate training to administer Intravenous medications		Via u- learn or evidence of previous training	Line Managers	As required
	Untoward Incidents reported regarding any issues with administration		Incident forms received and investigations logged	Divisional Governance groups	As required

# The NHS Constitution

## NHS Core Principles – Checklist

Please tick below those principles that apply to this policy

The NHS will provide a universal service for all based on clinical need, not ability to pay.  
The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input checked="" type="checkbox"/>
Respond to different needs of different sectors of the population	<input checked="" type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input checked="" type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input checked="" type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input checked="" type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

## Due Regard

Section 1	
<b>Name of activity/proposal</b>	Parenteral fluids Administration In Adults Policy (excluding parenteral nutrition)
<b>Directorate / Service carrying out the assessment</b>	CHS LPT
<b>Name and role of person undertaking this Due Regard (Equality Analysis)</b>	Barclay Consultant Nurse Advanced Practice
<b>Give an overview of the aims, objectives and purpose of the proposal:</b>	
<b>AIMS:</b> This policy describes the process within CHS assess, administer and review the delivery of parenteral fluid administration to patients within in-patient and community setting	
<b>OBJECTIVES:</b> Safe Fluid Administration	
Section 2	
<b>Protected Characteristic</b>	<b>If the proposal/s have a positive or negative impact please give brief details</b>
Age	No negative impact
Disability	No negative impact
Gender reassignment	No negative impact
Marriage & Civil Partnership	No negative impact
Pregnancy & Maternity	No negative impact
Race	No negative impact
Religion and Belief	No negative impact
Sex	No negative impact
Sexual Orientation	No negative impact
Other equality groups?	No negative impact
Section 3	
<b>Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.</b>	
Yes	No <input checked="" type="checkbox"/>
High risk: Complete a full EIA starting click <a href="#">here</a> to proceed to Part B	Low risk: Go to Section 4.
Section 4	
<b>If this proposal is low risk please give evidence or justification for how you reached this decision:</b>	
All aspects of the policy are equally applicable to all patients and staff.	
<b>Signed by reviewer/assessor</b>	Caroline Barclay
<b>Date</b>	15/01/19
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>	
<b>Head of Service Signed</b>	J Smith
<b>Date</b>	29/01/19

## DATA PRIVACY IMPACT ASSESSMENT SCREENING

**Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.**

<b>Name of Document:</b>	<b>Parenteral Fluids Administration in Adults Policy (excluding parenteral nutrition)</b>	
<b>Completed by:</b>	<b>C. Barclay</b>	
<b>Job title</b>	<b>Consultant Nurse Advanced Practice</b>	<b>Date 22/01/19</b>
<b>Screening Questions</b>	<b>Yes / No</b>	<b>Explanatory Note</b>
<b>1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.</b>	<b>N</b>	
<b>2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.</b>	<b>N</b>	
<b>3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?</b>	<b>N</b>	
<b>4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?</b>	<b>N</b>	
<b>5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.</b>	<b>N</b>	
<b>6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?</b>	<b>N</b>	
<b>7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records</b>	<b>N</b>	

or other information that people would consider to be particularly private.		
8. Will the process require you to contact individuals in ways which they may find intrusive?	<b>N</b>	
<p><b>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via</b>  <a href="mailto:Lpt-dataprivacy@leicspart.secure.nhs.uk">Lpt-dataprivacy@leicspart.secure.nhs.uk</a>  <b>In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</b></p>		
<b>Data Privacy approval name:</b>	<b>N/A</b>	
<b>Date of approval</b>	<b>N/A</b>	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust