Community Intravenous Therapy
Referral Standards

Background

A multi-centred audit of prescribing and administration of community IV therapy across East and South East England demonstrated that there was often inefficient and unsafe transfers of patients from acute to community services. Most referrals had some important therapy or patient details missing e.g. allergy status was omitted in 20% of referrals and 11% of patients experienced avoidable delays in treatment as a result of problems with supplies of medicines or other consumables. In the audit, the community IV therapy was prescribed by hospital doctors who therefore took medico-legal responsibility for the treatment that was administered in the community. Intravenous therapy is associated with more risks than other routes of administration and there are potential additional risks when the practice happens in a patient’s home.

A report on community intravenous therapy discusses the risks to patient safety and the different models of care and proposes a consistency across organisations to standardise care. All referral documentation across interfaces must be fit for purpose to safeguard patients.

Following the Medicines Use and Safety Division masterclass in IV therapy it was agreed to produce standards, a template referral document and examples of medicine administration records for transfer between acute and community care. Many of these principles will be applicable to transfer between any care providers but will not necessarily be complete.

Purpose

This document aims to provide:

- standards of best practice for referral information from acute to community care to maximise patient safety;
- to share examples of good practice including examples of prescription charts and communication mechanisms that are successful in accurate and timely transfer of information to the community IV team.

Key Requisites

- Clear patient pathway including who has clinical responsibility for the patient.
- Comprehensive referral documentation.
- Appropriate medication administration records.
The patient must be suitable to receive IV medicines in the community

**Patient inclusion criteria**

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Details</th>
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<tbody>
<tr>
<td>The patient must have a differential diagnosis stated</td>
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<tr>
<td>The patient is referred by a medical practitioner</td>
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<tr>
<td>The patient must have a clear treatment/care plan in place including</td>
<td>review/follow up</td>
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<td>The patient must be medically (and mentally) stable other than requiring</td>
<td>intravenous treatment according to local protocol</td>
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<tr>
<td>The patient must have access to a carer or someone who can support them</td>
<td>unwell 24 hours a day (included in treatment plan)</td>
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<td>The patient has no current history of drug or alcohol abuse</td>
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<td>The patient must have access to a working telephone and running water</td>
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<tr>
<td>The patient must fully informed and consents to intravenous therapy</td>
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<tr>
<td>The Patient does not have any known history of poor compliance to</td>
<td>treatment.</td>
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<td>The referring medical team has accepted responsibility for the patient</td>
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<td>and will provide 24 hour advice</td>
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<tr>
<td>The patient must have appropriate venous access device inserted prior to</td>
<td>discharge</td>
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<tr>
<td>The patient must have a discharge letter/TTA available</td>
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</table>
The Medicine must be Suitable for Community IV administration

The medicines must be assessed as suitable for IV administration in the community

Intravenous medicine administration in the community inherently carries more potential risks than administration to an inpatient. To ensure a safe and consistent service many providers will only accept patients within specified criteria which often results in restricting the duration of administration and frequency of administration.

The following referral details are necessary to facilitate the safe administration of intravenous therapy in the community.

Referral Information

A minimum data set of information must be made available by the referring organisation to the receiving organisation who will be administering the IV.

Referral form to be completed by referring clinician

- Patient name NHS number and date of birth
- Record if advice has been sought from antimicrobial review team (microbiologist) regarding medication use and duration of treatment. Including the name of microbiologist and the name of pharmacist
- Patient’s infectious status (n/a mrsa esbl mssa diff vre)

Diagnosis

- Reason for prescribing IV medication

Anaphylaxis risk assessment

- Allergy status
- useful supplementary information
  - Patient’s that have suffered a previous anaphylactic reaction must not be prescribed the same medication
  - Is there a cross sensitivity between the medication to be administered and the substance that previously caused a reaction yes/no
  - Has the patient had the prescribed IV medication previously orally or IV
- How many doses of the current regime have been administered?
Medication

- Name of IV antibiotics, dose, IV duration
- List all other current medication
- Directions for antibiotic reconstitution
- Date and time treatment commenced

Authorisation for administration

- Authorisation for administration of IV medication and flushes including, reconstitution solution, infusion fluids and flushes
- Direction for reconstitution will be taken from Medusa, Injectable Medicines Guide [Link] or manufacturer’s Summary of Product Characteristics. [Link]

Referrer

- Name of referring doctor to be contacted for advice
- contact number
- Clinician’s signature, date (or electronic equivalent)

IV Access

- Type of IV access cannula/midline/PICC line/ skin tunnelled catheter/ Implanted port
- A new cannula must be put in on day of discharge and IV dressing dated and initialled
- Date of insertion
- Complications or poor venous access - provide details
- For surgically inserted central venous access devices (CVAD) i.e. PICC line, implanted port or skin tunnelled catheter
  - Length inserted……. cms
  - length of catheter exposed at site ..... cms
  - record if checked by x-ray
- Recommended date of removal
- Name, date and signature of discharging clinician (or electronic equivalent)
Follow-Up

It is essential to include follow up plans in the initial referral

Review/ follow up

- Date of review by whom or follow up appointment
- What follow up treatment, if any, have been arranged for this patient
  *(including changing to oral administration)*

Blood monitoring

- is blood monitoring required? yes / no
- If yes, what blood monitoring, when, how often and by whom?
- Who will review results and communicate it to the administering team?

Medicines and Consumables - Logistics/Supplies

Source of supplies for the duration of intravenous therapy should be defined and available, including the medicine, diluents and equipment.

Information must be available to reconstitute the medicine from Medusa, Injectable Medicines Guide *Link* or manufacturers Summary of Product Characteristics. *Link*

Medicine / antibiotic

- Medicine; name strength form and pack size.
  *E.g. Teicoplanin Injection 600mg powder for reconstitution
  1x 400mg and 1 x 200mg or 3x 200mg*

- e.g. Diluents and reconstitution solutions e.g. *water for injection, sodium chloride 0.9%, 50ml/100ml bags if required for infusion*

- Flush solution e.g. *sodium chloride 0.9% 10ml pre filled syringes or 10ml ampoules* (check TTA)

Equipment

According to local guidance e.g.

- Dressings *i.e. for line dressing*
- Luerlock syringes, Safety needles or blunt fill filter needles for glass vials if applicable
Extra Cannulae
IV administration sets *i.e. one per infusion*
Needle free device for line cannula extension sets
Chlorhexidine 2% in 70% isopropyl alcohol based wipes
Chlorhexidine gluconate 2% in Isopropyl alcohol 70% sponge applicators *i.e. one per dressing change or re-cannulation*
Name and signature of discharging clinician (or electronic equivalent)

Medication Administration Record Standard Requirements

This standard information is necessary to safely record intravenous administration in the community. There are many different medication administration records in use. Some examples are included in appendix A.

Minimum Requirements
- Patient name address and telephone number
- date of birth
- weight
- NHS number
- Patient allergy status
- Referring hospital ward contact number
- Prescriber name and contact number
- GP name address telephone number
- Drug, dose, route - IV infusion/ bolus, frequency, start date, finish date
- Flush pre and post administration
- Doctors signature
- Administration date, time, dose, signature

References

1 A Survey of Provision of Intravenous Drug Administration in the Community T Rogers Medicine Use and Safety Division East and South East of England Specialist Pharmacy Service May 2011 link
Acknowledgement

The assistance of the British Society for Antimicrobial Chemotherapy working group *OPAT Initiative- Integrated Care Pathway* is gratefully acknowledged.
## Appendix A - Examples of Medication Administration records and referral forms

Please note that the contributors have kindly agreed to share their work, but if you use it in your organisation you should acknowledge their work.

<table>
<thead>
<tr>
<th>Documentation</th>
<th>Organisation</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Outpatient and Home Parenteral Infusion Therapy Hospital referral form</td>
<td>Isle of Wight</td>
<td><a href="mailto:Gary.Whitwam@iow.nhs.uk">Gary.Whitwam@iow.nhs.uk</a></td>
</tr>
<tr>
<td>2. OPAT prescription and medication administration record</td>
<td>Isle of Wight</td>
<td><a href="mailto:Debbie.Cumming@iow.nhs.uk">Debbie.Cumming@iow.nhs.uk</a></td>
</tr>
<tr>
<td>3. Assessment criteria for selection and inclusion</td>
<td>Southern Health NHS Foundation Trust</td>
<td><a href="mailto:Steve.Mennear@SouthernHealth.nhs.uk">Steve.Mennear@SouthernHealth.nhs.uk</a></td>
</tr>
<tr>
<td>Referral for IV therapy in the community</td>
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<tr>
<td>Pre-printed prescription chart 1 - ceftriaxone IV</td>
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<tr>
<td>Pre-printed prescription chart 2 Teicoplanin IV</td>
<td></td>
<td></td>
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<tr>
<td>Patient prescription record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Community Intravenous Antibiotic Therapy Referral Form</td>
<td>The Royal Marsden NHS Foundation Trust</td>
<td><a href="mailto:Emily.Wighton@rmh.nhs.uk">Emily.Wighton@rmh.nhs.uk</a></td>
</tr>
<tr>
<td>5. Hospital Referral form</td>
<td>Hounslow and Richmond Community Healthcare NHS Trust</td>
<td><a href="mailto:Sandra.Wolper@hrch.nhs.uk">Sandra.Wolper@hrch.nhs.uk</a></td>
</tr>
<tr>
<td>GP Referral form</td>
<td></td>
<td></td>
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<tr>
<td>Medication authorisation form P2 (IV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Referral of patient for IV antimicrobials to be administered in the</td>
<td>SEPT Community Health Services, Bedfordshire</td>
<td><a href="mailto:Trevor.Jenkins@sept.nhs.uk">Trevor.Jenkins@sept.nhs.uk</a></td>
</tr>
<tr>
<td>community Home IV Administration Record</td>
<td></td>
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<tr>
<td>7. Policy for the administration of IV drugs in the community</td>
<td>North West London Hospitals NHS Trust</td>
<td><a href="mailto:Philippa.Lewis@nhs.net">Philippa.Lewis@nhs.net</a></td>
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<tr>
<td>includes:</td>
<td></td>
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<tr>
<td>Checklist for home IV administration</td>
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<tr>
<td>Adult community IV drug administration treatment plan</td>
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<tr>
<td>Prescription for administration of IV</td>
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<td></td>
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<tr>
<td>Record of batch and expiry dates</td>
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<td></td>
</tr>
<tr>
<td>8. Intravenous therapy plan and referral form</td>
<td>Croydon Health Services</td>
<td><a href="mailto:Louise.Coughlan@croydonhealth.nhs.uk">Louise.Coughlan@croydonhealth.nhs.uk</a></td>
</tr>
<tr>
<td>Home visit risk assessment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intravenous drug administration / monitoring chart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Administration of medicines via a Midline in the community</td>
<td>Berkshire Healthcare Foundation Trust</td>
<td><a href="mailto:Caroline.Cooper@berkshire.nhs.uk">Caroline.Cooper@berkshire.nhs.uk</a></td>
</tr>
<tr>
<td>Administration of medicines via a centrally placed line or device in the</td>
<td></td>
<td></td>
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<tr>
<td>community</td>
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<td></td>
</tr>
<tr>
<td>10. IV Therapy Referral</td>
<td>Sussex Community NHS Trust</td>
<td><a href="mailto:Charlotte.Williams13@nhs.net">Charlotte.Williams13@nhs.net</a></td>
</tr>
<tr>
<td>One Call IV Therapy referral form</td>
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<tr>
<td>IV Administration record chart v3</td>
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