

IV Therapy Department
Good Samaritan Hospital

Information
For External (Non-GSH)
Agency RNs

This packet of brief information was made for you.
It provides a brief orientation to the IV dept.
Please complete it prior to working in the department.

GENERAL IV DEPARTMENT INFORMATION

A. DEPT LOCATION AND ACCESS

Location: 5th floor, IV Therapy Department.

Door Access code: 5-4-1. The area is locked at all times due to sharps and access is for authorized personnel only. Keep outer door & IVRN door locked. Do not give the door code to anyone.

Access to IVRN office: Get Key to IV office from IVRN

Access to Oneill 3 Building: Obtain access badge from IVRN. Sign the badge in/out q shift.

B. Chain of Command: Senior Director of Nursing
Manager, IV Therapy
IVRN Charge Nurse
Other IV dept RNs
IV Dept phlebotomists

Scheduling of Agency: Only people listed in **Blue *italic*** above may contract agency to work and cancel agency (2 hours notice required). Agency may not write on the schedule or assignment and may never take "Charge" position. All hours are contracted thru the agency and not with individual agency RNs.

C. Department Phone Numbers

RNs: Charge Nurse	2019	Phlebotomist: 12017 floors 2/5 } 12018 floors 3/4 } 6am – 1130pm Only
PICC Nurse	2018	
Floors 3/4	2017	
Floors 2/5	2015	
Night time	2015 (7-7am)	

Main IV Office: 443-444-4190

Manager: 443-257-2173 or office 443-444-3944

D. DRESS CODE

Required: Scrubs or uniform
AGENCY Picture ID badge.

Prohibited: Nails - no long/artificial nails or chipped polish
Gum
Ipods, music devices
Strong perfumes
Visible piercings and tatoos

E. PARKING, SAFETY & SECURITY ISSUES

Park on the parking lot and not in the parking garage. There are no lockers. DO NOT leave

purses/valuables unattended in the office. Ask Security (x4300) to walk you to your car if it is dark or take the GSH bus.

F. CALLING OUT FOR YOUR SHIFT

Call out to your main office by the times listed below. Nothing else is needed.

Call Out times: Day shift 4 hours; Night shift 5 hours in advance

G. MEALS/BREAKS:

12 hour shift- 30 minute meal, two 10-15 minute breaks

8 hour shift – 30 minute meal, 15 minute break

6 hour shift – 30 minute meal, no break

4 hour shift – 15 minute break, no meal break

EQUIPMENT

A. The IV Carts and baskets used by everyone & passed shift-to-shift. Keep an eye on your cart while working and bring it to the IV office when not in use (lunch, etc) Put Sharps in patient's room.

B. IV Catheters and Phlebotomy Supplies: - all are safety devices & latex free. You will be instructed on each device, if needed, when you arrive. A note about Tapping (Charging) For Supplies - The IV office has a core of supplies that it always keeps. Central stores checks the supplies in the IV dept every afternoon except Sunday. The supplies are delivered the next day. If you run out of supplies, CALL 5555. If you take supplies from the nursing unit for any reason, tap them out so they can be restocked. If you don't tap, the patient won't be charged – the hospital loses \$ and so do you.

C. BEEPERS/Cell Phones:

Hospital Issued Hand Held Communication Tools – are assigned to you during your shift. Check your phone at start of shift to make sure it works. You will be shown how to use the phone when you arrive.

How to Get Your Voice mail Messages

- Dial 4999
- Enter your 4 digit phone number (2019, 2018, 2017, 2015) and # key
- Enter your 4 digit phone number, followed by "00" (Ex: 201500) and # key
- Press "3" to retrieve your messages
- Press "6" to delete the message and

Cell Phones – do not use while in the patient room and be careful what you say when others are around. Make your personal calls on break. No personal cell phone use is permitted while with a patient.

PATIENT CARE AND NURSING PRACTICE INFORMATION

A. WHAT ARE AGENCY ALLOWED TO DO AND NOT TO DO?

Can Do: Peripheral IV (PIV) inserts and removals
Dressing care for Peripheral IVs
Peripheral blood draws
Recommended: 20 gauge PIV for transfusions, CT scans and OR.

Can't Do: Labs – No Blood Bank, Blood Bank, HIV Specimens
PIVs - No IVs in the feet, legs unless there is a written doctor's order.
Central Lines – No dressings, no CVC removal, No PICC removal
Do not write on the assignment or schedule
No overtime unless approved by Mgr thru agency prior to shift

Not Recommended: PIVs in the A/c Space (exception: use A/C Space for CT scan) unless last resort
Drawing blood from a peripheral IV unless last resort

Peripheral IV Site CARE

- Peripheral IVs – change every 72 hours**
- Tubing or CAP Change – Done by unit nurses.**
- Leave in order for peripheral IVs –If you can't find a new IV site, leave the old IV in (IF THERE ARE NO COMPLICATIONS and ask the unit nurse to get a written physician's "leave in" order. If there is no written leave in order, the IV should be removed.**
- CT, PE Studies (nuclear med), Blood Transfusions, Pre-Op Patients – insert a 20 gauge PIV. For CT/PE patients, use the A/C space. A Purple Power PICC line may also be used for power injections by CT/PE**

B. ASSIGNMENT:

3 – 4 IVRNs day shift and one at night: shifts: 7-7pm, and 7-7am
Phlebotomists: draw peripheral blood. If unsuccessful after 4 attempts (2 people), then they give it to IV nurse. IVRNs assist as needed.
Shift phlebotomists draw peripheral blood specimens: 6am – 1130pm

C. CHANGE OF SHIFT REPORT (0700 and 1900) – verbal report, Charge Nurse does written

D. PATIENT IDENTIFICATION

GSH uses 2 patient identifiers (full name & DOB)
No Armband, No Service
All GSH patients have "GSH" on their armband. No Armband – see patient's nurse.

E. BLOODWORK

STICK RULE: 2 sticks/person X 2 people; then give to IVRN

Sign all tubes with your initials and the time drawn

Do not use the large color coded Pneumatic Pharmacy tubes for sending specimens

Dialysis Patients and Catheters

The IV Department personnel do not handle dialysis catheter dressing and do not draw blood from the catheters. If the patient is scheduled for dialysis in the morning, Dialysis will do am labs.

F. RN PAPERWORK/WORKSHEET

You will be shown this and charting requirements when you arrive.

G. EMERGENCIES – Code Blue (CPR) – if you are paged via phone or overhead, go to the Code.

Otherwise, the Rapid Response Team will take care of all IV needs.

IV DEPT CODES & ABBREVIATIONS

ALL of the following codes and abbreviations are not approved to use in a patients' chart. However, you will use them to chart on your worksheets.

<u>UTO Codes</u>	DS – Difficult Stick, O - Other Reason OC – Order Cancelled	PR – Patient Refused T – Being Transfused D – Discharged/Died	NIR – Not in Room DO – Duplicate Order UTO –unable to obtain
<u>IV Restart Codes</u>	I – IV Infiltrated O – Other Reason PR – Patient Request	L – IV Site Leaking PB – Phlebitis R – Routine restart (no problem with site, site lasted 48-72 hrs without complications)	NR – Nurse Request Po – Positional IV
<u>Type of Blood Work</u>	A – AM Draw T – Timed Specimen	R – Routine Draw C – Blood Culture	S – STAT Draw
<u>Type of Catheter & IV Site</u>	PIV – Peripheral IV D – Dialysis Catheter PICC – Peripherally Inserted Central Catheter CVC – Any Central Venous Catheter (TLC, PICC, PORT, Hickman)	ML – Med Lock G – Groshong Catheter	HL – Heparin Lock H – Hickman PAC - PORT
<u># of Lumens</u>	TLC – Triple Lumen	DL – Dual Lumen	SL – Single Lumen
<u>Site/Location</u>	H – Hand AC – Antecubital Space Fem – Femoral	W – Wrist UA – Upper Arm SC - Subclavian	FA – Forearm F - Foot
<u>Side of Body</u>	R – Right	L – Left	

Use the charts below to determine phlebitis/infiltration severity. The higher the number, the worse the complication. For Grade 2 or higher, report to IVRN so they can complete an electronic on line occurrence report.

PHLEBITIS SCALE

	PAIN	ERYTHEMA	swelling	INDURATION	PALPABLE VENOUS Cord
0	-	-	-	-	-
1+	+	-	-	-	-
2+	+	+	-	-	-
3+	+	+	+	-/+	-
4+	+	+	+	+	+ (> 3 inches above site)
5+	+	+	+	+	+ (frank vein thrombus)

INFILTRATION SCALE**

	Skin Blanched	Edema	Temperature	Pain	Numbness	Impaired Circulation
0	-	-	-	-	-	-
1+	+	< 1 inch	Cool to touch	-/+	-	-
2+	+	1-6 inches	Cool to touch	-/+	-	-
3+	+ Translucent Skin	> 6 inches	Cool to touch	mild -moderate	Possible Numbness	-
4+	+ Translucent tight & leaking Skin	Pitting edema > 6 inches	Discolored Bruised	moderate-severe	-/+	+

**** Any Infiltration of blood, an irritant or vesicant is a grade 4+**

Put all events greater than "2" in the Electronic Occurrence Report System
Codes: + means present, - means absent

Cathr Type	Description	Dur	Flushing	Blood Withdrz	Placed By
Peripheral IV (Not a central line)	< 3" in length inserted by an individual trained & validated in IV insertions inserted in an extremity	>Cath. site rotation Q72 hours >For non irritating therapies <1week	NSS 3 ml Qshift 3ml NSS before and after infusion	NO blood draws to be performed on these catheters	Anyone trained & validated
Midlines (Not a Central line)	3-8" long Tip ends in the peripheral vasculature below axilla Inserted by specially trained IVRN	>For nonirritating med. lasting 2-4 weeks	>5ml Heparin 10 unit/ml NSS Q8h and PRN >SASH method 5ml NSS before & after infusion then 3ml Heparin 100unit/ml NS	Flush with NSS then withdraw 5-10ml for discard. Draw blood required. Vigorously flush with 5ml NSS then flush with heparin 100unit/mlNS	inserted & removed by specially trained IVRN
PICC	A central catheter that is inserted into a peripheral vein and terminates in the Superior Vena Cava. <i>(May draw blood and flush line prior to confirmation)</i> Requires verification of placement	>Can be used for all venous therapies >This is for long term therapies >This catheter cannot be used with power injectors	>Heparin 100unit/mlNS 5ml Q12hr and PRN >SASH method 5ml NSS before & after infusion then 5ml heparin 100unit/mlNS >Do not use anything less than a 10 ml syringe	Flush with NSS then withdraw 5-10ml for discard. Draw blood required. Vigorously flush with 5ml NSS then flush with heparin 100unit/mlNS	inserted & removed by specially trained IVRN, MD/PA
Short-term central catheters (TLC, SLC)	A large diameter central catheter that inserted usually at bedside into a large vein i.e., IJ, SC, femoral and the tip terminates in the Vena Cava >proximal = blood drawing >medial=TPN/ or anticipation of TPN >Distal= IV fluids, med., blood transfusions <i>(May draw blood and flush line prior to confirmation)</i> Requires verification of placement	>Can be used for all venous therapies >For therapies lasting weeks to months	>Heparin 10unit/mlNS 5ml Q8hr and PRN >SASH method 5ml NSS before & after infusion then 3ml heparin 10unit/mlNS	Flush with NSS then withdraw 5-10ml for discard. Draw blood required. Vigorously flush with 5ml NSS then flush with heparin 10unit/mlNS	Placed by Physician Can be removed by SOD, MD/PA, IVRN
implanted Port	A surgically implanted reservoir where the tip is terminates in the SVC >This port is accessed when a Huber needle is inserted into the center >Can only be accessed and changed by a specially trained qualified RN	>This is for long term intermittent therapies >This can be used for all therapies	>Heparin 100unit/mlNS 5ml Q12hr and PRN >SASH method 5ml NSS before & after infusion then 5cc heparin 100unit/mlNS	Flush with NSS then withdraw 5-10ml for discard. Draw blood required. Vigorously flush with 5ml NSS then flush with heparin 100unit/mlNS	Huber needle placed by Specially trained RN
Tunneled Catheter (Hickman, Hohn, etc.)	A surgical procedure involved in inserting a catheter through a small opening into the Superior Vena Cava then tunneling through the skin and then exiting the skin below the initial insertion site	>This is for long term therapies >This can be used for all therapies	>Heparin 10unit/ml NSS 5ml Q24hr and PRN >SASH method 5ml NSS before & after infusion then 3 ^{cc} heparin 10unit/ml NSS	Flush with NSS then withdraw 5-10ml for discard. Draw blood required. Vigorously flush with 5ml NSS then flush with heparin 10unit/mlNS	Placed & removed by OR
Groshong Type Catheters	A specially made catheter with a three way valve. Can be in a Tunneled catheter, a port-a-cath, or even in PICC's (Inwards on withdrawal) (Outwards during instillation) <i>(When not in use the valve remains closed)</i>	>This is for long term therapies >This can be used for all therapies	>Flush with NSS 5ml before and after med. infusion Heparin Not Needed	Flush with NSS then withdraw 5-10ml for discard. Draw blood required. Vigorously flush with 5ml NSS.	Depends on type of catheter see above

** All Central lines require a biopatch and a Q7 day & PRN dressing change (please call IV therapy for any dressing change)

External Non-GSH RN Agency Orientation Checklist for IV Dept
To Be Completed by IVRN At Start of Shift

Agency RN's name: _____ Signature _____

IVRN signature: _____ Today's Date _____

Select One:

- Has Agency PICTURE ID Badge
OR
- Gave temporary GSH ID badge (Select One) ____ # 17476 or ____ # 17477
- Badge Sign Out book completed

Check all items after completed:

- Introduced to staff & oriented to surroundings
- Personal belongings secured in IVRN office
- Gave copy of IV Dept phone numbers & assignment explained
- Instructed to contact another IVRN for problems/questions/assistance
- Received Spectralink phone # _____
- Instructed how to retrieve voice mail messages left on phone

Patient Care Instruction:

- Reminded of 2X 2 rule, 20 gauge IV for CT scan (A/C space), transfusions, nuclear med and pre-op patients.
- Reminded that external agency do not do blood bank, blood cultures, central line dressing changes, remove central lines, IVs in feet, PICC lines or, unless there is no choice, bloods are not drawn from peripheral IVs.
- Reminded that PIV are changed q3days, unless there is a written leave in order for the day.
- Knows how to use butterfly needle (if not, was instructed with return demonstration)
- Knows how to use IV catheter (if not, was instructed with return demonstration)
- Knows which elevators to use and patients have first priority for elevator use.
- Has had opportunity to ask questions.