



Acute Division Intravenous Flush Policy

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Approved by	Acute Division Clinical Governance Committee
Responsible director	Dr David Stewart
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1. Introduction

The administration of an intravenous (IV) flush is a routine task associated with the care of patients who have an IV catheter in situ or who require medicines via the intravenous route. Situations where IV flush solutions are administered include -

- On insertion of a peripheral venous cannula (PVC) or central venous cannula (CVC) to ensure patency.
- At specified intervals in patients with a PVC or CVC to maintain patency.
- Before and / or after the administration of an IV medicine (either via a PVC or CVC or other IV device e.g. PICC-line or mid-line).
- During administration of multiple IV medicines.

(This is not an exhaustive list of situations)

The most common fluid administered as an IV flush is sodium chloride 0.9%. In some instances, glucose 5% may be used if it is more suitable for use due to compatibility with the IV medicine being administered. Both sodium chloride 0.9% and glucose 5% injections are classified as Prescription Only Medicines (POMs) due to their intended IV route of administration. Whilst legislation and NHS GGC policy stipulates that all POMs for administration to patients must be prescribed by an appropriate authorised practitioner and a record of their administration should be made and retained using authorised records (e.g. the Medicine Prescription and Administration Form, commonly referred to as the Kardex), it is accepted practice within NHS GGC for IV flush solutions to be administered without a formal prescription or administration record being made as part of the routine care of patients who require IV cannulation and / or IV medicine administered.

2. IV Flush policy – core statements

- An IV flush of sodium chloride 0.9% will be administered to all patients on insertion of a PVC or CVC and at routine time intervals thereafter to maintain patency.
- An IV flush (2 to 5mls volume) will be administered before and / or after the administration of an IV medicine and / or between the administration of multiple IV medicines via PVC, CVC or other indwelling IV device as necessary. This will routinely be 0.9% sodium chloride but glucose 5% may be used if compatibility with the IV medicine being administered is assured.
- Recommended flush volumes –
 - Adults and children > 1 year 2.5 - 5mls
 - Children ≤ 1 year 2.5mls
- A suitably sized syringe should be used for flush administration to prevent excess pressure being applied on the cannula or vein and / or to prevent fracture / rupture. (e.g. A 5ml flush should always be given in a 10ml syringe using a push pause technique).

- Flush solutions for adult patients within NHS GG&C acute division do not require to be prescribed by an authorised practitioner nor the administration recorded
- Flush solutions for paediatric ¹patients within NHS GG&C acute division do not require to be prescribed by an authorised practitioner, but a record of the volume administered should be recorded on the fluid balance chart or other appropriate documentation by the person administering the flush.

Health Care Support Workers may only administer a sodium chloride flush as part of the cannula insertion process in adults and children > 1 month of age. They must have received the appropriate training and have been assessed as competent to undertake this role.

This process of not prescribing or recording the administration of flush solutions (except in paediatric patients) is an authorised *exemption* to the normal practice for all other POMs, as described on the NHS GG&C Safe and Secure Handling of Medicines policy.

¹ For the purposes of this policy paediatric includes children and young people

3. Scope

This policy is applicable to all NHS GGC Acute division staff who work within adult and children's services and are authorised to administer IV flush solutions directly to patients. This will predominantly occur within the acute hospital environment but may occur in other situations too (e.g. if a patient is at home receiving IV antibiotics via the OPHAT service).

This policy does not apply in neonatal intensive care units and special care baby units.

4. Roles and Responsibilities

Any NHS GGC staff member administering an IV flush must be trained and competent to carry out this practice.

5. Review of Policy

The policy will be reviewed every 2 years.

6. References

Intravenous Medicines Administration Self-Directed Learning Package GGC(2014)

Peripheral IV Cannulation and Venepuncture training programme for NHS GGC HCSW (2015)

Policy for the peripheral administration for 0.9% sodium chloride by non-registered staff as an integral part of the PVC procedure

Safe and Secure Handling of Medicines in Hospital Wards Theatres and Departments. NHS GGC, April 2008

Symptomatic Relief Policy, NHS GGC