

IV Therapy in the Home Health Setting Supplement



Home Health Agency: _____

Please complete this supplement if any IV therapy is/will be done by your agency's personnel.

| | Yes | No |
|--|-------|-------|
| A. The client and significant others are instructed concerning the IV therapy treatments? | _____ | _____ |
| 1. The instruction includes precautions, signs, and symptoms of possible/actual problems, simple first-aid measures, and when and whom to call for assistance? | _____ | _____ |
| 2. A return demonstration is required before any manipulation/handling of supplies or equipment occurs? | _____ | _____ |
| 3. The medical record is documented concerning instruction? | _____ | _____ |
| B. Policies and procedures concerning IV therapy are written? | _____ | _____ |
| 1. They are readily available for use by the registered nurse? | _____ | _____ |
| 2. They are reviewed and/or revised annually? | _____ | _____ |
| 3. They include: | | |
| a) Drug administration? | _____ | _____ |
| 1) IV fluids in general? | _____ | _____ |
| 2) Specific drugs by category and method of infusion (direct push, IV infusion)? | _____ | _____ |
| b) Site care? | _____ | _____ |
| c) Infection control? | _____ | _____ |
| d) Care of equipment, including infusion pumps? | _____ | _____ |
| e) Protocols for emergency interventions? (These should be developed with the assistance of the physician.) | _____ | _____ |
| C. The registered nurse has, at a minimum, institutional certification for IV therapy? | _____ | _____ |
| 1. The certification process verifies: | | |
| a) Performance competency: a skills inventory/checklist is maintained which documents observed demonstration? | _____ | _____ |
| b) Knowledge competency: a test of theoretical knowledge to include actions of various drugs administered, contraindications, complications, and nursing intervention? | _____ | _____ |
| 2. The registered nurse will be recertified annually? | _____ | _____ |
| D. IV therapy will be included as part of the quality assurance program? | _____ | _____ |
| 1. Criteria will be established for use in monitoring the program? | _____ | _____ |
| 2. The medical record, patient interview, and patient assessment are included in the review process? | _____ | _____ |

Date

Applicant Signature/Title

Send submissions to: healthcare@iscmga.com