

CONTINUOUS INFUSIONS

Description

This document is meant to guide nurses in the initiation, maintenance, dose change and discontinuation of medications given via continuous infusion.

Medications

- Inotropes
- PGE
- Opioids
- Analgesics (e.g., Dexmedetomidine)
- Anticoagulants (e.g., Heparin)
- Insulin

Procedure

Initiation

1. Verify that you have a complete, valid medical order to begin a continuous infusion (patient name, weight, medication name, concentration, dose, rate, and route).
2. Verify dose in Lexicomp for appropriate dosing, safety and perform independent double check of rate calculation with second nurse.
3. Transcribe medication name, concentration, dose, and rate on a continuous infusion (“drip”) sheet and have the nurse who performed the independent double check of your medication and rate calculation cosign the sheet.
4. Ensure the proper preparation of the medication.
 - If prepared by pharmacy, verify label for patient’s name and MRN (2 patient identifiers), concentration, dose, rate, and route. Have this double check by a second nurse.
 - If prepared on the unit, independent double check of preparation must be done by 2 nurses. A medication label must be prepared with patient’s name, MRN, medication name and recipe for dilution, date of preparation and co-signed by verifying nurse. Put label on syringe.
5. Bring the medication into the room and ensure that it is the correct patient using 2 patient identifiers.
6. Prime the medication tubing using an aseptic technique.
7. Place the syringe on the syringe pump and select the correct syringe brand and size (eg. BBraun 50 mL).
8. Connect the tubing to the appropriate port of your vascular access device.
9. Program the rate into your pump (do not program VTBI or Time).
10. Before starting your infusion, have a second nurse verify your syringe label for medication and concentration as well as the rate programmed into the pump.
11. Start the infusion.
12. Verify that all appropriate clamps are open.
13. Identify the medication infusing in each pump using the medication labels found in each medication room.
14. Cosign the start of the infusion on your drip sheet with the verifying nurse.

Dose change

1. Verify that you have a complete and valid medical order to change your dose (patient name, weight, medication name, concentration, dose, rate, and route).
2. Transcribe new dose and rate on your drip sheet and have the calculation independently double checked and cosigned by a second nurse.
3. With the second nurse, go to the pump infusing the medication you need to change.
4. Verify that the syringe is labeled with the correct:
 - a. Medication name
 - b. Concentration
5. Perform the change of rate on the pump.
6. Cosign the dose/rate change on your drip sheet with the verifying nurse.

Discontinuation

1. Verify that you have a valid medical order to discontinue a continuous infusion.
2. Stop the infusion on the pump.
3. Note the final volume infused.
4. Clamp the port on your vascular access device. Place a piece of pink tape over the port to indicate that it should not be used to infuse or push a medication until the extension is changed (avoid boluses or inotropes or narcotics).
5. If the discontinued medication is a narcotic, ensure that proper waste is witnessed and complete the green narcotic sheet from pharmacy.
6. Sign the discontinuation of the medication on the drip sheet.

Syringe change

- Every time you change the syringe of a continuous infusion, a double verification must be performed. Elements that must be verified are:
 - Correct medication
 - Correct concentration
 - Correct dose and rate (calculation performed independently)
 - All appropriate clamps open
- Document the syringe change in the designated space in the NICU 24-Hour Assessment Sheet (DM-4799).

Maintenance

At the start of every shift, all continuous infusions must be verified using the last valid medical order.

- Check the last prescribed dose of each continuous infusion.
- When in the room, check each individual syringe that is infusing into the patient for
 - Correct medication
 - Correct concentration
 - Correct dose
 - Correct rate
 - All appropriate clamps open

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- HME HGM HRV
- MCH MGH RVH
- HNM ITM CL
- MNH MCI LC



FICHE D'ENREGISTREMENT DES MÉDICAMENTS
MÉDICAMENTS: ADMINISTRATION EN CONTINUU

MEDICATION RECORD Page 1 de/of 2
MEDIATION: CONTINUOUS ADMINISTRATION

ALLERGIES AUX MÉDICAMENTS NKA

Poids 2.3 Kg Date du dernier poids 2022/12/01

DATE (MM/AAAA): 2022/12

DATE D'ORDONNANCE	MÉDICAMENT	CONCENTRATION	ROUTE	HEURE	01	02	03	04	05	06	07
2022/12/01	Fentanyl	[12.5mcg/ml]	IV	0		RT					
				1		RT					
				2		RT					
				3		RT					
				4		RT					
				5		RT					
				6		RT					
	TRANS. VÉRIFIÉ HEURE		Autre	7		RT					
	Sm Sp			8		Sm					
2022/12/01	10h00	1 mcg /kg /hr	0.18 ml/hr	9		Sm					
2022/12/02	11h00	2 mcg /kg /hr	0.37 ml/hr	10	Sm/Sp	Sm					
				11	Sm	Sm/Sp					
				12	Sm	Sm					
				13	Sm						
				14	Sm						
				15	Sm						
				16	Sm						
				17	Sm						
				18	Sm						
				19	Sm						
				20	RT						
				21	RT						
				22	RT						
				23	RT						

Transcription of medication, concentration and route verified and co-signed.

Initiation and dose changes independently double checked and co-signed

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DATE (MM/AAAA): 2022/12

DATE D'ORDONNANCE	MÉDICAMENT	CONCENTRATION	ROUTE	HEURE	01	02	03	04	05	06	07
2022/12/2	Dexmedetomidine	4 mcg/mL	IV	0							
				1							
				2							
				3							
				4							
				5							
			SC	6							
7											
8											
9											
10											
11											
			Autre	12							
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Dates on both sides of sheet should be the same, even if second medication was prescribed at a later date

INITIALES	SIGNATURE	INITIALES	SIGNATURE	INITIALES	SIGNATURE
Sm	[Signature]	SP	[Signature]	RT	[Signature]

Don't forget to put your initials and signature in the signature box

Légende : IV = Intraveineuse SC = Sous cutané