

Harbor Health Infusion Nursing Procedures Manual

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Aligned with NICA Standards for Ambulatory Infusion Centers

I. General Guidelines

1. Scope of Practice

- Ensure all infusion nurses are licensed (Registered Nurses or above) and trained per state and federal regulations.
- Maintain competency through ongoing education and certification (e.g., CRNI, OCN).
- Adhere to institutional policies and national standards, including NICA, INS, and OSHA.

2. Infection Control & Safety

- Follow hand hygiene protocols before and after patient contact.
- Use aseptic technique for all venipunctures and catheter care.
- Apply PPE (gloves, masks, gowns, eye protection as appropriate) per standard precautions.
- Dispose of sharps in designated puncture-resistant containers.
- Maintain environmental cleanliness by disinfecting all surfaces per protocol.

II. Patient Preparation

1. Pre-Infusion Assessment

- Obtain comprehensive patient history (allergies, comorbidities, previous infusion reactions).
- Verify prescription and infusion orders for accuracy.
- Perform baseline vital signs (BP, HR, RR, SpO₂, temperature) this is repeated mid-infusion and post-infusion (as appropriate).
- Assess vein integrity and select appropriate access device.
- Educate patient on the procedure, potential side effects, and safety precautions.
- Ensure informed consent is signed and documented.
- When necessary perform TB Questionnaire

2. Venous Access Selection

- Peripheral IV (PIV) Access: Preferred for short-term, low-risk infusions.
- Midline Catheter: For therapies lasting 1-4 weeks.
- Peripherally Inserted Central Catheter (PICC): For long-term infusion needs.
- Central Venous Catheter (CVC) or Port-a-Cath: For chemotherapy and biologics.

III. Infusion Administration

1. Peripheral IV Insertion

- Select appropriate gauge catheter based on prescribed therapy.
- Apply tourniquet, identify vein, and perform venipuncture.
- Secure catheter with appropriate dressing.
- Flush with normal saline to confirm patency.
- Document site.

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2. Central Line Management

- Follow sterile technique when accessing CVCs.
- Use 10 mL syringe minimum to prevent excessive pressure.
- Maintain routine flushing protocol to prevent occlusion.
- Monitor for signs of infection, phlebitis, and thrombosis.

3. Medication and Fluid Administration

- Verify seven rights (person, medication, dose, route, reason, time, & documentation). Additional considerations for response & indication.
- Calculate and set appropriate infusion rate.
- Use infusion pumps for high-risk medications (e.g., chemotherapy, biologics).
- Monitor patient for adverse reactions (hypersensitivity, extravasation, etc.).

4. Adverse Reaction Management

- Mild Reaction (flushing, itching, mild rash): Slow infusion, administer antihistamines as ordered.
- Moderate Reaction (dyspnea, hypotension, angioedema): Stop infusion, initiate emergency response, administer corticosteroids/epinephrine as appropriate.
- Severe Reaction (anaphylaxis, cardiac arrest): Call EMS, initiate Code Blue, initiate BLS.

IV. Post-Infusion Care

1. Catheter Removal & Site Care

- Ensure complete infusion and saline/heparin flush per protocol.
- Remove IV catheter using aseptic technique.
- Apply pressure dressing and assess for signs of bleeding or hematoma.

2. Patient Discharge & Education

- Provide post-infusion instructions, including signs of complications.
- Educate on home care for PICC or CVC lines (if applicable).
- Document patient response, vital signs, and any adverse events.

V. Emergency Preparedness

1. Anaphylaxis Protocol

- Maintain emergency crash cart stocked with appropriate medications
- Train all staff in emergency response and BLS certification.
- Implement rapid-response team protocols for severe reactions.

2. Extravasation Management

- Stop infusion immediately and leave catheter in place.
- Apply appropriate antidote if applicable (hyaluronidase, sodium thiosulfate).
- Elevate limb and apply warm or cold compresses based on drug protocol.
- Document incident and notify prescriber.

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VI. Quality Control & Compliance

1. Documentation & Reporting

- Maintain accurate electronic health records (EHRs) for all infusions.
- Report medication errors and adverse events per regulatory guidelines.
- Participate in quality improvement initiatives and audits.

2. Continuing Education & Training

- Conduct bi-annual competency assessments for infusion nurses.
- Ensure training on new infusion technologies and best practices.
- Provide annual infection control and emergency response drills.
- Ensure that all Infusion Nurses are Registered Nurses licensed to practice in the State
- All Infusion Nurses are required to maintain active Basic Life Support certification
- Encouraged but not required to be CRNI

VII. References & Guidelines

- National Infusion Center Association (NICA) Standards
- Infusion Nurses Society (INS) Guidelines
- Centers for Disease Control and Prevention (CDC) Infection Control Policies
- Occupational Safety and Health Administration (OSHA) Guidelines
- American Society of Clinical Oncology (ASCO) Guidelines for Chemotherapy Administration

This manual serves as a guide to ensure safe, effective, and patient-centered infusion therapy at Harbor Health Infusion Centers.