

Intermittent Infusion Options

Problem: Post-Buretrol© we have not standardized a process for how intermittent medications are hung, how lines are flushed so that patients are receiving the entire dose; how lines are set-up, used and for what interval.

Option One: PIGGYBACK (SECONDARY)/ PATIENT WITH MIVF

Patient has a continuous IVF infusion and several intermittent meds. Prime a secondary infusion set and attach to a port above the pump, hanging the primary bag at a lower level. Leave attached for 96 hours and retro-flush between medications.

Pros: Least manipulation of line, short tubing for retro-flushing

Cons: Possible to have incompatible meds and inadequate retro-flushing; patient's IVF rate is temporarily paused during infusion of medications, leading to inadequate hydration if multiple medications given or if given over long periods (KCL for example), cannot use with syringe

Option Two: TANDEM/PATIENT WITH MIVF

Patient has a continuous IVF infusion and several intermittent meds. Prime a primary infusion set and attach to a port below the pump, use smart-pump to infuse using separate channel.

Pros: Patient's maintenance IVF rate is not affected; may use syringe and syringe pump (tubing may be flushed using NS syringe)

Cons: Possible to have incompatible meds and inadequate retro-flushing; Retro-flushing of longer line possibly more cumbersome

Option Three: SET UP A CONTINUOUS MEDLINE /PATIENT WITHOUT MIVF

Set up a NS med-line that is continuously attached to patient and has either a secondary or tandem line that is left attached and used for intermittent infusions. Discard entire set up every 96 hours.

Pros: less manipulation of line, ability to retro-flush line

Cons: Decreased mobility, increased fall risk, requires MD order, what is KVO?

Option Four: SET UP AN INTERMITTENT MEDLINE/PATIENT WITHOUT MIVF

Set up a primary NS line with a secondary line for intermittent infusions. Attach to patient as needed.

Pros: Ability to retro-flush line. Patient spends part of day med-locked; increases ability to get out of bed/walk, may encourage mobility and reduce fall risk.

Cons: Per INS standards, primary and secondary intermittent infusion sets are to be disposed of every 24 hours (increased expense); per our pharmacy statutes all spiked IVFs must be infusing into patient continuously within 1 hour; increased line manipulation

Option Five: INTERMITTENT PRIMARY INFUSIONS

Hang all intermittent meds with primary tubing, use pump to infuse. Use a 25-50 mL bag of NS to flush medication dose through line.

Pros: Patient spends part of day med-locked; increases ability to get out of bed/ walk, may encourage mobility and reduce fall risk.

Cons: Expense of multiple 25-50 mL NS bags. Tubing considered intermittent and expires in 24 hours.