POLICY STATEMENT
The Registered Nurse (RN) / Registered Midwife (RM) is authorised to instigate nurse/midwife initiated medication without an authorised prescriber’s order under the specific circumstances set out in the INDICATIONS section and provided there are no contraindications present.

It is important for nursing and midwifery staff to remain aware that:
- Minor ailments may be symptoms of other more serious diseases or may be adverse reactions to medication already prescribed
- Nurse-initiated medication may interact with the patient’s prescribed medication
- The maximum daily recommended dose of the medication must not be exceeded

The administering nurse/midwife must record the administration on the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent.

If the patient continues to require the medication (i.e. more than two doses in 24 hours) then a medical officer (MO) must be consulted and a regular or PRN order obtained.

A change in the patient’s condition such as newly occurring or increasing severity of symptoms must be reported to the MO and investigated.

INDICATIONS
Intravenous (IV) cannula flush including the following situations:
- After cannula insertion to confirm correct placement
- Before each medication/infusion is given (to ensure PIVC is still patient)
- In between serial/multiple infusions and between medications to prevent interactions and incompatibilities
- After each injection/infusion (to remove irritant material from the vein and ensure drug distribution)
- After blood sampling (to clear the cannula of blood)
- For inpatients, at least every 8 hours if not otherwise used (note: consider if the PIVC needs to stay in)

CONTRAINDICATIONS
Line obviously doesn’t have patency, or there are signs of infection or extravasation

PRECAUTIONS
Any patient on fluid restriction or where sodium retention is likely

HISTORY/ASSESSMENT
Explain the procedure to the patient and gain consent.
Perform hand hygiene and don gloves before touching patient. Assess the cannula site for patency, erythema, tenderness, pain, swelling, dressing integrity and position.
Aseptically clean injection port with alcohol swab and allow to dry.
If an infusion is in progress, stop the infusion.
PROTOCOL/ADMINISTRATION GUIDELINES

Caution: CHECK for allergies and/or contraindications

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Frequency</th>
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<tbody>
<tr>
<td>Sodium chloride 0.9% for injection</td>
<td>3 to 10 mL</td>
<td>IV</td>
<td>Once</td>
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<tr>
<td>(ampoule or prefilled syringe)</td>
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MONITORING - POTENTIAL ADVERSE EFFECTS/INTERACTIONS

Monitoring:
Inspect injection site for signs of redness, swelling or inflammation. If present report to MO and record details in the patients' medical record.
If extravasated (i.e. IV fluid infiltration in surrounding tissue), stop injection/infusion immediately, remove cannula, elevate limb and inform MO.
If peripheral cannula blocked from clot(s), remove cannula
Adverse effects:
Consider patient's fluid and electrolyte balance
Transitory taste or odour has been reported following the use of pre-filled saline syringes

DOCUMENTATION

A record of the administration must be made in the ‘nurse initiated medicines’ section of the National Inpatient Medication Chart or electronic equivalent.
A further record of the medication administered including indication, dose and effect must be included in the patient’s health care record.

PRACTICE POINTS

- Generally 5 mL is sufficient for flushing
- Post-intravenous injection cannula flush will be distributed and act more quickly with a larger volume
- Inappropriate use of sodium chloride may cause fluid or solute overload resulting in electrolyte abnormalities, over-hydration, congestive conditions or pulmonary oedema

REFERENCES/FURTHER READING

1. PD2013_043 Medication Handling in NSW Public Health Facilities
2. Peripheral Intravenous Cannula (PIVC) Insertion and Post Insertion Care in Adults
3. BD Posiflush – training information
4. Letter BD Posiflush® January 2014

REVISION and APPROVAL HISTORY

<table>
<thead>
<tr>
<th>Date</th>
<th>Revision Number</th>
<th>Author and Approval</th>
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<tr>
<td>July 2015</td>
<td>DRAFT</td>
<td>Pharmacy Department, Prince of Wales Hospital</td>
</tr>
<tr>
<td>September 2015</td>
<td>1</td>
<td>Approved by SESLHD Drug &amp; QUM Committee</td>
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