

**OREGON DEPARTMENT OF CORRECTIONS**  
**Operations Division**  
**Health Services Section Policy and Procedure #P-D-02.7**

**SUBJECT:** STERILE PARENTERAL PRODUCTS

**POLICY:** Sterile parenteral products will be prepared as prescribed by the practitioner in a manner that insures the product is free from microbial or particulate contamination according to pharmacy practice.

**REFERENCE:** NCCHC Standard P-D-02, Medication Services  
OAR 855-014-0063

**DEFINITIONS:**

- Large Volume Parenteral (LVP) - A sterile solution of 100ml. or more, intended for infusion, excluding blood.
- Piggyback (IVPB) - A sterile solution, usually less than 100ml, intended for periodic infusion.
- Intravenous Admixture - A piggyback or large volume parenteral that has one or more additional products added.

**PROCEDURE:**

- A. Pharmacy personnel will be responsible for receiving all shipping cartons containing intravenous fluids, except when preparation is done by an outside agency.
- B. Intravenous products will be stored according to manufacturer instructions or pharmacy recommendations.
- C. Orders for intravenous products will be written on the Physician's Order Form, transcribed onto the Medication Administration Record, and entered into the computerized drug profile in the same manner as other medications.
- D. Strict approved sterile technique will be followed during mixing of intravenous products. Preparation will occur to ensure that physician orders are implemented in a timely manner. (see attached addendum)
- E. The pharmacist and nurse will determine if:
  - 1. Admixture will be prepared at the pharmacy or onsite, and the pharmacist will instruct as necessary.
  - 2. The medication additive and intravenous solution are compatible.
  - 3. The intravenous admixture will be physically and chemically stable during the administration period.
  - 4. The medication additive will dilute appropriately to assure complete solubility and minimize chemical irritation to the vein.
  - 5. The administration rate is appropriate for the specific medication concentration.
  - 6. The label is correct and complete.

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- F. A label will be affixed to all admixtures. The label will permit the unobstructed view of the contents and allow the name, type of solution and lot number of the manufacturer's label to be read. The label will include:
1. Patient name
  2. SID number
  3. Name and amount of ingredients, including primary solution
  4. Infusion rate - ml/hr or gtts/min
  5. Expiration date and time
  6. Prescriber's name
  7. Where applicable, all admixtures will be refrigerated until time of administration
  8. Storage requirements or special conditions if necessary
  9. Handwritten initials of pharmacist or nurse to certify accuracy
  10. Initials of compounder if different than those of individual preparing admixture
- G. A label will be affixed to all intravenous fluids not containing an admixture. The label will permit the unobstructed view of the contents and allow the name, type of solution and lot number of the manufacturer's label to be read. The label will include:
1. Product name
  2. Patient name
  3. SID number
  4. Infusion rate
- H. Nurses will be skilled for intravenous therapy.
- I. Only trained nurses may prepare IV admixtures onsite, when approved by pharmacist or by direct practitioner authorization.
- J. Peripheral intravenous sites will be changed every 96 hours and prn. The 96 hour time may be extended by practitioner review and authorization.
- K. Peripheral intravenous sites will be covered with op-site barriers. Op-sites will be labeled with the date and time of start and initialed by the nurse. Sites will be assessed every shift for signs of patency and inflammation with dressing change prn. Site assessments will be documented in the progress notes.
- L. The intravenous solutions will be examined by the nurse before administration for turbidity, particulate matter, discoloration, cracks or leaks. Any questionable product(s) will be returned to the pharmacy.
- M. Receipt of continuous sterile parenteral products requires that Intake and Output be measured and recorded on a parameter flow sheet.
- N. Nursing staff will use Health Services approved aseptic technique in administering the intravenous solution.

## **Sterile Parenteral Products**

- O. Tubing used to deliver sterile parenteral products will be changed every 96 hours or more often as directed by product guidelines. A label will be affixed to the tubing indicating the date and time use of the tubing was initiated.
- P. Complications will be reported to the practitioner and documented in the patient health care record.
- Q. An outside agency may be utilized for the preparation of parenteral products.

Effective Date: \_\_\_\_\_  
Revision date: April 2007  
Supersedes P&P dated: March 2006

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**Addendum: Sterile Technique**

Pharmacy Intravenous Preparation Procedures:

1. Establish a designated Intravenous (IV) preparation area that has a low incidence of traffic/work. For DOC pharmacies, that area has been designated as the Laminar flow hood. All IV preparations are to be made in that hood.
2. The Laminar flow hood shall be cleaned by a pharmacy technician weekly, AND prior to IV preparation. The technician shall initial in the Aseptic Intravenous Preparation Logbook that the hood has been cleaned, and is ready for IV preparation. The hood shall be turned on twenty (20) minutes prior to use. In the absence of pharmacy technicians, a pharmacist shall clean the hood in preparation for making IV's and initial the logbook.
3. The pharmacist shall use Aseptic Techniques when making IV preparations and then initial the logbook verifying that aseptic techniques were used.
4. IV preparations shall be inspected by both the pharmacist and nursing staff to ensure that they are accurate. IV preparations shall have a safety-seal applied/attached over the injection port. This seal must be intact to ensure the IV has not been altered/contaminated. The IV will also be inspected to ensure no visible contamination has occurred.