| | |
|---|---|
| NPSA Alert Reference | NPSA 2010 RRR 015 |
| Title of NPSA Alert | Prevention of over infusion of intravenous fluid* and medicines in neonates |
| Date of Issue by DHSSPSNI | 10 September 2010 |
| Date implementation Due By: | 10 March 2011 |
| Directorates were alert is relevant | CYP - Neonatal Unit |
| Operational Director/s | Mr Brian Doran |
| Associate Medical Director/s | Dr Aljarad |
| Assistant Director/s | Mrs Geraldine Maguire |
| Clinical / Operational Leads | Dr Hogan / Dr Quinn / Sister Una Toland / Sister Helen McAreavey / Mrs Bernie McGibbon / Sister Jane Lynch / Sister Faith Farrell / Sister Barbara McAdam / Jilly Redpath |

| Recommendations / Standards Required | Current Control Measures Systems in Place | Current Compliance Rating | | | | | | | | | | Further Action | Person Responsible for taking forward action | Designated time scales |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 100% | 90% | 80% | 70% | 60% | 50% | 40% | 30% | 20% | 10% | 0% | | | |
| Departments providing neonatal services should:<br><br>1. Ensure that a local neonatal intravenous administration policy is available that specifies:<br><br>*a. When using a syringe pump to administer intravenous fluids or medicines to neonates, a bag of fluid should not be left connected to the syringe.** | Current practice within all departments in the SHSCT that provide neonatal services fully comply with the NPSA recommended practice that when using a syringe pump to administer intravenous fluids or medicines to neonates, a bag of fluid is never left connected to the syringe.<br>All clamps on intravenous administration sets are closed before removing the administration set from the infusion pump, or switching the pump off. This is required regardless of whether the administration set has an anti-free flow device.<br><br>The following controls ensure that these practices and the frequency and responsibility for monitoring are formally endorsed within a policy and associated procedure.<br>All departments within the SHSCT that provide neonatal services fully comply with this NPSA recommendation. The following controls ensure that this is formally endorsed within current practice.<br><br>New 'Neonatal Intravenous Infusion Policy (2011) and supporting procedures have been developed following issue of this NPSA alert.<br><br>A policy for the Nursing Procedures for the administration of IV fluids and drugs to neonates are currently in place (Royal Marsden). There are also a number of other associated procedures and guidelines in place and these include:<br>-Neonatal Parenteral Nutrition Guideline (2010)<br>-Management of Hypoglycemia in the Neonate<br>-Hyponatremia Guidelines<br>-Procedure fo the insertion & maintenance of peripheral lines in Neonates<br>-Manufacturers operating procedures for pump use<br>-Competency framework for Braun pumps | | x | | | | | | | | | | The new 'Neonatal Intravenous Infusion Policy (2011) is to be submitted to the Trust's Policy Scrutiny Committee for approval. Once the Policy is approved it will be disseminated as per implementation plan<br><br>The new procedures for administration of intravenous fluids to neonates are to be submitted to the CYP Procedures Committee<br><br>Once approval is given to the Policy and Procedures they will be presented at CYP Directorate Governance Committee for final ratification prior to issue. | Assistant Director - Social Work Services & Social Care Governance<br><br>Assistant Director - Social Work Services & Social Care Governance<br><br>Assistant Director - Specialist Child Health & Disabilities<br>Associate Medical Director - CYP | 30/06/2011<br><br>30/06//2011<br><br>Dependent on the approval timescales above |
| Departments providing neonatal services should:<br><br>1. Ensure that a local neonatal intravenous administration policy is available that specifies:<br><br>*b. All clamps on intravenous administration sets must be closed before removing the administration set from the infusion pump, or switching the pump off. This is required regardless of whether the administration set has an anti-free flow device.* | A daily care plan is carried out on all neonates<br><br>IV Fluids are written up by the doctor / nurse specialist on the fluid balance chart and the prescription will indicate the following:<br>- When fluids are to be erected<br>- The hourly volume<br>- The rate and total volume<br>- The need for hourly monitoring<br><br>For neonates nursed within a paediatric ward setting the request for blood sugar levels to be checked one hour following commencement is not routine practice. The NNU in CAH adhere to this practice. This practice will be implemented for neonates in<br>other areas when the policy and procedure is implemented.<br><br>Hourly Observations are in place | | x | | | | | | | | | | The new 'Neonatal Intravenous Infusion Policy (2011) is to be submitted to the Trust's Policy Scrutiny Committee for approval. Once the Policy is approved it will be disseminated as per implementation plan<br><br>The new procedures for administration of intravenous fluids to neonates are to be submitted to the CYP Procedures Committee<br><br>Once approval is given to the Policy and Procedures they will be presented at CYP Directorate Governance Committee for final ratification prior to issue. | Assistant Director - Social Work Services & Social Care Governance<br><br>Assistant Director - Social Work Services & Social Care Governance<br><br>Assistant Director - Specialist Child Health & Disabilities<br>Associate Medical Director - CYP | 30/06/2011<br><br>30/06//2011<br><br>Dependent on the approval timescales above |
| Departments providing neonatal services should:<br>1. Ensure that a local neonatal intravenous administration policy is available that specifies:<br>*c. The frequency and responsibility for monitoring:*<br>*i. the intravenous infusion device*<br>*ii. the infusion administration equipment*<br>*iii. the patient receiving intravenous infusion* | | | x | | | | | | | | | | The new 'Neonatal Intravenous Infusion Policy (2011) is to be submitted to the Trust's Policy Scrutiny Committee for approval. Once the Policy is approved it will be disseminated as per implementation plan<br><br>The new procedures for administration of intravenous fluids to neonates are to be submitted to the CYP Procedures Committee<br><br>Once approval is given to the Policy and Procedures they will be presented at CYP Directorate Governance Committee for final ratification prior to issue. | Assistant Director - Social Work Services & Social Care Governance<br><br>Assistant Director - Social Work Services & Social Care Governance<br><br>Assistant Director - Specialist Child Health & Disabilities<br>Associate Medical Director - CYP | 30/06/2011<br><br>30/06//2011<br><br>Dependent on the approval timescales above |