Department Policy
Code: D: MM-5640

Entity: Fairview Pharmacy Services

Department: Fairview Home Infusion


<table>
<thead>
<tr>
<th>Category:</th>
<th>Home Infusion</th>
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</thead>
<tbody>
<tr>
<td>Subject:</td>
<td>Pain Management</td>
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<tr>
<td>Policy:</td>
<td>Provide safe and appropriate methods of preparation, dispensing, administration and monitoring of pain management therapies in the home setting.</td>
</tr>
</tbody>
</table>
| Procedure:       | I. All patients’ shall meet admission criteria and have an appropriate indication for pain management therapy.  
|                  | II. Follow guidelines for assessment and management of patients who are experiencing acute or chronic pain - (refer to System Pain Management Policy)  
|                  | III. Initial orders shall include the name of the drug, dose, frequency and route of administration;  
|                  | A. If the order is for a continuous infusion, the order must include the basal rate (dose/hour) and dosage and frequency of bolus doses (if ordered)  
|                  | B. If the order is written as a range, verify the current dose with the discharging facility and use that dose as the starting dose  
|                  | IV. Initiation of pain management by FHI nursing in the hospital will include:  
|                  | A. Verification that the drug and dose compounded by the FHI pharmacy matches the drug and dose compounded by the hospital pharmacy  
|                  | 1. Verify the name of drug, loading dose if applicable, dosage/hour, concentration, dosage and frequency of bolus dose with the label on the medication that is currently infusing.  
|                  | 2. Any discrepancies must be clarified (MD, FHI pharmacist, and facility RN), prior to initiating the medication provided by FHI. |
V. Programmable pumps that will deliver analgesic medication must be verified for correct programming by two clinicians

A. The RN in the home or hospital will verify the pump program label with the pump

B. Documentation should appear in the chart that such verification was done and by whom.
   1. The pump label with the program instructions will be printed and initialed by two clinicians
      a. One copy will go with the pump and one copy will be archived in the medical record
   2. Nurses in the field will verify pump program and document in electronic medical record

C. If the pump program is changed in the home after initiation of therapy, the nurse must verify the pump program over the telephone with a pharmacist. Documentation of this activity in the patient’s electronic medical record should occur by one of the clinicians.

VI. Patients and caregivers shall be taught:

A. Recognizing pump alarms of the infusion control device with appropriate intervention.

B. Use, storage and disposal of controlled substances
   1. Patient or caregiver is responsible for disposal of controlled substances.
   2. Narcotic medications may not be returned to the Fairview Home Infusion Pharmacy

C. Side effect recognition and management related to narcotics
   1. Respiratory depression
   2. Nausea, vomiting
   3. Constipation
   4. Changes in sensorium
   5. Side effects associated with intraspinal administration of narcotics such as: pruritus, urinary retention, tolerance, catheter migration, or meningitis

D. Care management and observation of infusion access device and management of problems as appropriate or: (see appropriate Access Device Policy and Procedure).
   1. Flushing the vascular access device is performed to ensure and maintain patency of the catheter and to prevent mixing of medication and solutions that are incompatible.
   2. If medications need to be infused through the same catheter lumen as a continuous infusion of pain
medication, flush the access device as close to the hub of the catheter as possible to prevent mixing of the medications.

3. Before flushing the lumen of a catheter that is a continuous narcotic infusion:
   a. Assure the patient’s pain is under control.
   b. If ordered by the provider and the patient does not have relief from pain, administer a bolus prior to interrupting the infusion.
      1) See Addendum A for flushing guidelines with continuous infusions.
      2) Sub-q administration should be according to FHI policy (see FHI Policy Subcutaneous Infusion Access).

VII. When pain management is administered via a programmable pump an RN will be responsible for changing the bag or cassette containing the narcotic.

VIII. With a Provider order, the Patient and caregivers may be taught the following procedures if they are able to learn and demonstrate competence and compliance:
   A. Cassette or IV bag and tubing change
   B. Subcutaneous needle removal and insertion

IX. With a provider order for a range dose the Patient and caregivers may be taught the following procedures if they are able to learn and demonstrate competence and compliance:
   A. The first fill will be set at a fixed dose and sent to the patient in lock level II
   B. The RN will assess the patient upon the first visit and may change the pump to lock level 1 in consultation with the FHI pharmacist
      1. The patient will be instructed to call the triage nurse to adjust the dose within the range
         a. The triage nurse will complete a pain assessment and instruct the patient on how to change the pump
         b. The triage nurse will report the change on the triage line
         c. The pharmacist will adjust the bag refill date based on the change

X. Administration of intravenous, subcutaneous, or intraspinal narcotic therapy shall be initiated whenever possible in the hospital setting and the patient shall be on a controlled dosage for 24 hours prior to hospital discharge.

XI. The provider must be notified under the following
A. If the patient’s caregiver is determined to be incapable of monitoring the safe administration of intravenous, continuous subcutaneous, or intraspinal narcotics.

B. Pain control is not effective and a change in orders is required.

C. When the patient or primary caregiver attempts to or titrates pain medication upward beyond provider’s orders.

D. When an adverse reaction is suspected (i.e., sudden, unexpected, acute, clinically significant changes such as cyanosis, decreased respiration, changes in mental status, drop in blood pressure, cardiac irregularities).

E. When narcotic toxicity is suspected (i.e., sudden, unexpected, acute, clinically significant changes such as coma, severe respiratory depression, skeletal muscle flaccidity, hypertension or bradycardia.)

XII. Use of naloxone in the home is not recommended.

XIII. Central venous access is recommended for intravenous administration to maintain uninterrupted level of analgesic in the home.

XIV. The Patient must have an alternate mode of pain management (oral, sublingual, or rectal analgesia) in the home to be used in the event of an interruption in the administration of infusion therapy (i.e., pump malfunction, loss of infusion access device).

A. Back up bags of pain medication may be provided to patients on a continuous narcotic infusion

B. Back up pumps will only be made available for patients with intraspinal narcotic infusions or when assessed as necessary on a case by case basis.

External Ref: Infusion Nurses Society, Infusion Therapy in Clinical Practice, 3rd Edition 2006
<table>
<thead>
<tr>
<th><strong>Internal Ref:</strong></th>
<th>Joint Commission applicable standards</th>
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<tbody>
<tr>
<td><strong>Source:</strong></td>
<td>FHI clinical managers, FHI compliance</td>
</tr>
<tr>
<td><strong>Approved by:</strong></td>
<td>Director of Operations; Medical Director</td>
</tr>
<tr>
<td><strong>Date Effective:</strong></td>
<td>02/22/1993</td>
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<tr>
<td><strong>Date Reviewed:</strong></td>
<td>12/2014</td>
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<tr>
<td>Access/Initiation</td>
<td>Narcotic Bag Change Only</td>
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<tr>
<td><strong>PICC</strong></td>
<td>Do not flush</td>
</tr>
<tr>
<td>• Flush with 0.9% NaCl 10ml to verify patency</td>
<td>• Draw waste of 5-10ml blood</td>
</tr>
<tr>
<td>• Initiate continuous narcotic infusion</td>
<td>• Obtain lab sample</td>
</tr>
<tr>
<td></td>
<td>• Flush with 0.9% NaCl 10ml</td>
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<tr>
<td></td>
<td>• Resume continuous narcotic infusion</td>
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<tr>
<td></td>
<td>• May require clinician bolus after lab draw and flush</td>
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<tr>
<td><strong>Port</strong></td>
<td>Do not flush</td>
</tr>
<tr>
<td>• Aspirate 3-5ml blood to verify needle placement</td>
<td>• Draw waste of 5-10ml blood</td>
</tr>
<tr>
<td>• Flush with 0.9% NaCl (10-20ml)</td>
<td>• Obtain lab sample</td>
</tr>
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| **Sub-Q**        | • Sub-Q set directly connected to medication administration set should be primed to avoid interruption in therapy  
• Initiate continuous narcotic infusion  
| • Do not flush  
• Consider performing Sub-Q site change with bag change if due within 72 hours  
| N/A | N/A | Site change performed every 3 days or PRN |
| **Tunneled/Non-Tunneled Chest Catheter (i.e., Hickman, Subclavian)** | • Flush with 0.9% NaCl 5 ml to verify patency  
• Initiate continuous narcotic infusion  
| Do not flush | • Draw waste of 5-10ml blood  
• Obtain lab sample  
• Flush with 0.9% NaCl 10-20ml  
• Resume continuous narcotic infusion  
• May require clinician bolus after lab draw and flush  
| • Draw waste of 5-10ml blood  
• Flush with 0.9% NaCl 5ml  
• Administer medication  
• Flush with 0.9% NaCl 5ml  
• Resume continuous narcotic infusion  
• May require clinician bolus after lab draw and flush  
| Change injection cap weekly, after blood draw or PRN  
May require clinician bolus after lab draw and flush |

**References:**  
FHI Policy PC-5550: Central Venous Catheters (CVC) – External Chest Placed  
FHI Policy PC-5555: Implanted Ports, Venous  
FHI Policy PC-5560: Peripherally Inserted Central Catheter (PICC)  
FHI Policy PC-5585: Subcutaneous Needles or Catheter  
FHI Policy PC-5100: Access Device Management