

Extended Tubing for PUI/COVID-19 Patients

Extending Infusion Pump Access Outside Patient Room – Adult

Things to Consider

1. Consider type of medication and administration rates.
 - a. Infusion rates less than 5 mL/hr or greater than 300 mL/hr may result in inaccurate delivery
 - b. Avoid rapid administration of medications which may result in adverse hemodynamic response (ideally flush rates should be at the same rate as infusion)
 - c. Ability for medication to reach the patient based on rate/tubing length; tubing should be fully primed with medication and flushed for completion if immediate delivery is expected
 - d. If administering an IV push or IV piggyback you must flush the tubing line at a rate appropriate for the medication to ensure extended line is adequately flushed. Use priming volume written on tubing label by RN that setup tubing.
 - e. When changing concentration of a continuous medication infusion (e.g. from standard to concentrated concentration or vice versa), consider the volume of medication in the tubing prior to changing the rate. Disconnect the tubing from the patient and re-prime or change the tubing (per policy). Consider volume of fluid administration if patient requires fluid restriction.
2. Attempt to hang IV infusions 20cm above the pump for accuracy performance.
3. Tongue depressors and other products may be used to prevent tubing from being on the floor.
4. Maintain IV tubing visibility and positioning in room to avoid trip hazards for team members.

Step 1

Confirm patient meets following criteria

1. ICU/Stepdown Status
2. COVID-19 Positive or PUI
3. **Single patient room ONLY (not cohorted)**
4. Not independently ambulating
5. Not requiring q 1 h assessments
6. Patient can be visualized from hall and door must be able to completely close
7. IV infusions and meds except
 - Insulin
 - PCA/Epidurals/Intrathecal
 - Prostacyclins (e.g. epoprostenol, treprostenil)

Step 2

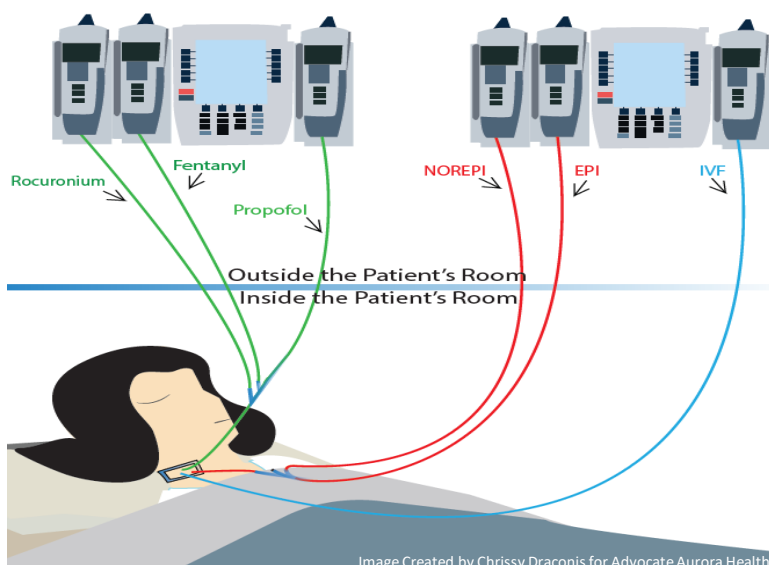
Confirm equipment/personnel is ready

- Two RN's
- Second patient ID band
- PPE Equipment (mask & gloves for outside RN)
- Infusions with infusion tubing/labels
- Extension Tubing (use minimal number of tubing's to accomplish task; avoid using arterial line tubing needed for BP/ABGs)
- Stopcock or multi-extension pigtail
- Dual caps
- Infusion Pumps
- Materials to prevent tubing from being on the floor (e.g. tongue blades, adhesive, stat-locks, etc.)

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Step 3

If IV pump IS IN the room		If IV pump is NOT in the room	
RN INSIDE ROOM - Assess IV site; add extension tubing & stop cock making sure length extends to promote safety - Clean infusion bag, tubing, pump & lock box (if present). Make sure tubing is labeled at site near patient and below IV pump	RN OUTSIDE ROOM	RN INSIDE ROOM	RN OUTSIDE ROOM - Obtain infusion pump, tubing, extension set, stop cock, infusion bag, lock box (if a controlled substance) & computer - Obtain 2nd patient ID band - Secure ID band to infusion pump - Scan IV band and infusions. Prime & utilize IVAP (if available) to set up infusion pump & label tubing at site near patient and below IV pump
Both - With assistance from RN outside room (in gloves & mask) obtain 2nd patient ID band & verify with 2 identifiers against current ID with RN inside room - When both RN's are ready, open door & move infusion pump outside of room; close door immediately		Both RN outside room verifies with 2 identifiers against current ID band with RN inside room	
Create safe pathway for IV tubing to prevent pulling on IV site and falls while maintaining a clean environment avoiding floor when possible	- Reclean bag, tubing, pump, cords & lock box (if present) - Secure ID band to pump - Confirm infusions are being administered and lock IV pump	Assess IV site	Put on mask & gloves
Both - When both RN's are ready, open door. RN outside room hands labeled tubing to RN inside room - RN inside attaches infusion to IV site & reassesses site		Both - Create safe pathway for IV tubing to prevent pulling on IV site and trip hazards while maintaining a clean environment. Avoid the floor when possible. - Start infusion pump & lock it	



RN to perform initial tubing flush to calculate total priming volume of each line. Write priming volume on tubing label below IV pump so following RNs can flush line with correct volume after med administration.