

## ANTI-INFECTIVE THERAPY GUIDELINES

**Section:** Nursing

**Compliance:** ACHC Infusion Pharmacy

**ACHC Standards:**

**Policy ID:** NUR200

**Effective:** 1/1/21

**Reviewed:** 5/1/21, 5/1/22

**Revised:**

**Approved by:** Kathleen Patrick, President 1/1/21, 5/1/21

### I. POLICY

The following guidelines will be followed when providing anti-infective therapy.

### II. PROCEDURES

- A. All patients referred for anti-infective therapy will meet the clinical admission criteria.
- B. Registered nurses, meeting the minimum requirements of nurse clinician job description and who have completed the infusion therapy nursing orientation program may administer anti-infective therapies in accordance with anti-infective standards of practice.
- C. Anti-infective therapy may be infused via:
  - 1. Peripheral venous access
  - 2. Central venous access
  - 3. Venous access ports
  - 4. Implanted infusion pumps
  - 5. Intramuscular injection
- D. The nurse will administer and/or teach the patient/caregiver to administer anti-infective therapy.
- E. The physician's order will include:
  - 1. Name of anti-infective agent
  - 2. Dose, dilution
  - 3. Frequency of doses
  - 4. Total number of doses
  - 5. Route of administration
  - 6. Method of administration (pump or gravity) (syringe or mini bag)
  - 7. Any premedication required before dosing
  - 8. Laboratory monitoring parameters and schedule
  - 9. Standing orders when appropriate in case of allergic reaction (i.e., diphenhydramine hydrochloride, epinephrine)
- F. Documentation and assessment, as well as patient instruction, will include:

1. Catheter site appearance, care and infusion administration technique using aseptic technique
2. Use, storage and disposal of drugs and supplies.
3. Use of the infusion control device
4. Clinical signs of adverse reactions related to the specific antimicrobial agent used
5. Patient response to therapy by monitoring for continued signs of infection
6. Patient vital signs (TPR, BP)
7. Patient compliance with medical regimen
8. Appearance of infected site, as applicable

G. The nurse shall monitor the patient's response to therapy and notify the physician as appropriate

H. Inline filtration of anti-infective is not routinely required as anti-infectives are filtered during pharmacy compounding.

**Sets with inline filters may be utilized during peripheral infusion when peripheral venous access is limited, and phlebitis is potentiated due to a chemical irritation caused by the anti-infective (i.e., Penicillin's, Vancomycin, Pentamidine).**

I. Any anti-infectives requiring compounding in the home will be infused using a .22-micron filter (the exception being Amphotericin).