Introduction
Following numerous communication with acute trusts looking to discharge patients on intravenous (IV) antibiotics into primary care it became necessary for the medicines management team to enquire of North East London Community Services (NEL CS) the service available by the District Nursing (DN) teams.

The current service specification for Primary Care Nursing mentions IV therapy with appropriate medical support/accountability however there is no further detail. This service specification is out of date and it is proposed that when the service specification is reviewed, the detail in this document will form part of that revised service specification.

The information below depicts the NEL CS process for the administration of licensed antibiotic medicines.

NELCS Process

1. What the patient needs from the hospital prescriber:
   - Clear prescribing of drug name, strength and dose
   - Route of administration e.g. IV or IM
   - Frequency of administration and length of treatment
   - Allergy status
   - Make any dose adjustments as needed based on age, weight, renal and hepatic function and any other interacting medications
   - Prescribe diluents if appropriate
   - Prescribe infusion fluid where appropriate
   - Prescribe sodium chloride 0.9% x 10ml ampoules as flushes
   - Indicate any monitoring required whilst on therapy
   - Indicate action to be taken if patient deteriorates during working hours or outside of these hours
   - Indicate any follow up process where needed
   - Indicate who is responsible for the patient e.g. hospital consultant so that nurses are aware who to contact for advice or clarification where needed
   - Sign and date the prescription
   - Complete a “NELFT authorisation to administer” form which instructs qualified nurses to administer the medication (the discharge letter is not an authorisation to administer)
   - Where an authorisation to administer form from the hospital doctor is not clear and the hospital doctor cannot be contacted, contact the on-call team for the relevant speciality or microbiologist in order to avoid a delay in treatment
   - Where treatment is advised to be continued for a further time period, clarify who will be responsible for a new prescription, new authorisation to administer and supply of medication
   - Clarify how the medication will reach the patient if treatment is extended
   - Supply IV giving sets
2. What the patient needs the hospital pharmacist to check and provide:
   - Check allergy status
   - Drug, dose and frequency is appropriate for patient
   - Supply sufficient medication for length of treatment
   - Supply all diluents, infusion fluids and sodium chloride 0.9% x 10ml ampoules
   - Supply technical leaflet (within the PIL)
   - Supply drug monograph for IV administration guidance
   - Ensure any monitoring requirements are clear and easy to understand

3. What the patient needs from the DNs:-
   - An IV toolbox containing spare cannulae, needles, syringes, giving sets, alcohol wipes, thermometer and adrenaline
   - Sterile gloves and gauze, IV additive labels
   - Usual patient notes, IV care plan and VIP chart
   - Portable stand (very often patients prefer a wire hanger hung over the curtain rail)
   - Adrenaline for anaphylaxis management

IV Administration by qualified nurses:
   - Qualified nurses (Band 5 and above) including night nurses will have completed anaphylaxis training, basic life support, IV and cannulation training
   - Competencies will be attained within NELFT community services or via NELFT community hospitals and if needed, in agreement with neighbouring A&E departments via honorary contracts
   - As the patients are not frequent enough for regular practice, there is an arrangement where either colleagues across the borough or the hospital are called upon to support cannulation.
   - At least 24 to 48 hours notice should be provided by the discharging unit and the DN team contacted to check and risk assess:
     - That patient has consented to treatment at home
     - Service capacity
     - Suitability of the patient for referral to receive IV administration in the home
     - Suitability of the home environment for IV administration
   - First and second doses must be given in the acute hospital prior to discharge
   - Unless otherwise instructed, administration will be in accordance with NMC guidelines, manufacturer’s guidance and local protocols and guidelines
   - Four times daily administration is subject to capacity and should be discussed with the DN team before discharge arrangements are made.
   - Ideally patients should be reviewed by the microbiologist prior to discharge to enable twice a day or once a daily administration.
   - Nurses must check they have all the documentation and medication needed to start treatment

IV antibiotics acceptable for home administration are:
Ceftriaxone
Teicoplanin

IV antibiotics acceptable for home administration depending on service capacity are:
Amoxicillin
Benzylpenicillin
Co-amoxiclav
Erythromycin
Flucloxacillin
IV antibiotics *that may be considered depending on clear instruction of when levels are to taken and when doses are to be with held.* Only services that have access to blood results to check levels will be able to administer these antibiotics:

- Amikacin
- Gentamicin
- Vancomycin

These lists are not exhaustive and any other antibiotic can be considered upon discussion with the service lead who may need to seek advice from a NELFT pharmacist.

The service will need to be reviewed with stakeholders where demand consistently exceeds capacity.

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