

Subcutaneous Infusion Device Insertion and Dressing

PURPOSE

To provide a safe access for the administration of subcutaneous medications.

POLICY

1. Aseptic technique shall be used for this procedure.
2. An RN may access a subcutaneous site in an alternative care setting with a physician's order.
3. When appropriate, the RN will instruct the patient or caregiver in this procedure.
4. Indications for the subcutaneous route of administration include the inability to absorb oral medications; lack of therapeutic response with other routes of administration; inability to tolerate repeated intramuscular injections; and inadequate venous access.
5. Routine site rotation should be performed every 48-72 hours, except for continuous pain management infusion. Site change may be performed at the time of cassette and tubing changes, or at least every 5-7 days unless integrity of system is compromised. Sites accessed longer than 72 hours require specific physician's orders and are at greater risk for complications.
6. Subcutaneous access sites shall be rotated to assure maximum tissue preservation and absorption of the drug being administered.
7. Subcutaneous access sites should be chosen according to ease of access, mobility of patient, and presence of an adequate amount of subcutaneous tissue.
8. A 25-27 gauge winged infusion set or specialized subcutaneous device shall be used to access subcutaneous tissue.
9. Administration sets in a closed system running continuously shall be changed routinely along with site changes or medication reservoir changes.
10. If the drug given is a controlled substance, all objectives and policies stated for Continuous Narcotic Infusion apply to the subcutaneous route of administration.

EQUIPMENT

Liquid soap and sanitizing gel

IV Start Kit **OR** supplies listed below:

Subcutaneous access device, primed with infusate and attached to infusion pump

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1-2 alcohol swabs or other skin disinfectant product (e.g. IV Prep® or Chloraprep®)

1-inch tape

Small transparent dressing

1 pair of gloves

PROCEDURE

1. Explain procedure to patient.
2. Wash hands thoroughly with soap and water. Dry with clean paper towel.
3. Arrange supplies on a clean surface.
4. Scrub the selected subcutaneous access with soap and water and dry with a clean paper towel, if appropriate.
5. Put on gloves.
6. Using firm pressure and friction, scrub the selected site to an area as large as the dressing following manufacturer's recommendations for the disinfectant product that is used.
7. Insert access device per manufacturer's directions into the subcutaneous tissue.
8. Apply transparent dressing over access device and secure tubing with tape as needed.
9. Initiate infusion as ordered.
10. Document the procedure including subcutaneous site, date, time, and number of attempts, gauge and length and type of access device in the patient's medical record.

RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

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REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.