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**OPINION: SUBCUTANEOUS INFUSION: ROLE
OF THE LPN**
DATE APPROVED: 1/09
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ORIGINATING COMMITTEE:
SCOPE OF PRACTICE COMMITTEE

ADVISORY OPINION SUBCUTANEOUS INFUSION: ROLE OF THE LPN

It is within the Scope of Practice of a Licensed Practical Nurse (LPN) to provide fluids and medications via subcutaneous infusion similar to those that LPNs are able to provide via the intramuscular route or subcutaneous bolus injection if the requirements below are met. It is not within the Scope of Practice of a Licensed Practical Nurse (LPN) to provide subcutaneous infusions of blood products (immunoglobulins) or chemotherapy.

I. GENERAL REQUIREMENTS

- a. Written policy and procedures of employer designating what drugs may be given by the LPN by subcutaneous infusion and all procedures related to administration and maintenance.
- b. LPN has satisfactorily completed instructional programs and have had supervised clinical practice for administering subcutaneous infusions including use of pump, tubing, needle/catheter, site preparation/changes and dressings.

II. COURSE OF INSTRUCTION

- a. The Licensed Practical Nurse has satisfactorily completed an instructional program or equivalent as outlined in ADVISORY OPINION INFUSION THERAPY/VENIPUNCTURE BY LICENSED PRACTICAL NURSE.
- b. Anatomy and physiology related to subcutaneous infusion.
- c. Insertion techniques specific to subcutaneous infusion. Generally the subcutaneous access device is placed in the abdomen, upper arm, or thigh in the subcutaneous tissue.
- d. Complications and management techniques to include potential adverse reactions: complications may include: inflammation of the site, occluded tubing, and lack of absorption leading to non-therapeutic response to the drug.
- e. Drug classifications that may be administered by the LPN in this manner include pain management drugs, anti-emetics, anti-coagulant, insulin, chelation, and hydration therapy.
- f. LPN responsibilities: preparing infusion, insertion of devices, monitoring infusion, sites changes which are usually every 72 hours or as needed and patient education.

RATIONALE

This Advisory Opinion is intended to provide the nursing community with guidelines to clarify the LPNs role regarding subcutaneous infusion. LPNs in Long Term Care and Home Health are being asked to perform subcutaneous infusions.

The subcutaneous route is used for injections and continuous infusion. Absorption from this route is faster than oral but not as fast as intramuscular or IV. The infusions are generally small volume and may run over an

extended period of time. Usually a bag of IV fluid (diluent) with the drug is attached to IV tubing with a winged needle, IV catheter or specialized subcutaneous access device inserted into the patient. The tubing goes through an infusion pump that controls the rate of infusion; the pump must be able to slowly pump small volumes.

Additionally, hypodermoclysis, the infusion of fluids into the subcutaneous tissue may be appropriate for some patients for rehydration, usually in palliative care. Up to 3 liters per day may be given if patients have adequate subcutaneous tissue and ability to absorb. Multiple subcutaneous access devices may be required.

REFERENCES

www.azbn.gov/advisoryopinions.aspx, INTRAVENOUS INFUSION THERAPY/VENIPUNCTURE: THE ROLE OF THE LICENSED PRACTICE NURSE, Rev. 3/08. Accessed November 5, 2008.

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www.medicalhomeinfo.org/publications/downloads/palliative/08-Technical.ppt#1 PowerPoint. Accessed November 5, 2008.

www.state.nj.us/oag/ca/nursing/guide4.htm (New Jersey, LPNs can administer subcutaneous hypodermoclysis for rehydration). Accessed November 5, 2008.