POSITION DESCRIPTION / PERFORMANCE EVALUATION

Job Title: Home Infusion Therapy Services RN
Supervised by: Home Infusion Therapy Services Director
Prepared by: ___________________________
Approved by: ___________________________
Date: _________________________________
Date: _________________________________

Job Summary: Responsible for placing, monitoring and assessing intravenous systems, medications and/or products. Utilizing physicians’ orders and professional skills, the Home Infusion Therapy Services RN develops and implements a plan that meets each patient’s specific needs and is in compliance with accrediting organization standards, federal and state regulations, reimbursement guidelines, as well as Agency policies and procedures.

DUTIES AND RESPONSIBILITIES:

3 = Exceeds Performance 2 = Expected Performance 1 = Needs Improvement

Demonstrates Competency in the Following Areas:

Performs initial assessment and ongoing reassessments for each patient.

Monitors and maintains infusion sites and systems.

Administers and monitors antineoplastic agents, parenteral nutrition, investigational medications, blood and/or blood components and pain management medications.

Follows the seven (7) medication rights and reduces the potential for medication errors.

Performs venous and arterial punctures and phlebotomies.

Assesses patient’s condition, initiates plan of care, re-evaluates and updates as necessary.

Observes and assesses patients for adverse reactions and/or complications to parenteral therapy, antineoplastic agents, medications and blood and/or blood components.

Ability to adequately assess and reassess pain. Utilizes appropriate pain management techniques. Educates the patient and family regarding pain management.

Performs all aspects of patient care in an environment that optimizes patient safety and reduces the likelihood of medical/health care errors.

Supports and maintains a culture of safety and quality.

Obtains all necessary physician orders and collaborates with physician as patient’s needs dictate.

Re-evaluates the need for continued care on an ongoing basis; initiates recertification as necessary.

Provides nursing care and infusion therapy care to all ages of patients from neonate to the geriatric patient.

Labels cannula, dressing, solution, medication and administration set with pertinent information according to established protocols.

Provides education to patient and/or caregiver on treatment and ongoing care.

Follows up with obtaining lab results and notifying physician of any significant results.

Maintains aseptic practices and infection prevention and control procedures.
NOTE:

When available, the patient’s first medication dose shall be given in a controlled environment (i.e., ambulatory infusion center, hospital).

POLICY:

Established procedures shall be followed when giving the first dose of medication in the patient’s home to ensure safe delivery of that medication.

PROCEDURE:

• Before giving the first medication dose, the nurse shall:
  • Review and complete patient training
  • Verify the medication order and check the Medication Administration Record for the proper medication, dosage and administration time.
  • Know how to identify signs and symptoms of possible adverse reactions, what action to take and who to call.
  • Teach the patient how to identify signs and symptoms of potentially adverse reactions, what action to take and who to call.

• When the medication first dose has been given to a patient in an acute care setting or a physician’s office, the following steps shall be taken:
  • Make sure the patient is evaluated for home care eligibility.
  • The patient’s medical history and medication profile/allergy shall have been reviewed by the pharmacist and nurse involved.
  • The medication must be changed to an appropriate alternative if the patient has a documented history of anaphylactic reaction. The first dose shall be given in the hospital or the physician’s office.
NOTE:

This policy and procedure addresses therapy/medication specific aspects of clinical practice. All general clinical care policies and procedures apply in providing care to patients receiving this specific therapy/medication. General clinical care policies and procedures include: Pharmacy Plan of Care, Clinical Laboratory, Medication Patient Information and Reconciliation, and Coordination of Care.

PURPOSE:

To ensure that the proper protocol shall be followed when infusing vancomycin. Vancomycin is a tricyclic-glycopeptide antibacterial commonly used in the prevention of bacterial endocarditis and/or treatment of methicillin-resistant or methicillin-susceptible staphylococcal endocarditis as well as serious gram-positive lower respiratory tract, skin, or bone infections.

POLICY:

The use of all intravenous vancomycin infusions shall be assessed and monitored to ensure appropriate and safe use of the medication and to minimize drug-related problems.

PROCEDURE:

- Clinical Assessment and Monitoring:
  - This policy and procedure shall be used in conjunction with the Anti-infective Therapy policy and procedure.
  - Assessment data shall be obtained prior to beginning home therapy. Information to assess shall include, but is not limited to:
    - Diagnosis
    - Causative organism or culture and sensitivities
    - Prior antibiotic blood levels and dosage
    - Other cytotoxic or nephrotoxic medications
    - Start of therapy
    - Serum creatinine
POLICY:

• HHA shall allow orders for compounded drugs or drug mixtures not commercially available as appropriate to meet the needs of the patient population, following applicable state and federal law, rules and regulations and standards set forth in USP <797>.

• Compounded drugs may be prescribed when the licensed independent practitioner determines, in his/her professional judgment, that the compounded drug's benefits over any approved alternative, justify the risk for a particular patient. The goal is preparation of safe and effective products using the best available resources and techniques.

• The drug to be compounded must be individually prescribed for an identified patient.

• Pharmacy Services shall prepare compounded drugs in situations where drugs not commercially available are widely used based on literature reports and where there exists a formula for the preparation of these products. The following includes, but may not be limited to reasons for ordering and preparing compounded drugs:
  
  • The drug required is not manufactured in the needed strength.
  
  • The prescriber requests a different form of the drug to improve patient compliance with prescribed drug therapy (for swallowing or taste purposes, etc.).
  
  • The prescribed drug needs to be combined in forms not available from the manufacturer to improve patient response to prescribed drug therapy.
  
  • The patient is allergic to inactive ingredients (dye, lactose, etc.) in the manufactured form of the drug.
  
  • The prescribed therapy requires tailoring to the individual patient (intravenous feeding solutions, chemotherapy, etc.).

• Previously marketed drugs found to be unsafe or ineffective and removed from the market may not be compounded.

• Drug products listed in the FDA's regulations as difficult to compound may not be compounded.
PURPOSE:

• To define the nurse’s role in completing a comprehensive assessment for every patient receiving home infusion services.

• To provide each home infusion patient, regardless of payment source, with a comprehensive assessment that accurately identifies the patient’s needs for care, treatment and/or services within an appropriate time frame, as outlined by Federal regulatory requirements.

• To determine the patient’s current needs for continuing care, treatment and/or services, including medical, nursing, rehabilitative, social and discharge planning, as well as his/her changing needs while with __________________ (organization name).

• To identify information that may be utilized to demonstrate the patient’s progress toward the achievement of desired outcomes.

• To determine the patient’s eligibility for the Medicare home health benefit, including his/her homebound status.

• To ensure that the patient’s current needs and/or problems are continuously evaluated and the care, treatment and/or services provided are adjusted accordingly.

• To ensure compliance with collection of time appropriate OASIS data set items, in accordance with Federal reporting requirements.

POLICY:

• Admission assessments shall be performed by a Registered Nurse within:
  
  • 48 hours of referral, or
  
  • 48 hours of the patient's return home, or
  
  • On the physician-ordered start of care date