



## Intravenous Line Care Collaborative Practice Agreement Manual

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## Abbreviations

**IV:** Intravenous

**LIP:** Licensed independent practitioner

**PICC:** Peripherally inserted central catheter

**PIV:** Peripheral IV

## Definitions

**Licensed Independent Practitioner (LIP):** An individual permitted by law and privileged by the organization to provide care, treatment, and services to patients. A licensed independent practitioner operates within the scope of his or her license and corresponding state law and operates consistently with individually granted clinical privileges.

## General Information

### 1. Manual Statement

- 1.1. This manual describes the process for appropriately managing patients who have been referred to a pharmacist through the [Intermountain Healthcare Collaborative Pharmacy Practice Agreement Policy](#) for IV line care.

### 2. Scope

- 2.1. The manual is applicable to Intermountain Homecare only.

### 3. Exceptions

- 3.1. Inappropriate Homecare patients as cited in the Patient Responsibilities Handbook (eg, no home, no phone, no electricity).
- 3.2. Dialysis catheters

## Eligibility and Expectations

### 1. Pharmacist Eligibility and Expectations

- 1.1. Pharmacists participating in this CPA must successfully:
  - 1.1.1. Complete the Intermountain Homecare IV line care training module(s) and receive a passing score on the competency assessment annually.
  - 1.1.2. Communicate with referring LIPs regarding changes in patients' course of therapy and pertinent information that will affect the patient care as deemed necessary.

## 2. LIP Eligibility and Expectations

- 2.1. LIPs are eligible if they:
  - 2.1.1. Have signed the IV Line Care CPA.
  - 2.1.2. Are available for consultation and questions from Intermountain Homecare Pharmacists.
- 2.2. Intermountain Homecare and Hospice Medical Director signs the Homecare Line Care CPA.
  - 2.2.1. All Homecare patients who meet eligibility requirements are covered under CPA signed by the Homecare Medical Director until referring LIP has signed CPA.

## Homecare

### 1. Patient Referral

- 1.1. Upon receiving a written, faxed, or telephone order to admit patient to Intermountain Homecare for any IV therapy, patient is enrolled in the IV Line Care CPA, and the pharmacist assumes responsibility for appropriate management of the IV line.
  - 1.1.1. All Homecare Patients who meet eligibility requirements are covered under CPA signed by the Homecare Medical Director until referring LIP has signed CPA.
    - 1.1.1.1. Order for IV line care management by pharmacy is placed in the electronic health record before sending medications or supplies to the patient's home.
    - 1.1.1.2. This order remains active until:
      - 1.1.1.2.1. IV line is discontinued;
      - 1.1.1.2.2. LIP cancels the order; or
      - 1.1.1.2.3. The patient is discharged from Homecare service.
- 1.2. Upon receipt of LIP order for IV therapy, intake determines if LIP is included in this CPA.
  - 1.2.1. If LIP is not included in the CPA, intake contacts LIP to determine if they would like to be included in the CPA.
  - 1.2.2. If LIP would like to be included in the CPA, the CPA is sent for signature. Once signature is obtained, intake files agreement and updates database to include the LIP.
    - 1.2.2.1. Intake notifies pharmacist of signed agreement. The pharmacist may choose to change the IV-line care management orders from Homecare Medical Director to the referring LIP. If change made, pharmacist will place a new IV-line care order in the electronic medical record indicating change in ordering provider.
  - 1.2.3. If LIP does not want to be included in the CPA, they send patient-specific IV line care orders for each patient referred to Intermountain Homecare Pharmacy.
- 1.3. Intermountain Homecare & Hospice maintains a database of LIPs participating in the CPA.

## 2. Goals of Therapy

- 2.1. Provide appropriate IV line care therapy
- 2.2. Minimize delay in care and/or missed doses secondary to nonfunctioning IV line.

### 3. Delivery of Patient Care

- 3.1. The clinical pharmacists assume responsibility for appropriate IV-line management of all patients admitted to Homecare services with an IV line including:
  - 3.1.1. Verifying patient's line type is appropriate for the IV therapy ordered
  - 3.1.2. Select an appropriate flush or lock solution based on the medications used for IV therapy to ensure compatibility.
  - 3.1.3. If indicated, selecting an appropriate heparin concentration (10 unit/mL, 100 unit/mL, 1,000 unit/mL) and flushing interval for IV-line maintenance .
- 3.2. The pharmacist may write orders if the central line is occluded for alteplase per Lippincott procedures dosing guide.
- 3.3. The pharmacist may write standing order for 2.5% lidocaine/2.5% prilocaine (Emla®) cream  
Apply 1gm of cream topically to skin 60 minutes prior to accessing implanted port and cover with occlusive dressing.
- 3.4. The pharmacist may recommend discontinuation of IV-line care therapy.
- 3.5. If a pharmacist is not approved to participate in the CPA, pharmacy manager coordinates with another pharmacist to ensure the continuity of the service.

### 4. Documentation

- 4.1. The pharmacist documents all line care assessments in a physician order in the electronic medical record on days when line care orders are started or modified.
- 4.2. Documentation must include the following:
  - 4.2.1. Line type
  - 4.2.2. Flushing regimen (heparin dose used, if any, and frequency of flushing)

### 5. Discontinuation of CPA

- 5.1. The pharmacist may recommend discontinuation of IV line based on IV line no longer being needed. Pharmacist documents the recommendation and justification in the patient's medical record
- 5.2. An LIP order is required to remove the IV line.
- 5.3. The referring LIP is responsible for giving orders to discontinue IV line.

## Appendices

### 1. Appendix A: CPA Signature Form

#### Key Points

- Referring LIP must either sign IV Line Care CPA or send a specific line care orders with each IV referral to Homecare.
- All Homecare patients who meet eligibility requirements are covered under IV Line Care CPA signed by the Homecare Medical Director until referring LIP is able to sign CPA.
- LIP is available for pharmacist to contact.
- The pharmacist may choose to refer a patient back to the referring LIP.

#### Ordering Provider Name

(Printed) \_\_\_\_\_ . Phone \_\_\_\_\_ . Fax \_\_\_\_\_ .

#### LIP Signature

\_\_\_\_\_ . Date \_\_\_\_\_ . Time \_\_\_\_\_ .

## 2. Appendix B: IV Line Care – Collaborative Pharmacy Practice Agreement

The Utah Pharmacy Practice Act (Utah Code – Title 58 – Chapter 17b) allows pharmacists to practice under a CPA with physicians. Pharmacists may participate in the practice of managing and modifying drug therapy according to a written protocol between one or more pharmacists and one or more physicians who is/are responsible for the patient’s care and authorized to prescribe drugs.

By ordering pharmacy to manage IV-line care, the ordering physician agrees that clinical pharmacists may enter a collaborative practice for the management of IV-line care in patients admitted to Intermountain homecare pharmacy services according to approved IV Line Care ordering standard

### I. Purpose

The purpose of this agreement is to delegate to pharmacists the authority to perform IV-line care dosing and management services as defined within the Intermountain Healthcare Collaborative Practice Agreement and associated standard operating procedures.

### II. Eligibility

#### Physicians who participate in the collaborative pharmacy practice agreement shall

1. Sign the CPA
2. Be available for consultation and questions from the clinical pharmacists
3. Communicate any change in course of therapy that may affect patient care such as scheduled procedures, changes in medication regimen, patient status, etc.
4. Be available for review of standard operating procedures as needed.
5. Upon request of the pharmacist or per standard operating procedure, accept responsibility for IV-line care management from the pharmacist.

#### Pharmacists who participate in the collaborative pharmacy practice agreement shall

1. Successfully complete the Intermountain Healthcare IV line care training module and receive a passing score on the competency assessment.
2. Adhere to the Intermountain Healthcare CPA standard operating procedures.
3. Communicate with referring physicians regarding changes in patients’ course of therapy and pertinent information that will affect the patient care as deemed necessary.
4. Maintain competency by receiving a passing score on the competency assessment annually.

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Facility Name

\_\_\_\_\_  
Facility Medical Director

\_\_\_\_\_  
Pharmacy and Therapeutics Chair

Date: \_\_\_\_\_

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Pharmacy Director

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Pharmacist

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### **3. Appendix C: Central Line Flushing Amounts and Techniques by Device Newborn Pediatric Table**

Lippincott Procedures Table Link: [Central Line Flushing Amounts and Techniques by Device Newborn Pediatric Table](#)

### **4. Appendix D: Central & Peripheral Line Flushing Amounts and Techniques by Device Adult Table – Outpatient**

Lippincott Procedures Table Link: [Central & Peripheral Line Flushing Amounts and Techniques by Device Adult Table – Outpatient](#)

### **5. Appendix E: Alteplase Dosing Guide**

Lippincott Procedures Table Link: [Central Venous Access Device Declotting, Home Care](#)

### **6. Appendix F: Central Line Intraluminal Volumes Newborn Pediatric Table**

Lippincott Procedures Table Link: [Central Line Intraluminal Volumes Newborn Pediatric Table](#)

### **7. Appendix G: Central Line Intraluminal Volumes Adult Table**

Lippincott Procedures Table Link: [Central Line Intraluminal Volumes Adult Table](#)

### **8. Appendix H: Pharmacy Service Area**

Intermountain Homecare and Hospice provides services across Utah and Southern Idaho. With 18 home health offices in 12 services areas, services are available in every community served by an Intermountain Healthcare facility. IV line care may be managed outside of our service area and in areas that do not have nursing services. Please consult with a pharmacist to determine the logistics needed to provide safe care.

### **9. Appendix I: Additional Resources**

For additional information regarding this manual, please contact:

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## 10. Appendix J: References

1. “Central Line Flushing Amounts and Techniques by Device Newborn Pediatric Table.” (2020) In Lippincott procedures. Accessed May 2020
2. “Central & Peripheral Line Flushing Amounts and Techniques by Device Adult Table - Outpatient.” (2020) In Lippincott procedures. Accessed October 2020
3. “Central Venous Access Device Dec clotting, Homecare” (2020) In Lippincott procedures. Accessed May 2020
4. “Central Line Intraluminal Volumes Newborn Pediatric Table.” (2020) In Lippincott procedures. Accessed May 2020
5. “Central Line Intraluminal Volumes Adult Table.” (2020) In Lippincott procedures. Accessed May 2020

## Revision History

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