

Cosmofer Iron Infusion Nursing Care Plan

Ward

Problem	Outcome	Intervention	
Patient is undergoing a therapeutic intravenous infusion	To ensure a safe infusion episode with prompt detection of side effects	A	Check patent venous access, prescription is correct and confirm patient ID band is in place prior to preparing IV therapy
		B	Prepare IV therapy according to hospital policy with reference to manufacturers guidelines and online IV drug administration guide
		C	Confirm patient identity prior to commencement of infusion. Flush the IV access device as per hospital policy. Connect the infusion
		D	Where possible educate the patient to promptly report any new signs or symptoms during infusion and ensure call bell is close to hand
		E	Ensure baseline observations have been recorded in the previous 30 minutes, if not ensure they are taken and recorded prior to commencement of infusion
		F	Commence infusion by setting the IV pump rate and document start time on the prescription
		G	Administer 25mg test dose as per prescription over 15 minutes. Visually observe patient during test dose and remain in close proximity in case of reaction. If this is the patients first infusion stop the infusion after the test dose and wait 1 hour. For subsequent infusions continue to H.
		H	If no problems recommence infusion as follows; <ul style="list-style-type: none"> • 50mls/hr for first hour – if rate of test dose is greater than 50mls/hr continue first hour at test dose rate • * 100mls/hr for next hour • * 150mls/hr for remainder of infusion
		I	Document IV pump number on the drug chart/ in the nursing notes
		J	Perform and record observations every 15 minutes during the test dose and observation period, and then every 30 – 60 minutes or as clinically indicated.
		K	Ensure IV access device is observed and VIP score recorded on an IV therapy care plan at the start of the infusion, whenever observations are taken, rate is changed or more frequently if indicated
		L	Administration should be carried out by an IV certified practitioner who has received anaphylaxis training. Observe the patient for potential reactions including; anaphylaxis, urticaria, rashes, itching, hypotension, nausea and shivering.

		M	Management of adverse events; <ul style="list-style-type: none"> In the event of a serious anaphylactic or allergic reaction stop the infusion. IM adrenaline should be administered and appropriate resuscitation measures initiated. Mild allergic reactions should be managed by stopping the infusion and administering anti-histamines Hypotensive episodes may occur if administration is too fast, so decrease infusion time as indicated.
		N	On completion of infusion. Flush IV access device as per hospital policy. Cannula to remain insitu until discharge. Document infusion time and volume infused
		O	Patient to wait on ward for 1 hour for observation post-infusion.
		p	Prior to discharge record observations and remove cannula. Ensure patient is aware of what to look for / what to do / and who to contact should they have a post-infusion reaction after discharge.

Date Care plan commenced	Staff name	Staff signature

Date Care plan resolved	Staff name	Staff signature