

**INTRAVENOUS THERAPY PROGRAM REVIEW**  
**IN ACCORDANCE WITH THE PUBLIC HEALTH CODE OF THE STATE OF CONNECTICUT**  
**SECTION 19-13-D8u (please refer to the full regulation)**

Facility:	Address:		
Inspected by:		Date:	
<b>Area of review</b>	<b>MET</b>	<b>NO MET</b>	<b>N/A</b>
1. IV therapy prohibited unless ordered by a physician or other provider with prescriptive authority.			
2. Written policies and procedures are developed that ensure safe care for all patients including:			
a. Objectives/Goals/Scope			
b. Names/Titles/Duties/Responsibilities			
c. Education/Training/Supervision/Competencies			
d. Physician Orders.			
e. Safe administration/ monitoring/ documentation and termination of therapy.			
f. Preparation, labeling, and handling of IV admixtures			
g. Procurement, maintenance, and storage of equipment and solutions.			
h. Recognition of signs and symptoms of complications including sepsis.			
i. Infection control, surveillance, review, and prevention of infections.			
j. Quality Management, review, safety, and effectiveness.			
k. Only physician/ extender and/or credential R.N. may remove central vein access.			
l. Prohibit blood draws, IV push, without a waiver.			
3. IV Therapy Nurse based on physician order may;			
a. Initiate venipuncture in a peripheral vein and administer IV fluids and /or admixture into the vein.			
4. Licensed nurses deliver IV fluids, admixtures, monitor, care for site, terminate procedure, and record event and observations.			
5. IV log is maintained including outcome of therapy and any complications.			
6. IV supplies are maintained in accordance with policy minimums.			