

IREDELL HEALTH SYSTEM

Intravenous Therapy for Pediatric and Adolescent Patients	
Approved by: Becky Wagner, VP of Nursing	Last Revised/Reviewed Date: 07/2023
Department of Pediatrics P&T Committee	Date: 09/2023 Date: 10/2023

Standard:

To provide the pediatric patient with safe and effective intravenous access for administration of fluid, electrolytes and other medications.

Patient Outcome:

The pediatric patient should receive intravenous therapy with minimal complications.

Personnel: Certified RNs and LPNs who have completed in-service education.

1. **Policy:** IV fluids of 250 cc when available but no greater than 500 cc bag should be hung on children weighing 0 – 18 kilograms.
2. IV fluids of 500 cc or less should be hung on children weighing 19 - 45 kilograms.
3. IV fluids of 1000 cc or less should be hung on children weighing > 45 kilograms.
4. An IV pump is required for administration of IV. When infusing, add only a 2-hour volume of fluids at a time.

Pharmacy should prepare IV medications in the volume recommended by the manufacturer or established guidelines in medical references. Most medications should be dispensed in a syringe; however, if the volume required is greater than or equal to 50 mL, the medication may be dispensed in an IV piggyback. If dose required aligns with readily available manufactured product, pharmacy will supply in that manufactured state for administration.

5. Rate changes on IV pumps are to be checked by two licensed personnel on pediatric or adolescent patients weighing 45 kilograms or less.
6. Monitor all pediatric and adolescent patients receiving IV fluids with special consideration to those patients receiving an IV fluid without Saline (e.g., D5W).

Monitor for signs and symptoms of hyponatremia, water intoxication, and / or Syndrome of Inappropriate Antidiuretic Hormone Secretion (SIADH). Signs and symptoms of the prior medical issues are as follows: nausea, vomiting, confusion, headache, lethargy, fatigue, appetite loss, restlessness and irritability, seizures, decreased consciousness, and coma.

7. Sites are to be changed as clinically indicated from findings of site assessment and/or clinical signs and symptoms of systemic complication. Examples of this are: pain and/or tenderness with or without palpation, erythema or blanching, edema, changes in skin temperature (hot or cold), leakage of fluid or purulent drainage from the puncture site, thrombophlebitis, cellulitis, or any signs of infection change site immediately.
8. For patients weighing 45 kilograms or less, IV site must be checked by 2 licensed personnel before the maximum pressure limit of 100 mmHg is increased. Both licensed personnel must document the IV site check via electronic signature. Never increase the pressure limit above 150 mmHg.

INITIAL EFFECTIVE DATE: 10/2018

DATES REVISIONS EFFECTIVE: 3/2021, 9/2021, 11/2023

DATES REVIEWED (no changes):