

LONG TERM CARE SURVEY

SURVEY AREA	OBSERVATION	INTERVIEWING	RECORD REVIEW	EVALUATION FACTORS	CROSS REFERENCES
Parenteral Fluids F133 SNF 405.1124(c)	<p>The surveyor should observe that parenteral fluids are administered with safe, aseptic technique providing fluids as ordered by the physician. Safety and comfort measures are to be taken insuring maximum protection and optimum hydration of the resident.</p> <p>The surveyor should note the following items:</p> <ul style="list-style-type: none"> - Labeling of the solution bottle/bag. - Rate of infusion/cc/ml per hour. - Date and time started --additives, if any. - Any signs of swelling or redness at site. - Site dressing is clean, dry and dated. - Accurate I&O of parenteral and P.O. fluids - If splint (armboard) is used, it is applied to prevent movement but not impede circulation. - Positioning of I.V. tubing. - Comfort of restraint used to allow for maximum resident freedom while preventing movement of I.V. site. 	<p><u>Ask Resident:</u></p> <ul style="list-style-type: none"> - Why do you have this tube in your (arm)(leg)? - Is it comfortable? - Is there a way it would be more comfortable? - How long has it been in? - How much longer will it stay in? <p><u>Ask Appropriate Staff:</u></p> <ul style="list-style-type: none"> - Why the resident is receiving I.V. therapy? - What the drip rate is (the amount of fluid to be received per hour). - How often the dressing is changed. - How often the tubing is changed. - What are possible side effects? - How often is the site changed? - How often is the infusion checked for drip rate and the remaining volume to be administered? <p><u>Ask Nursing Aide</u></p> <ul style="list-style-type: none"> - What are your responsibilities when caring for a resident receiving IV fluids? - What training have you had? 	<ul style="list-style-type: none"> - Physician's order for parenteral therapy specifying type of fluid, rate of infusion/hour, and additives, if any, is available and current. - Twenty-four hour I&O record. - Nursing documentation indicates physician's orders are being followed. - Any adverse reactions are noted in the medical record. - Record indicates: <ul style="list-style-type: none"> + Infusion started by whom; cite time, rate of flow + Note is made of observation of pain or swelling at infusion site. + The need or reason for parenteral fluids. + Response to the therapy. + Problems and limitations encountered by the resident as a result of receiving parenteral fluids. - Plan of Care* <ul style="list-style-type: none"> + The plan of care should include <ul style="list-style-type: none"> + Type, rate of infusion/hour, and additives (if ordered). 	<ul style="list-style-type: none"> - Is the parenteral fluid administered according to the physician's order and in accordance with accepted nursing practice? - Are infiltrations noted in a timely manner before a large amount of fluid infiltrates? - Is the facility procedure for care of the IV site and tubing changes followed for all patients unless contraindicated? - Does documentation reflect what the patient received, any problems, and his/her response to the parenteral fluid? - Have any adverse effects been caused by administration of IV fluid? - If yes, were these preventable? 	<p><u>Resident Care Policies</u> 405.1121(1) <u>Infection Control</u> 405.1135(b) <u>Patient Care Management</u> 405.1124(d) 442.341</p>