



Western Health  
and Social Care Trust

**Policy for the Administration of the  
First Dose of an Intravenous  
Antibiotic to Adult and Paediatric  
Patients by Nurses**

**September 2009**

Policy Title: **Policy for the Administration of the First Dose of an Intravenous Antibiotic to Adult and Paed Patients by Nurses**

Policy Reference Number: PrimCare08/19

Implementation Date: September 2009

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Responsible Officer: Assistant Director Nursing  
Governance and Performance

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## Introduction

Nurses have been able to administer the second and subsequent doses of specified intravenous antibiotics for a number of years. These nurses must have successfully completed the Trust's Intravenous (IV) additive course and must adhere to the Administration of IV Additives Policy and the Guidelines on Management of IV Cannula and peripheral IV lines. The Trust's IV course trains nurses to treat anaphylaxis and guidance is attached to crash trolleys.

Traditionally, nurses have not been authorised to administer the first dose of an antibiotic because of concerns that the patient may experience an anaphylactic reaction. Problems with anaphylaxis tend to occur with the second or subsequent doses of an antibiotic (1,2,3,4).

By authorising appropriately trained nurses to administer the first dose of an intravenous antibiotic, patients will get their antibiotic in a more timely fashion. Patients may experience an adverse reaction to the first or subsequent doses of any drug and the nurse must inform a doctor immediately if this occurs. Information on the administration of drugs is available on the Trust's intranet. This includes an iv guide (<http://medusa.wales.nhs.uk/logon.asp>) and summary of product characteristics (SPC). (<http://www.emc.medicines.org.uk/>)

## Policy Statement

The Drug and Therapeutics Committee has agreed that nurses who have successfully completed the Trust's intravenous additive course should be able to administer the first dose of all intravenous antibiotics and respond when someone has anaphylaxis as long as they:

- Are working within their scope of practice
- Have the appropriate knowledge and skills
- Are competent to do so
- Follow NMC guidelines on the administration of medicines (5).

### Allergy Status

No intravenous antibiotic should be administered unless the allergy status of the patient has been documented on the patient's kardex. The allergy status of the patient must be checked verbally with the patient before administration of the first dose of an antibiotic.

## **Providing a Second Check**

Practitioners should note that IV infusions, boluses, additives and injections via drip tubing should be prepared and administered in the presence of another practitioner. This is also the case for the administration of drugs requiring dosage calculations and where dose is varied according to weight.

It is unacceptable to prepare substances for injection in advance of their immediate use or to administer medication drawn into a syringe or container by another practitioner when not in their presence. An exception to this is an already established infusion, which has been instigated by another practitioner following NMC principles (5), or medication prepared under the direction of a pharmacist from a central intravenous additive service and clearly labeled for that patient

## **Responsibility for Implementing the Policy Lies with the Following People**

- The Policy will be circulated to clinicians, wards and departments by the Assistant Director of Nursing Governance and Performance.
- Implementation will be the responsibility of the professional leads
- The details of the policy must be included in subsequent intravenous training days. The responsibility to ensure that this happens lies with NEDC.
- All nurses must receive training on the treatment of anaphylaxis. Responsibility for ensuring that this occurs lies with the Directors/Assistant Directors as appropriate. This training should form part of the training needs analysis for all wards/departments
- The Head of Pharmacy and Medicines Management must ensure that wards have been supplied with an initial supply of the drugs used to treat anaphylaxis. It is the ward manager's responsibility to ensure that this supply is maintained. Nurses in the community must carry drugs to treat anaphylaxis.
- The Medicines Information Pharmacist must provide nurses with further training on accessing the information on intravenous drugs on the Trust's intranet. This can be requested through the Pharmacy department.

## References

1. *NEJM* 2006 (9feb) 354; 6,601-609
2. *UCL Hospitals, Injectable Drug guide (1998), Page 32.*
3. *The Pharmacological Basis of Therapeutics, 10th Edition, Goodman & Gilman, page 1203.*
4. *Drug & Therapeutics Bulletin, Vol 34, No 11, Nov 1996*
5. *Guidelines for the administration of medicines, Nursing and Midwifery Council, April 2002*
6. *Willock J. et al (2000) Making Sense of Fluid Balance in Children. Paediatric Nursing 12:7:37-43*