

Parent's consent to undertaking IV administration

Child's name Hospital number

I (print parent/carer's name)

wish to undertake the following training for my child with the appropriate supervision and practice.

Information	Nurse's initials	Parent/carer's initials
<input type="checkbox"/> 1. Flushing a central line		
<input type="checkbox"/> 2. Taking blood from a central line		
<input type="checkbox"/> 3. Administration of intravenous (IV) antibiotics		
<input type="checkbox"/> 4. Administration of IV Cytarabine chemotherapy		

Parent/carer's signature

Date

Statement of competency (to be signed after supervised practice is completed)

We agree that the parent/carer is competent to deliver the following care as instructed and that information and support will continue to be available from the nursing staff.

Parent/carer's signature

Nurse's signature

Checklist for parent training for home intravenous therapy

	Date	Nurse's name (print & sign)	Parent's name (print & sign)
1. Explanation of therapy			
2. Hand hygiene			
3. Preparing/dissolving medicines			
4. Transport, storage and disposal of equipment/drugs			
5. What to look for when flushing a line			
6. What to do if my child has a reaction or becomes unwell			
7. What to do if the central line becomes blocked			
8. Discussion of specific side effects for antibiotics/chemotherapy			
9. Arrangements for home visit			

Discussion points

1. Explanation of therapy

- Check name, dose, appearance and expiry date of each drug/medicine/ampoule/syringe
- Rationale behind the child's requirements
- Frequency of therapy
- Difference between Hepsal/saline and medicines/chemotherapy

2. Hand hygiene

- The importance of hand washing
- When to wash hands
- What to wash with, e.g. liquid soaps
- What to dry hands on, e.g. clean paper towel/kitchen roll
- When to use gloves

3. Preparing/dissolving medicines

- What solution to add and how much
- Appearance of medicine when dissolved
- Explaining displacement values

4. Transport, storage and disposal of equipment

- Consider coolbox for transport of re-constituted antibiotics or chemotherapy
- Where medicines and equipment should be stored (fridge/cupboard)
- Store away from food in a plastic box with a lid, out of the reach of children
- Sharps bins and their use/disposal
- Domestic rubbish/sharps rubbish
- Safe disposal of sharps/chemotherapy waste
- What to do with unused medicines/drugs

5. What to look for when flushing a line

- Check line site for redness, swelling or leakage at the dressing point
- Observe for any leakage from the bung or line

Stop if the child complains of any pain while flushing the line.

6. What to do if the child has a reaction or becomes unwell**Symptoms:**

- Suddenly feels faint or dizzy
- Any swelling or tingling of the lips
- Becomes hoarse, or feels a lump in their throat
- Develops a rash or feels itchy
- Becomes wheezy or breathless
- Has a temperature or is shaking
- Vomits.

Actions:

- Stop giving the drug, clamp the line
- Do not flush anything else into the line
- If they are breathless, sit them up
- If they become drowsy or unconscious, lie them on their side
- Dial 999 for an ambulance
- Stay with the child until help arrives
- While waiting for the ambulance, if a second person is present, it may be appropriate to telephone the ward
- Please bring any medicines that you were using at the time.

Stop if the child complains of any pain while flushing.

7. What to do if the central line becomes blocked

- If you cannot easily flush the line, ask your child to cough, change position or raise their arms. If this does not help, do not try to force saline/Hepsal into the line. Contact the hospital for further advice.

8. Discussion of specific side effects for antibiotics/chemotherapy

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9. Arrangements for home visit

- We will make arrangements for your POONS or community children's nurse (CCN) to come and observe you undertaking these procedures at home.

Record of supervised practice

All supervised practice must be signed on this sheet. It may not be necessary for the parent to complete the whole table, but they must have completed at least five practice sessions before being assessed as competent. Supervision should include checking, reconstitution, giving and disposal of equipment

Child's name Hospital number

I (print parent/carer's name)

Date	Signature of nurse	Signature of parent	Comments
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