

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Palliative Care: administration of Adult Subcutaneous Fluid
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Winston Liauw Stream Director, SESLHD Cancer Services
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KEY TERMS	Palliative care, subcutaneous fluid
SUMMARY	The purpose of this policy is to provide clinical guidance and a framework to ensure the safe administration of subcutaneous fluids to adult patients in the acute hospital environment and community setting.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

Continuous subcutaneous infusion (CSCI), also called hypodermoclysis, is the administration of fluids into the subcutaneous layer of the skin where there is an extensive lymphatic and blood vessel system through which fluids can be absorbed.

The decision to use CSCI in patient care frequently invokes robust discussion as some research and clinicians advocate its use to manage dehydration, while others oppose it. The decision to hydrate a palliative patient caused by low fluid intake should be individualised based on careful patient assessment, the potential risk of/benefits of fluid administration and the wishes of the patient and carer.

The purpose of this policy is to provide clinical guidance and a framework to ensure the safe administration of subcutaneous fluids to adult patients in the acute hospital environment, and community setting.

2. BACKGROUND**2.1 Indications for subcutaneous fluids:**

The CSCI is an appropriate treatment of a patient who is/has:

- Dehydrated
- Dysphagia
- Limited venous access
- Diarrhoea, nausea and vomiting,
- Constipation, bowel obstruction
- Has delirium whose aetiology is believed to be due to opioid metabolite accumulation⁽³⁾
- Induced neurotoxicity
- Recurrent Hypercalcaemia.

2.2 Subcutaneous fluids are contraindicated:

- Poor skin integrity (e.g. scar tissue, infection, recent radiation)
- Extremely emaciated
- in cardiovascular shock
- Fluid overload
- Cardiac failure
- Pulmonary oedema
- Hyperosmolarity

3. RESPONSIBILITIES**3.1 Nursing staff will:**

- Be familiar with the policies and procedures outlined in this document prior to providing subcutaneous treatments to patients.
- Document all actions and conversations in the patient's medical record.

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3.2 Medical staff will:

- Document on medical treatment order fluids to be administered.
- Liaise with nursing staff in the hydration management of the patient.

4. PROCEDURE

4.1 Administration of adult subcutaneous fluid

For site selection and care, subcutaneous cannula insertions and care refer to SELSHD policy SESLHDPR/19 - Subcutaneous Needle Insertion and Management.

4.2 Equipment

- 0.9% Sodium Chloride (Normal Saline) as per medical treatment order
- Sharps container
- 2% Chlorhexidine Gluconate v/v 70% Isopropyl Alcohol swabs
- Appropriate infusion pump and stand
- Intravenous giving set #

In the community setting

- Gravity infusion giving set #
- Drip stand or coat hanger

4.3 Procedure

- Explain the procedure and obtain verbal consent as per [NSW Health PD2017_032 Clinical Procedure Safety](#)
- This procedure requires the use of aseptic technique, as per [NSW Health PD2017_013 Infection Prevention and Control Policy](#)
- Check infusion fluid as per [NSW Health PD2013_043 Medication Handling in NSW Public Health facilities](#)
- If required Insert subcutaneous cannula as per SESLHNP/19 Palliative Care - Subcutaneous Needle Insertion and Management. If using an existing cannula check date of insertion and site prior to administration of any fluid or medication. Please see Appendix 2 for access duration.
- Prime the infusion giving set using 0.9% Normal saline. Clamp line.
- Wipe subcutaneous port with 2% Chlorhexidine Gluconate v/v 70% Isopropyl Alcohol swab.
- Attach infusion giving set to the subcutaneous cannula using no touch technique.
- Secure line using the appropriate tape.
- Set infusion rate as per medical treatment order.
- Complete documentation as per [NSW Health PD2012_069 Health Care Records - Documentation and Management](#)

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4.4 Ongoing Management

- Fluid flasks must be labelled with date and time of commencement and anticipated completion time.
- Due to the nature of subcutaneous fluid administration and the slow infusion time, it is recommended that fluids be administered via gravity flow administration sets. In clinical settings where infusion pumps are the preferred method infusion rates should not exceed 42mL/per hour
- Monitor the infusion site for signs of infiltration or infection. For example pain, swelling, redness and abdominal distension:

Symptom		Treatment
Swelling, abdominal distension	Assess patient if it is appropriate to continue with subcutaneous fluid replacement	Reduce infusion rate by half If the reduced flow rate does not improve symptoms, change the subcutaneous cannula site
Redness, pain, discharge		Resite subcutaneous needle as per SESLHNP/19 Subcutaneous Needle Insertion and Management

4.5. Removal of subcutaneous needle

Refer to SESLHDPR/19 - Subcutaneous Needle Insertion and Management

5. DOCUMENTATION

Medical treatment order Patient's medical record Nursing care plan

6. AUDIT

As required by clinical staff

7. REFERENCES

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- Gastroenteritis Initiative handbook incorporating the NSW Health Gastro Pack.

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- North West Melbourne Division of General Practice General Practice in Residential Aged Care Clinical Information Sheets - CIS Thirteen
- [NSW Health PD2017_032 Clinical Procedure Safety](#)
- [NSW Health PD2017_013 Infection Prevention and Control Policy](#)
- [NSW Health Guideline GL2018_013 Work Health and Safety - Blood and Body Substances Occupational Exposure Prevention](#)
- [NSW Health PD2013_043 Medication Handling in NSW Public Health facilities](#)
- [NSW Health PD2012_069 Health Care Records - Documentation and Management](#)
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8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
May 2009	DRAFT	Caroline Belfanti, Palliative Care, Calvary Health Care, Sydney
June 2009	DRAFT	Approved by Area Palliative care Working Party
February 2010	DRAFT	Approved at Palliative Care Directors Meeting
May 2010	DRAFT	Draft for comment- Area Policy and Procedure webpage
November 2010	DRAFT	Area Drug Committee
February 2011	0	Approved by Combined Clinical Council
May 2014	1	Northern Palliative Care Working Group
May 2015	2	SESLHD Palliative Care Working Group
July 2015	2	Changes endorsed by Executive Sponsor
July 2018	3	Minor review – endorsed by Executive Sponsor
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Appendix 1

Percutaneous Access Algorithm

