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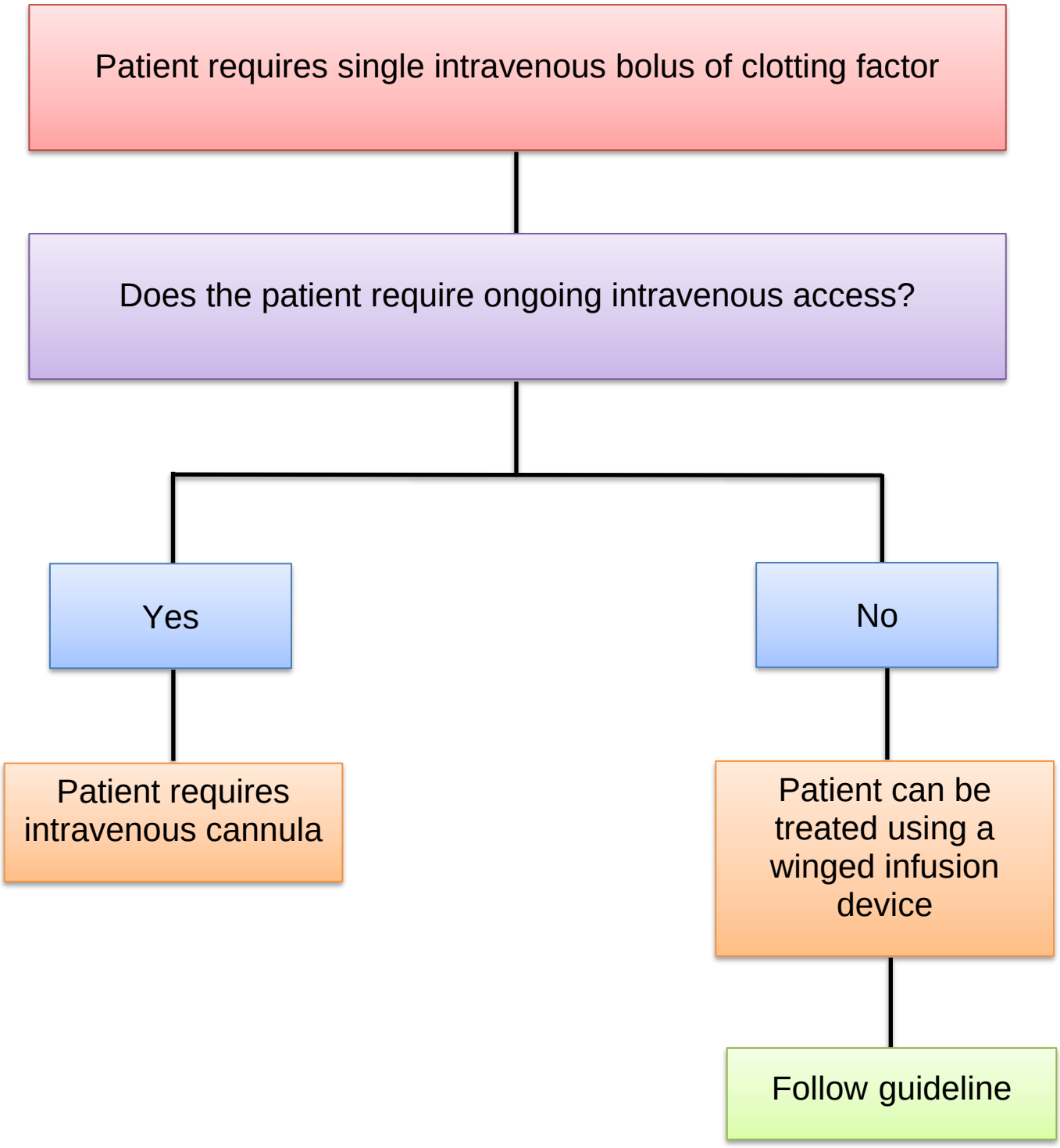
Royal Cornwall Hospitals NHS Trust

Administration of a Single Bolus Intravenous Injection of Clotting Factor Concentrates via a Winged Needle Infusion Device (butterfly) Clinical Guideline

V3.0

September 2022

Summary


Patient requires single intravenous bolus of clotting factor
Does the patient require ongoing intravenous access?
Yes
No
Patient requires intravenous cannula
Patient can be treated using a winged infusion device
Follow guideline

1. Aim/Purpose of this Guideline

1.1. Patients with inherited bleeding disorders require intravenous Clotting Factor Concentrates (CFC) to either treat or prevent bleeding episodes. Many patients self-administer CFC's and similar products (e.g., C1 Esterase) at home via a winged infusion device. This guideline sets out the rationale to guide practitioners in the safe administration of CFC.

1.2. This guideline details the rationale to be considered by a Registered Health Care Professional on intravenous device selection and where a winged infusion device is selected - how it should be used (and primarily this is done by the Clinical Nurse Specialist for Haemophilia).

1.3. This version supersedes any previous version of this document.

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

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2. The Guidance

2.1. If more than one dose of CFC's is required or continuing IV access is required – a cannula should be sited as per RCHT Procedure for Intravenous Cannulation Policy. A winged infusion device is not suitable for maintaining peripheral IV access.

2.2. This guideline should be followed by all Health Care Professionals when using a winged infusion device to administer prescribed CFC's.

2.3. Where patients are taught to self-administer medications provided by RCHT the Health Care Professional must ensure that the patient has had adequate training and is confident and competent to perform the procedure unsupervised at home. This must be documented in the patient's notes.

2.4. Procedure for using the winged infusion device for a single bolus:

2.4.1. **Preparation - equipment required**

- Clinically clean tray or trolley
- Dressing towel
- Tourniquet
- Clean tape
- 5ml syringe with 5ml 0.9% Sodium Chloride flush if required
- Bolus medication to be administered as prescribed
- 2% Chlorhexidine for skin cleaning
- 2 x winged infusion device (butterfly) needles of smallest appropriate gauge
- Non sterile nitrile gloves
- Safer Sharps bin

2.4.2. **Procedure**

- Identify patient and explain procedure to obtain verbal consent.
- Wash hands and apply alcohol rub. Prepare trolley or tray by decontaminating and leaving to dry. Gather required equipment and check all packaging is intact.
- Check patient's allergy status and establish venous access history as this may influence vein choice.
- Ensure patient is comfortable and support the chosen limb on a pillow or cushion. Apply tourniquet a minimum of 10cm above the intended site. The tourniquet should be sufficiently tight to impede venous flow but not so tight that it occludes arterial flow.
- In good light inspect the median and cephalic veins of the forearm and hand. Look for large superficial veins in a site that is not inflamed. Palpate the vein and ensure it is soft, unscarred, relatively straight and not over a joint. If the veins are not prominent ask the patient to hang their arm down and open and close the fist. The area may rubbed lightly. Loosen tourniquet.
- Wash hands as before. Apply gloves. If using a flush, prime the butterfly – and if syringe removed replace cap. Re-apply tourniquet as before.
- Prepare the insertion site by cleaning with the swab for at least 30 seconds and allow to dry. Do not touch or re-palpate the vein.

- Anchor the vein with the free hand below the insertion site and hold the butterfly with the wings bent upwards between thumb and forefinger.

- Insert the butterfly with bevel edge uppermost into the vein at an angle of 15-30 degrees to the skin and observe for flashback.

- Secure wings with tape. If not using 0.9% Sodium Chloride priming ensure all air is removed from butterfly tubing by removing the cap and allowing blood to fill the tubing. Loosen tourniquet before administering medication.

- If the first attempt is unsuccessful a new butterfly must be used for each subsequent attempt. It is recommended that there should be no more than two attempts by any one operator.

- After administration of prescribed medication remove butterfly and cover area with gauze and pressure to prevent bleeding/bruising and dispose of equipment as per RCHT Waste Management Policy.

- Record procedure in patient's notes.

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with the procedure.
Lead	Haemophilia CNS team will audit own practice, the practice of patients and carers treating at home, and the practice of staff using this guideline within Haematology Clinic, Headland Unit and Lowen Ward.
Tool	This guideline will act as the monitoring tool.
Frequency	Staff will be monitored at initial training. Patients and carers will be monitored at each clinic visit (which could be verbal) and compliance with the procedure established. The Haemophilia CNS will regularly audit patient and staff compliance.
Reporting arrangements	Results of staff audit will be fed back at a specialty audit meeting and if appropriate to the divisional governance meeting. Where an issue of compliance is identified with an individual patient or carer the Haemophilia CNS will report also to the Haemostasis MDT.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Any changes in practice resulting from changes in national and international guidance will be reported to the specialty governance meeting. The Haemophilia CNS team are responsible for monitoring and acting on any changes in national and international guidance.
Change in practice and lessons to be shared	The Haemophilia CNS will lead on identifying, and action changes in practice that are related to the administration of clotting factors via a winged infusion device. Any changes in practice will be reported to the to the specialty governance meeting and the Haemostasis MDT.

4. Equality and Diversity

4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion & Human Rights Policy' or the Equality and Diversity website.

4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Administration of a Single Bolus Intravenous Injection of Clotting factor Concentrates via a Winged Needle Infusion Device (Butterfly) Clinical Guideline V3.0
This document replaces (exact title of previous version):	Administration of a Single Bolus Intravenous Injection of Clotting factor Concentrates via a Winged Needle Infusion Device (Butterfly) Clinical Guideline V2.0
Date Issued/Approved:	August 2022
Date Valid From:	September 2022
Date Valid To:	September 2025
Directorate / Department responsible (author/owner):	Sarah Johns Haemostasis ANP
Contact details:	07880502491
Brief summary of contents:	Guideline for the administration of CFC's and similar via a winged infusion device for staff and patients/carers treating at home.
Suggested Keywords:	Factor VIII, Factor IX, Haemophilia, butterfly, winged infusion device, clotting factor concentrates
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Medical Director
Approval route for consultation and ratification:	Haemostasis MDT
General Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming approval by specialty and care group management meetings:	Suzanne Atkinson

Information Category	Detailed Information
Links to key external standards:	WFH Guidelines for the Management of Haemophilia (Haemophilia 2020)
Related Documents:	RCHT Cannulation Policy RCHT Records Keeping Policy RCHT Infection Control Policy RCHT Waste Management Policy RCHT Needlestick Policy
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Haematology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
20.07.12	V1.0	Policy changed to reflect administration of clotting factor concentrates only - at request of MPC	MPC Sarah Johns Haemophilia CNS
18.09.12	V1.1	Changed from policy to guideline after discussion with Associate Director of Nursing	Frazer Underwood Sarah Johns Haemophilia CNS
02.10.12	V1.2	Existing document transcribed into current Guideline Template	Sarah Johns Haemophilia CNS
13.10.15	V1.3	Transcribed in new format. Changes made in line with updated RCHT policies.	Sarah Johns Haemophilia CNS
30.05.19	V2.0	Transcribed in new format. Changes made in line with updated RCHT policies.	Sarah Johns Haemostasis CNS
25.08.22	V3.0	Transcribed into new template format, and minor changes to include similar drugs to CFC's, and correction of typing errors.	Sarah Johns Haemostasis ANP

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Administration of a Single Bolus Intravenous Injection of Clotting Factor Concentrates via a Winged Needle Infusion Device (butterfly) Clinical Guideline V3.0
Directorate and service area:	Haematology Clinic, RCHT
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sarah Johns – Haemostasis ANP
Contact details:	07880502491

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide guidance on the administration of Clotting Factor Concentrates via a winged infusion device
2. Policy Objectives	To provide guidance on safe practice
3. Policy Intended Outcomes	To ensure procedure is undertaken safely
4. How will you measure each outcome?	Audit of patient carer/experience at review clinics
5. Who is intended to benefit from the policy?	Patients and carers

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Haemostasis MDT
6c. What was the outcome of the consultation?	Agreed
6d. Have you used any of the following to assist your assessment?	No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Sarah Johns – Haemostasis ANP

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis