Operational Plan for the Management of Intrathecal Devices by Community Nurses

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Contents

1. AIMS AND OBJECTIVES OF THE PLAN

1.1 AIM

To support patients with intrathecal devices in the community setting

1.2 OBJECTIVES

Support staff in the safe care and management of intrathecal devices

Provide a safe and effective service with appropriate contingency arrangements

Ensure the devices are managed in line with organisational governance processes

Provide communication between relevant stakeholders

Ensure effective documentation for the management of these devices

2. SCOPE

2.1 The scope of this operational plan is limited to Registered Nurses who work within the community nursing teams, and who are employed by York Teaching Hospitals NHS Foundation Trust (YTHNHSFT).

2.2 There are 3 levels of competency recognised in the management of intrathecal devices. Only Basic and intermediate are supported by this operational plan.

2.2.1 Basic - Registered Nurses undertaking a visual check of the insertion site for signs of infection and / or leakage and observation of the pump to ensure it is in working order.

2.2.2 Intermediate – Registered Nurses alter the flow rate of the infusion, based on pre-determined parameters as set by the consultant and in accordance with the administration record.

2.2.3 Advanced – Changing reservoir within pump – THIS IS EXCLUDED FROM THIS PLAN

2.3 This plan includes the management of intrathecal devices and is for the following patient groups:

Chronic pain
Palliative Care

2.3.1 Exclusion – Patients who require the implantation of an intrathecal device where ongoing care will not be provided by YTHNHS FT. E.G. Patients who are residing in nursing homes. For these patients appropriate arrangement must be made for ongoing care before the device is implanted

3. PROCESS:

3.1 Identification of device being required.

3.1.1 Patient is identified as needing an intrathecal device implanting

3.1.2 Hospital team informs district nursing team and confirms date of implant and likely date of discharge from hospital.
District Nurse referrals: Telephone 0300 330 5444

3.2 Training & Competence

3.2.1 Training should be delivered by the Hospital or Hospice team to community nurses who are available to attend prior to discharge.

3.2.2 A train the trainer approach is supported to ensure that all staff in the team are competent; therefore the remainder of nursing staff will receive training by their own team.

3.2.3 Theoretical and practical knowledge should be assessed using the agreed competency framework.

3.3 Documentation

3.3.1 A copy of the Intrathecal infusion administration record is completed by consultant – This is an explicit instruction on the parameters for alterations to the infusion should this be required. This record accompanies the patient on discharge.

3.3.2 A new administration record sheet should be completed at each reservoir change by Hospital or Hospice Team.

3.3.3 A copy of this operational plan should be given to the patient at the point of discharge

3.3.4 A community nursing intrathecal care plan must be implemented by the District Nursing team at the first patient contact

3.4 Frequency and nature of visits

3.4.1 Frequency of visits will be determined by the district nursing teams based on clinical assessment and professional judgement.

3.4.2 Assessments must include:

- Checking Wound/catheter site for signs of infection or leakage
- Taking Daily temperature
- Pump is working and rate, bolus size and bolus given, is checked and documented on the chart.

- Pain assessment

3.4.3 If the pump fails or there are signs of infection or leakage, the pump should be stopped and alternative analgesia should be administered as per the administration record. Contact Hospital, GP or Hospice Team.

3.4.4 If the patients' pain assessment suggests that pain is not controlled then the infusion rate should be altered according to the parameters within the written admin record.

3.4.5 All rate changes should be documented on the administration record and the patient should be reviewed for effectiveness of the increase / decrease within 24 hours. Only one incremental increase is permitted within 24 hours unless discussed with the consultant.

3.4.6 Alterations to the prescription / administration record must not be done by verbal order and a review of the patient should be agreed with hospital team.

3.4.7 If after increasing the rate, within the given parameters, the patient continues to be in pain, advice should be sought by contacting the pain team

3.5 Changing the reservoir

3.5.1 The district nursing team must contact the pain team at least 5 days prior to the next reservoir change being required

3.5.2 Changing of the reservoir is undertaken by the Hospital or Hospice team only. Some GPs may change the reservoir with prior agreement.

3.6 Out of Hours advice

3.6.1 For advice and guidance out of hours relating to the intrathecal device please contact pain team via the Hospital switchboard. Also refer to emergency contact numbers on the Intrathecal administration chart.
For patients in the Scarborough, Whitby, Ryedale area please contact Palcall on 01723 354506

3.6.2 For advice and guidance on patients' general clinical condition refer to GP or other relevant service.

3.7 Treatment

3.7.1 When treatment is no longer required, the infusion line must be clamped off and the pump disconnected.

3.7.2 Drugs within the existing reservoir should be de-natured using a gel vac sachet in a sharps bin.

3.7.3 The pump should be returned to the pain team for decontamination

3.7.4 Catheter must be removed prior to cremation, therefore the undertaker must be informed.

4. ACCOUNTABILITY

4.1 Hospital team responsibilities:

- Inform community team of need for device
- Provide training
- Provide guidance and advice for community nursing teams on request
- Provide out of hours cover as detailed in this plan.
- Ensure that an administration record is provided at every reservoir change and that the dose parameters are explicit

4.2 Community nursing team responsibilities:

- Provide appropriate observation of the wound site
- Monitoring of pump
- Alterations to infusion rate as per clinical need and as defined within the parameters of the administration record.
- Work within scope of practice

4.3 Directorate management team:

- Consideration to be given to service development needs e.g. potential for a business case if service grows

5. Implementation

5.1 Training is identified as per this plan and is limited to basic and intermediate competencies only.

5.2 Dissemination of this operational plan will be approved through the intrathecal task and finish group and is formally approved by the advancing clinical group

5.3 The hospital and community nursing teams are responsible for ensuring this operational plan is communicated appropriately

5.4 A copy of this operational plan will be provided at each patient discharge along with administration record and instructions for the pump.

6. Monitoring and Audit

6.1 Individual reviews of patient care will be audited by locality and hospice teams

6.2 Monitoring and review of incidents as recorded via Datix, or by local reporting procedures if the patient is located in the hospice

7. Consultation

7.1 The following individuals / groups have been consulted with during the development of this operational plan:

- Pharmacy
- Acute pain team
- community nursing team
- Chief nurse team
- Palliative care team
- Chronic pain team
- Anaesthetics
- Clinical development team
- Advancing clinical practice group
- St Leonard's & St Catherine's Hospice

8. Supportive evidence

- Medicines matters relating to gel vac sachets
- Guidance on competencies for intrathecal drug delivery by the faculty of pain medicine and British Pain Society.
- Advancing clinical practice policy
- Aseptic non touch technique policy
- NMC medicines management standards and record keeping standards
- Care plan for intrathecal drug delivery system
- Basic and intermediate theoretical and practical competencies for the management of intrathecal devices.

9. Appendices

None