Name of Policy: **Limited Intravenous Therapy Procedures** for Qualified Licensed Practical Nurses (With IV Course) THE UNIVERSITY OF TOLEDO
MEDICAL CENTER **Policy Number:** 3364-110-05-15 **Department: Nursing Service Approving Officer:** Chief Nursing Officer (CNO) **Responsible Agent:** Chief Nursing Officer (CNO) **Effective Date:** 3.27.24 Scope: The University of Toledo Medical Center Initial Effective Date: 1996 (UTMC) New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

(A) Policy Statement

An IV therapy course is not required to perform the following procedures:

- ➤ Verification of the type of peripheral IV solution being administered.
- > Examination of a peripheral infusion site and the extremity for possible infiltration.
- > Regulation of a peripheral IV infusion according to the prescribed flow rate.
- > Discontinuation of a peripheral IV device at the appropriate time.
- Performance of routine dressing changes at the insertion site of a peripheral venous or peripherally inserted central catheter, or central venous pressure subclavian infusion.

(B) Purpose of Policy

To clearly identify the qualified LPN's role with respect to IV therapy.

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Approved by:		Review/Revision Date:
		1/1996 3/2/2011
		4/1999 2.1.2014
/s/		9/1999 3.27.15
Kurt Kless, MSN, MBA, RN, NE-BC	Date	3/2001 3.15.18
Chief Nursing Officer		4/2005 3.15.21
		7/14/2008 3/27/24
Review: Policy & Standard Committee 11/10, 3/15, 3/18, 3/21		
Revision Completed By: Nancy Gauger, MSN, RN		
		Next Review Date: 3/2027