

PRACTICE STANDARD

Intravenous Therapy in the Community Setting

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Related topic(s): [Access to Medical Care Without Discrimination](#); [Complementary and Alternative Therapies](#); [Conflict of Interest](#); [Referral-Consultation Process](#); [Sale and Dispensing of Drugs](#); [Safe Prescribing of Opioids and Sedatives](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (*HPA*) and College [Bylaws](#) under the *HPA*.

Preamble

This document is a practice standard of the Board of the College of Physicians and Surgeons of British Columbia.

College's position

Intravenous (IV) therapy provided in the community can be highly beneficial to both patients and the health-care system at-large, such as by preventing hospital admissions and facilitating early discharge. However, providing IV therapy in the community setting requires effective oversight, clear policies, and appropriately trained health professionals to ensure safe and competent care.

For the purpose of this practice standard, a community setting refers to a registrant-run office that is not affiliated with a hospital, health authority or is an accredited private medical or surgical facility.

Examples of IV therapy include, but are not limited to, iron infusions, antibiotics, and immune modulating drugs or biologic agents. This standard does not apply to complementary and alternative therapies.

Standards

Registrants who choose to provide IV therapy in a community setting or direct another regulated health-care professional to do so, must adhere to the following standards:

- The IV therapy must be provided by a regulated health-care professional who has appropriate training, knowledge, and scope of practice.
- Registrants who order a regulated health-care provider to provide these services must be aware of the extent of their training and ability to meet the standard of care.
- At the time of the procedure, the ordering registrant or another registrant or nurse practitioner who has assumed responsibility must be present within the facility and immediately available for consultation.
- The IV therapy must be provided based on a patient-specific order given by a registrant or a nurse practitioner.
- The clinic where the IV therapy is being provided must have a designated medical director.
- The medical director is responsible for establishing and communicating clear, up-to-date policies and procedures related to the administration and assessment of IV therapy.
- All health-care professionals involved in the administration of the IV therapy, including the medical director, must have current basic life support (BLS) certification.
 - The medical director is responsible for ensuring that BLS certification is kept current and that courses meet acceptable theory and in-person/hands-on components.
- All IV medications must be delivered from the community pharmacy directly to the clinic (not brought to the clinic by the patient) to ensure the integrity of the product is maintained and any necessary cold-chain custody requirements are met.

- All equipment and medication needed to respond to an adverse outcome, such as anaphylaxis, must be immediately accessible and appropriately maintained as per the Physician Practice Enhancement Program assessment standards.
- The medical director is responsible for ensuring proper infection prevention and control standards are met.

Resources

The College of Physicians and Surgeons. Physician Practice Enhancement Program Assessment Standards, *Safety: Emergency Preparedness for Staff and Patients in a Family Physician Clinical Office*, found at: <https://www.cpsbc.ca/files/pdf/PPEP-AS-Emergency-Preparedness-FP.pdf>