CP 4.22: Hypodermoclysis

PURPOSE

The Community Paramedic (CP) works together with primary care providers to support patients in the community wherever possible. In some cases, Nurses, Nurse Practitioners or Physicians may request assistance from the CP through the normal request for service process to help administer subcutaneous rehydration therapy (hypodermoclysis) to patients in the community.

POLICY STATEMENTS

The CP should demonstrate the attitudes, knowledge, and clinical skills necessary to provide safe and effective immunization administration. To provide hypodermoclysis, CPs must have completed the required education to initiate and maintain subcutaneous catheters.

GUIDELINE

In response to a request for URGENT PRIMARY CARE SERVICE from a primary health care provider, and following standardized procedures for CP patient visits, the CP will:

- Assess the patient, obtain informed consent, prepare, and educate the patient
- Prepare the infusion, initiate the infusion, monitor, and manage any adverse events
- Document, in Siren, the therapy or therapies and assessment provided on this visit

PROCEDURE

1. Obtain service request, establish volume required, dosing frequency and/or duration and required patient education.
    1. Patients should be supported to self-discontinue infusions once complete if the CP will no longer be present
2. Explain purpose of hypodermoclysis and assess patient's understanding of procedure and discuss any concerns the patient may have prior to therapy
3. Review possible complications or reactions with the patient and verify their understanding of when follow-up care from the primary health care provider would be required
4. Confirm identity and obtain verbal consent prior to undergoing any procedure
5. Wash hands with soap & water, or with alcohol-based hand sanitizer
6. If not already in place, insert subcutaneous catheter in accordance with CP4.21: Subcutaneous Butterfly Placement
7. Practice the 8 RIGHTS of safe medication administration:
    1. Right patient
    2. Right drug
    3. Right dose
    4. Right route
    5. Right time
    6. Right reason
    7. Right frequency
    8. Right documentation
8. Initiate infusion of Normal Saline (if Lactated Ringers is requested, must be supplied by requesting clinician)
    1. Calculate appropriate drip rate for volume to be infused over specified time period (Volume in mLs x gtts / duration of infusion in mins)
    2. Generally maximum infusion rate of 40-60mL/hour up to 1L in 24 hours
    3. After an infusion of 1L through one site, subcutaneous catheter site may need to be shifted following assessment
9. If severe adverse reaction, refer to CPG E09: Anaphylaxis and request emergency ambulance response
10. Document infusion in Siren and inform primary care provider of administration once patient event complete

DOCUMENTATION

Homebound:

- Document in SIREN ePCR under Procedures:
  - Volume administered whilst in the home
  - Planned volume for infusion
  - Any reactions following injection
- If you consulted with the primary care provider or CliniCall, document in SIREN under Procedures

REFERENCES & SUPPORTING RESOURCES

1. Broadhurst, D. Cooke, M. Sriram, D. & Gray, B. (2020). Subcutaneous hydration and medications infusions (effectiveness, safety, acceptability): a systematic review of systematic reviews. *PLoS One, 24*(15), e0237572. DOI: 1371/journal.pone.0237572
2. Caccialanza, R. Constans, T. Cotogni, P. Zaloga, GP. & Pontes-Arruda, A. (2018). Subcutaneous infusion of fluids for hydration or nutrition: a review. *J Parenter Enteral Nutr, 42*(2), 296-307. DOI: 1177/0148607116676593
3. Radcliffe, C. (2017). *Guideline for the use of subcutaneous hydration in palliative care.* Specialist Palliative Care Audit and Guidelines Group. Available from: https://www.palliativedrugs.com/download/180214_Subcutaneous_hydration_in_palliative_care_v 4_Final.pdf
4. BCEHS CPG E09: Anaphylaxis