PARENTERAL THERAPY

LABELLING OF INJECTABLE MEDICINES AND FLUIDS

Key Words: Labelling IV medications, Labelling IV Fluids, IV labelling, medication labelling, fluid labelling

AIM

- Compliance with Operational Directive OD0385/12 Updated National Recommendations for User-Applied Labelling of Injectable Medicines, Fluids and Lines.

KEY POINTS

1. The following minimum requirements are to be implemented at KEMH
   - All medicines and fluids removed from the manufacturers or hospitals pharmacy’s original packaging must be identifiable.
   - All containers containing medicines leaving the hands of the person preparing the medicine must be labelled.
   - Only one medicine at a time should be prepared and labelled before the preparation and labelling of subsequent medicines.
   - Any medicine or container that cannot be identified should be considered unsafe and discarded immediately.

2. This clinical guideline does not include labelling injectable medicines drawn up in syringes for use during anaesthesia.

3. This guideline applies to injectable medicines defined as any sterile medicine intended for administration by bolus injection, perfusion or infusion by the following routes:
   - Intravenous
   - Intramuscular
   - Intrathecal
   - Intrathoracic
   - Intraperitoneal
   - Intraperitoneal
   - Intraventricular
   - Intrapleural
   - Intracocular
   - Epidural
   - Intra-arterial

4. General considerations for labelling all containers of injectable medicines include
   - Expressing total amount, volume and concentration
   - The total amount of active ingredient added to the bag or syringe must be identified including units e.g. mg
   - The total volume of fluid contained in the bag or syringe must be identified in millilitres (mL)
   - The concentration (units / mL) must be identified.
   - Expressing medicine concentration as a ratio (e.g.1:1000, 1:10,000) is unacceptable.

5. Any unlabelled syringe (or other container) containing a solution must be immediately discarded.

6. Any syringe (or other container) where there is doubt regarding its content must be discarded.

7. Any medicine remaining in the syringe (or other container) at the end of the procedure must be discarded.

PROCESS OF MEDICINE AND LABEL PREPARATION

- Each injectable medicine drawn up in a bag or syringe shall be prepared and labelled as a single operation by the same person.
- The pharmacy or manufacturer’s labelling of product name, batch number and expiry date must remain visible after the label has been applied.
- A duplicate label should be applied to any over wrapper which does not allow clear visibility of the primary label attached to the bag or syringe e.g. TPN
- All bags and bottles shall be labelled immediately an injectable medicine is added.
- Bag additive labels shall be placed on the front of the bag in a way that ensures the name of the base fluid, batch number and expiry date remain visible.
LABELLING SYRINGES

- All injectable medicines drawn up in a syringe (that leave the hand of the person filling it) shall be labelled immediately. This includes those intended for bolus use, even if only one injectable medicine is to be administered.

- Any fluid drawn up to be used as an IV flush must be labelled unless
  - the preparation and bolus administration of a single medicine is one uninterrupted process
  - the syringe does not leave the hands of the person who prepared it and
  - the same person administers the medicine immediately.

- If multiple syringes are required, they shall be prepared, labelled and administered sequentially as independent operations.

- The label shall be placed on the long axis of the syringe barrel with the top edge flush with (but no covering) the graduations.

LABELLING LINES AND CATHETERS

- All burettes shall be labelled immediately an injectable medicine is added.

- The label must not obscure the graduations.

- All administration lines shall be labelled.

- The date and time that the line is required to be changed must be identified.

- Labels shall be colour coded according to the target tissue.

- Catheters (e.g. epidural, intrathecal) must be identified where there is a risk of wrong route administration (e.g. where the patient entry portal is distant from the administration site).

- Administration lines dedicated for continuous infusions must be labelled to identify the active ingredient within the line.

- Line shall be labelled near the injection port on the patient side.

- The label shall be placed far enough from the injection port to
  - Prevent interference with the mechanics of administration
  - Prevent the introduction of infection.

MONITORING LINES

- All lines must be identifiable including those where the primary purpose of the line is not for medicine administration.

- The date and time that the line is required to be changed must be identified.

- Labels shall be colour coded according to target tissue.

<table>
<thead>
<tr>
<th>TARGET TISSUE</th>
<th>ROUTES OF ADMINISTRATION</th>
<th>COLOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intra-arterial</td>
<td>Intra-arterial</td>
<td>Red</td>
</tr>
<tr>
<td>Intravenous</td>
<td>Intravenous</td>
<td>Blue</td>
</tr>
<tr>
<td>Neural</td>
<td>Epidural / intrathecal / regional</td>
<td>Yellow</td>
</tr>
<tr>
<td>Subcutaneous</td>
<td>Subcutaneous</td>
<td>Beige</td>
</tr>
</tbody>
</table>
REFERENCES / STANDARDS


National Standards – 1- Care provided by the clinical workforce is guided by current best practice
4- Medication Safety

Legislation - Nil

Related Policies – Operational Directive OD0385/12

Other related documents – National Recommendations for User-applied Labelling of Injectable Medicines, Fluids and Lines
National Recommendations for User-Applied Labelling Of Injectable Medicines, Fluids and Lines - Audit Tool
Suggested Staff Survey Questions to evaluate the Labelling Recommendations

RESPONSIBILITY

OGCCU / Pharmacy

Policy Sponsor
Director of Nursing and Midwifery

Initial Endorsement
November 2009

Last Reviewed
September 2014

Last Amended

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September 2017

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