

Title:	Adult Subcutaneous Access Device Insertion, Care, & Maintenance and Hypodermoclysis Standard of Care		
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PURPOSE:

To ensure standardization and evidence-based care for all adult patients requiring:

1. insertion, care, and maintenance of a subcutaneous access device; and
2. hypodermoclysis.

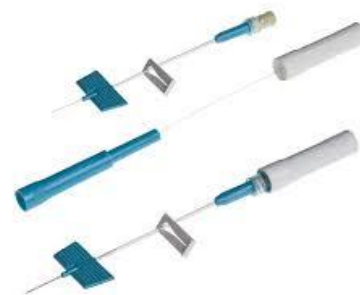
Subcutaneous access devices can be used for:

1. intermittent injection of subcutaneous medications;
2. intermittent or continuous infusion of subcutaneous fluids (hypodermoclysis); and
3. continuous subcutaneous administration of medication when attached to an infusion device, such as a CADD Legacy 6300 pump (Palliative Care only).

STANDARDS:

All Subcutaneous Access Devices:

1. The insertion of a subcutaneous access device requires an order by an authorized prescriber.
2. The approved subcutaneous access device for use at St. Joseph's Health Centre is the BD Saf-T-Intima™ 22 g subcutaneous set (see image and [Appendix B](#)).
3. A comprehensive assessment of the site, dressing, and line must be completed and documented at minimum every shift (every 12 hours). Inspection and assessment should be completed at the start of every shift, every 4 hours, before and after each access, and PRN.
4. If multiple subcutaneous access devices are used, each device must be in a different site and clearly labelled with medication or fluid name, concentration, date of insertion, and initials and designation of clinician.
5. If a subcutaneous access device is in situ and not labelled with a medication name and concentration or fluid name, it must be removed; re-sited; labelled with the appropriate medication/fluid name and concentration, date of insertion, and initials and designation of the clinician re-siting the subcutaneous access device; and documented accordingly (see [Appendix C](#) and [Appendix E](#)).
6. The use of CADD Legacy 6300 pumps with subcutaneous access devices must follow the [Opioid Continuous Infusions \(OCI\): Adult Standard of Care](#) in addition to following the above identified standards for all subcutaneous access devices.



Medication Administration:

The following standards apply to medication administration in addition to the standards identified for all subcutaneous access devices above:

1. The administration of a medication (intermittent or continuous) requires an order by an authorized prescriber specifying the subcutaneous route.
2. Each subcutaneous medication must have a dedicated subcutaneous access device, labelled with the following information:
 - a. medication name and concentration;
 - b. date of insertion; and
 - c. initials and designation of the clinician initiating the access device.
3. Subcutaneous access devices must be primed prior to insertion with the ordered medication.
4. Do NOT flush subcutaneous access devices with 0.9% sodium chloride before or after medication administration.
5. Subcutaneous access devices should be rotated every 7 days and as needed if used for medication administration and documented accordingly (see [Appendix C](#) and [Appendix E](#)).
6. The maximum amount of medication to be injected (bolus) into a subcutaneous access device is 3mL. If a volume greater than 3mL must be directly injected:
 - a. 2 separate sites must be used; OR
 - b. a higher concentration of medication should be used (this requires the insertion of a new subcutaneous access device due to change in concentration).

Hypodermoclysis:

The following standards apply to hypodermoclysis in addition to the standards identified for all subcutaneous access devices above on page 2:

1. The administration of an intermittent or continuous fluid (hypodermoclysis) requires an order by an authorized prescriber specifying the subcutaneous route.
2. Each subcutaneous fluid must have a dedicated subcutaneous access device, labelled with the following information:
 - a. fluid name;
 - b. date of insertion; and
 - c. initials and designation of the clinician initiating the access device.
3. Subcutaneous access devices must be primed prior to insertion with a 3mL 0.9% NaCl flushing syringe or the ordered fluid.
4. The maximum rate for hypodermoclysis is 60 mL/hr per site.
5. The following isotonic and hypotonic fluids are approved to be administered via the subcutaneous route:
 - a. 0.9% sodium chloride;
 - b. 3.33% dextrose and 0.3% sodium chloride; and
 - c. 0.45% sodium chloride.
6. Change IV bags at a minimum every 24 hours:
 - a. A 250 mL bag is to be used for a rate of ≤ 10 mL/hr
 - b. A 500 mL bag is to be used for a rate of 11 – 40 mL/hr
 - c. A 1000 mL bag is to be used for a rate of ≥ 41 mL/hr

This will ensure that the bag will be changed in less than 24 hrs. If a larger volume bag is hanging when an order is received to reduce the rate, then the larger volume bag will be replaced with the appropriate size as outlined above.
7. Administration tubing is to be changed as follows:
 - a. continuous infusion: every 72 hrs
 - b. intermittent infusion: every 24 hrs
8. Administration tubing must be labelled with the date and time hung and the date and time the tubing is to be changed.
9. Subcutaneous access devices should be rotated every 2 days when used for hypodermoclysis, or after 1.5 – 2 L has infused (whichever comes first) and as needed (see [Appendix C](#) and [Appendix E](#)).
10. The maximum amount of fluid to be injected (bolus) into a subcutaneous access device is 3 mL. If a volume greater than 3mL must be directly injected, 2 separate sites must be used.
11. If administering hypodermoclysis, the nurse must monitor intake and output and document in the patient's flowsheet.

Indications for Use:

1. For patients experiencing a decrease in level of consciousness or stupor
2. For patients experiencing delirium or confusion, including dehydration-related confusion at end-of-life
3. When oral and intravenous routes are inappropriate or ineffective, such as patients with dysphagia, nausea/vomiting, or poor peripheral venous access
4. To prevent or treat mild to moderate dehydration and inadequate oral intake
5. Repeated administration of subcutaneous medications
6. At end-of-life (i.e. patients receiving a palliative approach to care)

Contraindications for Hypodermoclysis:

Hypodermoclysis is contraindicated in the following clinical situations:

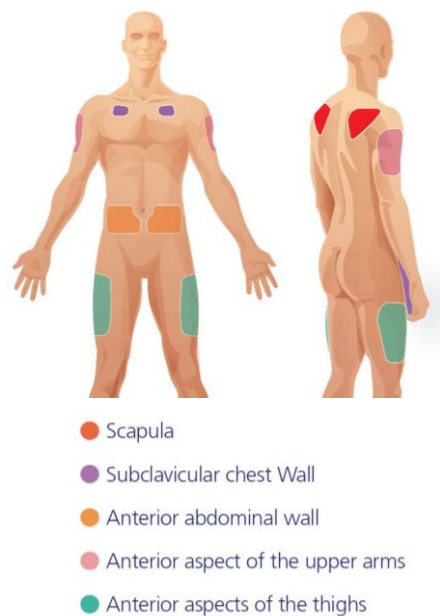
1. severe dehydration, shock, or electrolyte imbalance;
2. low platelet or coagulation disorders;
3. existing fluid overload or marked edema;
4. pulmonary edema;
5. cardiac failure; and
6. pre-renal or renal failure.

Complications:

1. Potential complications may include:
 - a. infection/sloughing of tissue;
 - b. edema;
 - c. pain/discomfort;
 - d. erythema/inflammation;
 - e. induration;
 - f. swelling;
 - g. obstruction;
 - h. bruising/bleeding;
 - i. leakage/exudate;
 - j. fluid overload; and
 - k. venipuncture during insertion.
2. Report complications to the MRP or delegate as appropriate.
3. If a complication occurs, the subcutaneous access device should be removed and re-sited if appropriate. See [discontinuation of a subcutaneous access device](#).
4. When discontinuing or re-siting a subcutaneous access device as a result of a complication, document the reason the subcutaneous line was discontinued. Discontinue the entire parameter in Sunrise Clinical Manager. If re-sited, add a new parameter for a new subcutaneous infusion post-insertion and document insertion (“inserted by”, “insertion outcome”, “date inserted”).
5. If a complication occurs, the “subcutaneous complications” parameter must be added to the patient flowsheet and completed as appropriate (see [Appendix D](#)).
6. Monitor patient for adverse effects of medication administered in addition to complications of subcutaneous access devices.

Site Selection:

1. Select a site that is easily accessible for ambulatory patients.
2. Preferred insertion sites include:
 - a. anterior aspect of thighs;
 - b. anterior aspect of upper arms;
 - c. abdomen (avoiding 5 cm diameter around umbilicus);
 - d. scapula (use when other sites are unsuitable or if patient is confused or restless); and
 - e. subclavicular chest wall (avoiding breast and axilla).
3. Areas to AVOID include:
 - a. areas with too little subcutaneous tissue;
 - b. skin folds or clothing lines (e.g. waistline);
 - c. breast tissue and axilla;
 - d. areas with bony prominences;
 - e. tumour sites;
 - f. sites that have recently been irradiated;
 - g. sites with inflammation or infection present;



- h. areas with lymphedema, edema, or ascites;
- i. areas with broken skin, bruising, masses, abrasions, moles, burns, scars;
- j. areas with excessive body hair; and
- k. areas in close proximity to central or peripheral venous access devices.

PROCEDURE:

Insertion of a Subcutaneous Access Device for Intermittent Medication

Administration:

For opioids and controlled substances, please ensure to follow all guidelines from the [Narcotics, Controlled Drugs, and Targeted Substances Policy](#).

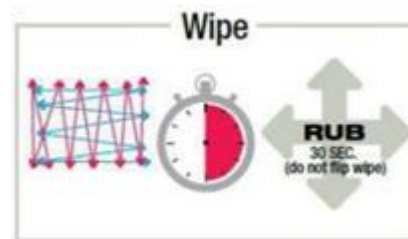
Equipment Required:

1. BD Saf-T-Intima™ 22 g subcutaneous set
2. Needleless connector
3. Chlorhexidine 2% in 70% Isopropyl alcohol wipe x2
4. Transparent Semi-Permeable Membrane (TSM), e.g. Tegaderm
5. Medication syringe x2
6. Blunt needle x2
7. Ordered medication to be administered
8. Non-sterile gloves

Procedure:

1. Explain procedure to patient and/or Substitute Decision Maker (SDM) and obtain consent.
2. Gather required supplies.
3. Using syringe and blunt needle, withdraw desired dose of medication and label accordingly.
 - a. **For opioids or controlled substances:** note on Narcotic and Controlled Substances Record the amount to be administered.
4. Using second syringe and blunt needle, withdraw remainder of medication from vial/ampule to be used for priming and wasting.
 - a. **For opioids or controlled substances:** Follow [Narcotics, Controlled Drugs, and Targeted Substances Policy](#) for wasting, including having a witness co-sign the waste.
5. Open needleless connector packaging. Remove blunt needle from priming/wasting syringe and discard blunt needle in sharps container. Attach needleless connector to syringe.
6. Open BD Saf-T-Intima™ 22 g subcutaneous set packaging. Remove filter plug from right side port and attach needleless connector while maintaining sterility.
7. Prime needleless connector and BD Saf-T-Intima™ 22 g subcutaneous set with medication until a drop of medication appears at the tip of the catheter.
8. Discard/waste remaining medication in sharps container.
 - a. **For opioids or controlled substances:** note on Narcotic or Controlled Substances Record that a new subcutaneous access device was primed with *x amount* of medication in the “comments” box. Record witnessed wastage in the “waste” box and ensure it is co-signed on the record.
9. Perform hand hygiene and don non-sterile gloves.

10. Select appropriate insertion site and prep the area using chlorhexidine 2% in 70% Isopropyl alcohol wipe. Apply friction and wipe up-and-down and left-to-right for a total of 30 seconds. Let air dry (do not blow or fan).
11. Remove protective sheath from needle. Grasp the blue textured sides of the wings on the BD Saf-T-Intima™, bevel up, with dominant hand.
12. Using thumb and index finger of non-dominant hand, gently pinch clean skin around selected site to identify the subcutaneous tissue.
13. Insert the full length of the catheter through the skin into the subcutaneous tissue at a 30° - 45° angle, bevel up.
14. Assess for blood return into the catheter tubing. If blood return is noted, withdraw the needle and repeat the procedure at a new site, with a new subcutaneous set. If no blood return noted, continue on to step 15.
15. Lay the wings flat against the skin surface and hold in place. Pull the long safety shield in a straight, continuous motion until the safety shield separates from the BD Saf-T-Intima™. Discard the safety shield and needle into sharps container.
16. Secure the BD Saf-T-Intima™ using a sterile TSM dressing, ensuring the insertion site is visible through the dressing window. Label dressing with:
 - a. medication name and concentration;
 - b. date of insertion; and
 - c. initials and designation of clinician initiating subcutaneous access device.
17. Cleanse needleless connector with chlorhexidine 2% in 70% Isopropyl alcohol wipe and allow to air dry (do not blow or fan).
18. Administer prescribed dose of medication. DO NOT flush access device with 0.9% sodium chloride after medication administration. Medication remaining in catheter will be administered at the time of the next dose.
19. Document procedure and medication administration in Sunrise Clinical Manager (see [Appendix C](#)).
 - a. Add a parameter for “subcutaneous infusions” under the Access Devices section of the patient flowsheet.
 - b. “Modify row label” to identify the appropriate site, type of device, and add the name of the medication in the comment box.
 - c. Document insertion (“inserted by”, “insertion outcome”, “date inserted”).
 - d. Sign medication administration in eMAR.
20. Continue to monitor site and patient for signs of [complications](#).



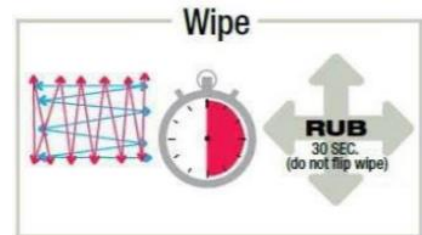
Insertion of a Subcutaneous Access Device for Hypodermoclysis:

Equipment Required:

1. BD Saf-T-Intima™ 22 g subcutaneous set
2. Needleless connector
3. Chlorhexidine 2% in 70% Isopropyl alcohol wipe x 2
4. Transparent Semi-Permeable Membrane (TSM), e.g. Tegaderm
5. 3mL 0.9% NaCl flushing syringe
6. Ordered solution to be administered subcutaneously
7. Administration tubing set
8. Alaris Pump
9. Non-sterile gloves

Procedure:

1. Explain procedure to patient and/or SDM and obtain consent.
2. Gather required supplies.
3. Open needleless connector and flushing syringe packaging. Attach needleless connector to syringe.
4. Open BD Saf-T-Intima™ 22 g subcutaneous set packaging. Remove filter plug from right side port and attach needleless connector while maintaining sterility.
5. Prime needleless connector and BD Saf-T-Intima™ 22 g subcutaneous set with 0.9% NaCl flushing syringe until a drop of fluid appears at the tip of the catheter.
6. Open administration tubing set and ordered solution packaging. Attach administration tubing set to solution bag and prime administration tubing set.
7. Perform hand hygiene and don non-sterile gloves.
8. Select appropriate insertion site and prep the area using chlorhexidine 2% in 70% Isopropyl alcohol wipe. Apply friction and wipe up-and-down and left-to-right for a total of 30 seconds. Let air dry (do not blow or fan).
9. Remove protective sheath from needle. Grasp the blue textured sides of the wings on the BD Saf-T-Intima™, bevel up, with dominant hand.
10. Using thumb and index finger of non-dominant hand, gently pinch the clean skin around selected site to identify the subcutaneous tissue.
11. Insert the full length of the catheter through the skin into the subcutaneous tissue at a 30°- 45° angle, bevel up.
12. Assess for blood return into the catheter tubing. If blood return is noted, withdraw the needle and repeat the procedure at a new site, with a new subcutaneous set. If no blood return noted, continue on to step 13.
13. Lay the wings flat against the skin surface and hold in place. Pull the long safety shield in a straight, continuous motion until the safety shield separates from the BD Saf-T-Intima™. Discard the safety shield and needle into sharps container.
14. Secure the BD Saf-T-Intima™ using a sterile TSM dressing, ensuring the insertion site is visible through the dressing window. Label dressing with:
 - a. fluid name;
 - b. date of insertion; and
 - c. initials and designation of the clinician initiating the subcutaneous access device.
15. Set up Alaris IV pump with administration tubing set and program as per orders.
16. Cleanse needleless connector with chlorhexidine 2% in 70% Isopropyl alcohol wipe and allow to air dry (do not blow or fan).
17. Attach administration tubing set and begin infusion.
18. Document procedure and hypodermoclysis administration in Sunrise Clinical Manager (see [Appendix C](#)).
 - a. Add a parameter for “subcutaneous infusions” under the Access Devices section of the patient flowsheet.
 - b. “Modify row label” to identify the appropriate site, type of device, and add the name of the solution in the comment box.
 - c. Document insertion (“inserted by”, “insertion outcome”, “date inserted”).
 - d. Sign hypodermoclysis administration in eMAR.
19. Continue to monitor site and patient for signs of [complications](#).



Discontinuation of a Subcutaneous Access Device:

Equipment Required:

1. 2 x 2 inch gauze
2. Tape
3. Non-sterile gloves

Procedure:

1. Confirm discontinuation order.
2. Explain removal procedure to patient and/or SDM and obtain consent.
3. Discontinue any infusions if still running.
4. Perform hand hygiene and don non-sterile gloves.
5. Open gauze packaging.
6. Gently peel the edges of the TSM dressing off the skin and the access device.
7. In one continuous motion, remove the access device using your dominant hand and apply the gauze with your non-dominant hand.
8. Assess for bleeding or bruising under gauze.
9. If bleeding occurs, apply pressure to site and adhere the gauze with tape.
10. Discard access device in sharps container.
11. Document discontinuation in the patient's flowsheet in Sunrise Clinical Manager (see [Appendix E](#)).
 - a. Under "Access Devices > Subcutaneous Infusions", document removal ("subcutaneous line discontinued")
 - b. "Discontinue" by right-clicking on the subcutaneous infusions parameter

DEFINITIONS:

BD Saf-T-Intima™: an indwelling subcutaneous catheter used for the administration of subcutaneous medication or fluid, either as a continuous infusion or for intermittent breakthrough/ bolus doses

CADD Legacy 6300 pump: A portable pump used to administer a continuous infusion of opioids via the subcutaneous route. This pump can also be used to administer patient activated bolus doses of opioids

Continuous infusion: the infusion of medications or fluids over several hours to days

Hypodermoclysis: refers to the subcutaneous administration of fluids and electrolytes

Intermittent infusion: the infusion of medications or fluids over a set period of time at prescribed intervals and then stopped until the next dose is required

Nurse: refers to a Registered Nurse (RN) or Registered Practical Nurse (RPN)

Subcutaneous: situated or applied under the skin

Subcutaneous access device: an indwelling subcutaneous catheter used for the administration of subcutaneous medication or fluid, either as a continuous infusion or for intermittent breakthrough/ bolus doses; alternatively called "subcutaneous site/port"

ABBREVIATIONS:

CADD: Computerized Ambulatory Drug Delivery

eMAR: Electronic Medication Administration Record

MRP: Most Responsible Provider

PRN: *pro re nata* or "as needed"

SC or SQ: subcutaneous

SDM: Substitute Decision Maker

TSM: Transparent Semi-Permeable Membrane

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CROSS REFERENCE: [Opioid Continuous Infusions \(OCI\): Adult Standard of Care Vascular Access Device – Peripheral – Site Care & Maintenance – Adult Narcotics, Controlled Drugs, and Targeted Substances Policy SJ 04-02-08](#)

DEVELOPED IN CONSULTATION WITH:

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- Maria Rugg, Clinical Nurse Specialist – Palliative Care
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REVIEWED & APPROVED BY: (as applicable, see Policy)

- Point of Care Team: July 7, 2020
- Program Leadership Team: July 7, 2020
- Collaborative Practice Leader or Equivalent: July 17, 2020
- Nursing Practice Council: July 29, 2020
- Interprofessional Advisory Committee: August 31, 2020
- Pharmacy & Therapeutics: September 22, 2020
- Medical Advisory Committee: November 23, 2020

APPENDIX A: Competency Checklist



Caring hearts. Leading minds.

Employee Name: _____ Unit: _____

Competency Checklist Initiating a Subcutaneous Access Device for Medication Administration (Opioid)

Equipment:

- BD Saf-T-Intima™ 22 g subcutaneous set
- Transparent Semi-Permeable Membrane (TSM), e.g. Tegaderm
- Needleless connector
- Medication syringe x2
- Chlorhexidine 2% in 70% Isopropyl alcohol wipe x2
- Blunt needle x2
- Non-sterile gloves

Procedure:

Step	Comments	Observer Initials
1. Explain procedure to patient and/or Substitute Decision Maker (SDM) and obtain consent.		
2. Gather required supplies.		
3. Using syringe and blunt needle, withdraw desired dose of medication and label accordingly.		
4. Using second syringe and blunt needle, withdraw remainder of medication from vial/ampule to be used for priming and wasting.		
5. Open needleless connector packaging. Remove blunt needle from priming/ wasting syringe and discard blunt needle in sharps container. Attach needleless connector to syringe.		
6. Open BD Saf-T-Intima™ 22 g subcutaneous set packaging. Remove filter plug from right side port and attach needleless connector while maintaining sterility.		
7. Prime Needleless connector and BD Saf-T-Intima 22 g subcutaneous set with medication until a drop of medication appears at the tip of the catheter.		
8. Discard/waste remaining medication in sharps container. a. For opioids or controlled substances: note on Narcotic or Controlled Substances Record that a new subcutaneous access device was primed with <i>x amount</i> of medication in the “comments” box. Record witnessed wastage in the “waste” box and ensure it is co-signed on the record.		
9. Perform hand hygiene and don non-sterile gloves.		
10. Select appropriate insertion site and prep the area using chlorhexidine 2% in 70% Isopropyl alcohol wipe. Apply friction and wipe up-and-down and left-to-right for a total of 30 seconds. Let air dry (do not blow or fan).		

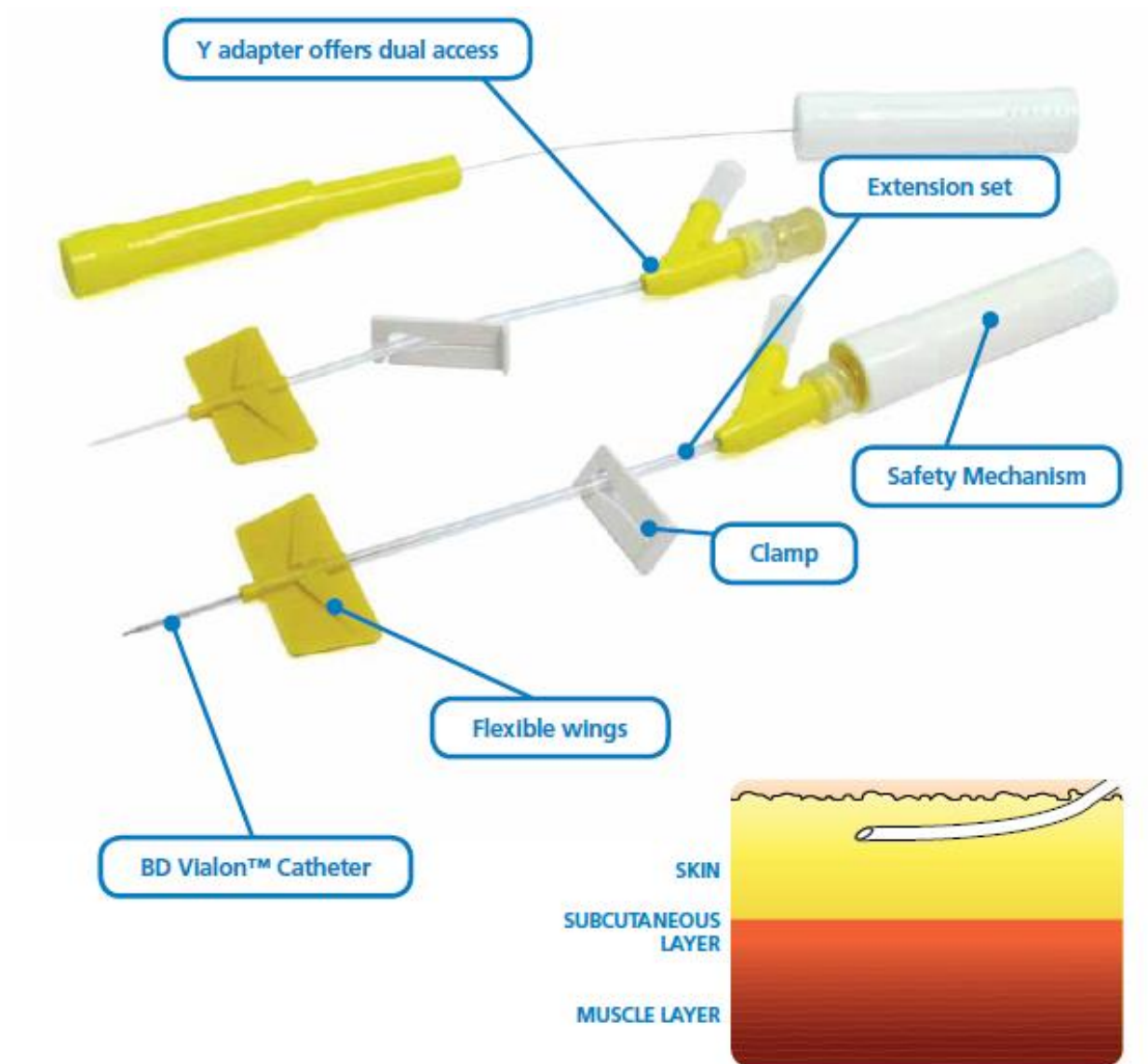
Step	Comments	Observer Initials
11. Remove protective sheath from needle. Grasp the blue textured sides of the wings on the BD Saf-T-Intima™, bevel up, with dominant hand.		
12. Using thumb and index finger of non-dominant hand, gently pinch the clean skin around selected site to identify the subcutaneous tissue.		
13. Insert the full length of the catheter through the skin into the subcutaneous tissue at a 30°- 45° angle, bevel up.		
14. Assess for blood return into the catheter tubing. If blood return is noted, withdraw the needle and repeat the procedure at a new site, with a new subcutaneous set. If no blood return noted, continue on to step 15.		
15. Lay the wings flat against the skin surface and hold in place. Pull the long safety shield in a straight, continuous motion until the safety shield separates from the BD Saf-T-Intima™. Discard the safety shield and needle into sharps container.		
16. Secure the BD Saf-T-Intima™ using a sterile TSM dressing, ensuring the insertion site is visible through the dressing window. Label dressing with: a. medication name and concentration; b. date of insertion; and c. initials and designation of the clinician initiating the subcutaneous access device.		
17. Cleanse needleless connector with chlorhexidine 2% in 70% Isopropyl alcohol wipe and allow to air dry (do not blow or fan).		
18. Administer prescribed dose of medication. DO NOT flush access device with 0.9% sodium chloride after medication administration. Medication remaining in catheter will be administered at the time of the next dose.		
19. Document procedure and medication administration in Sunrise Clinical Manager: a. Add a parameter for “subcutaneous infusions” under the Access Devices section of the patient flowsheet. b. “Modify row label” to identify the appropriate site, type of device, and add the name of the medication in the comment box. c. Document insertion (“inserted by”, “insertion outcome”, “date inserted”).		
20. Continue to monitor site and patient for signs of complications.		

My signature verifies that I feel I am able to perform the above skills safely and competently. I will maintain this skill and request assistance from my assigned Advanced Practice Clinical Educator (APCE) as needed.

Employee Signature: _____ Date: _____

Observer Signature: _____ Date: _____

APPENDIX B: BD Saf-T-Intima™

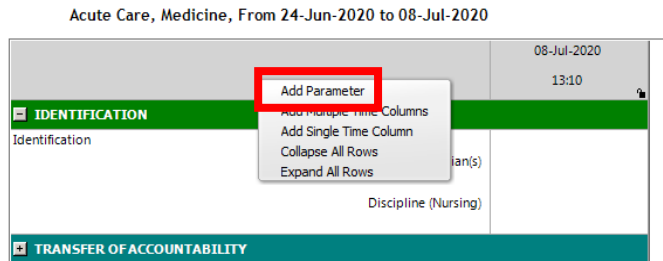


Note: the approved subcutaneous access device at St. Joseph's Health Centre, Toronto is the BD Saf-T-Intima™ 22 g subcutaneous set, which is blue (not yellow) as seen on [page 2](#) and below.

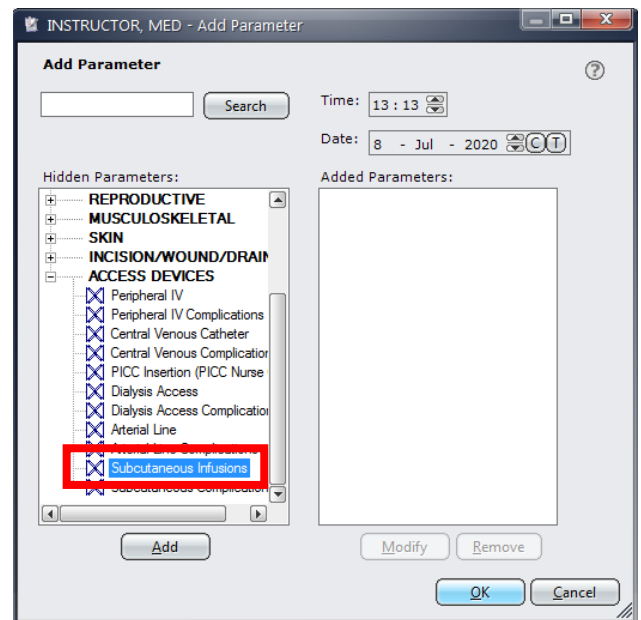
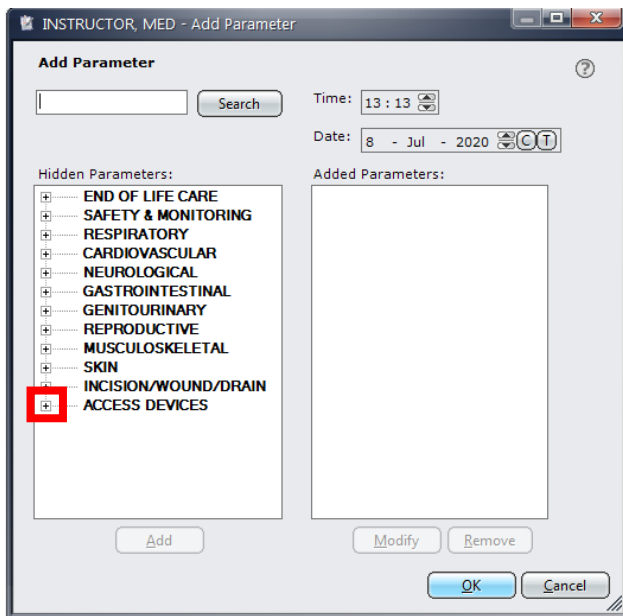


APPENDIX C: How to Document Insertion of Subcutaneous Access Devices in Sunrise Clinical Manager

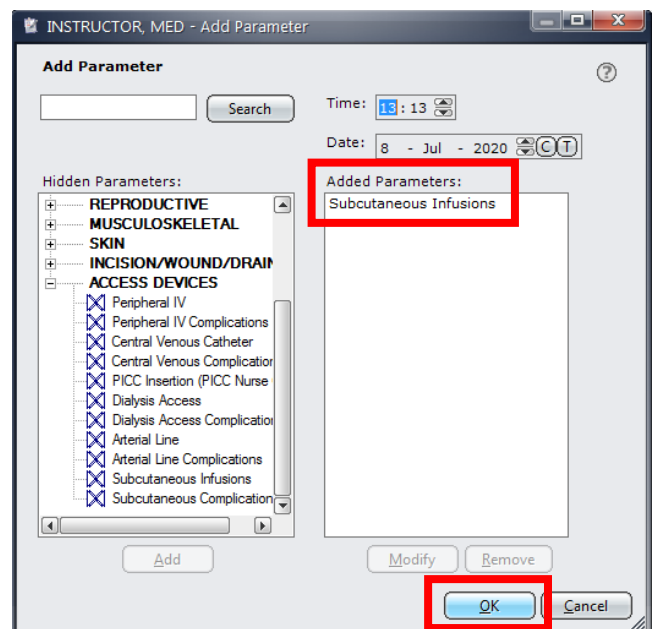
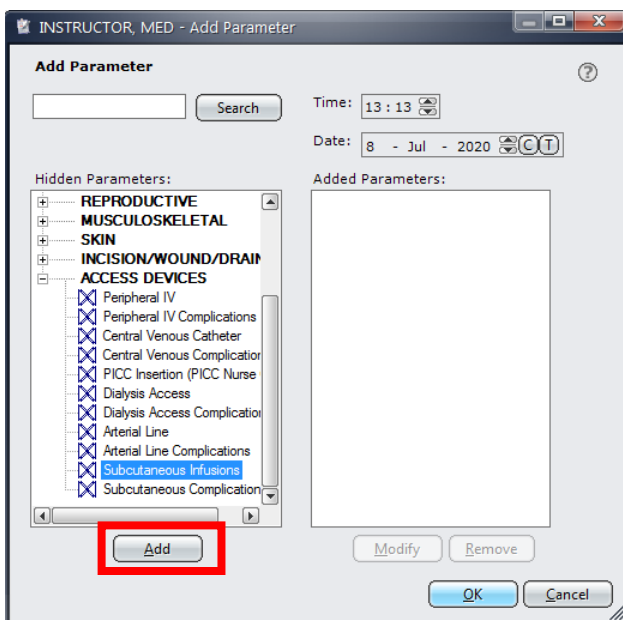
Step 1: After adding a time column in the patient flowsheet, right-click and select “add parameter”.



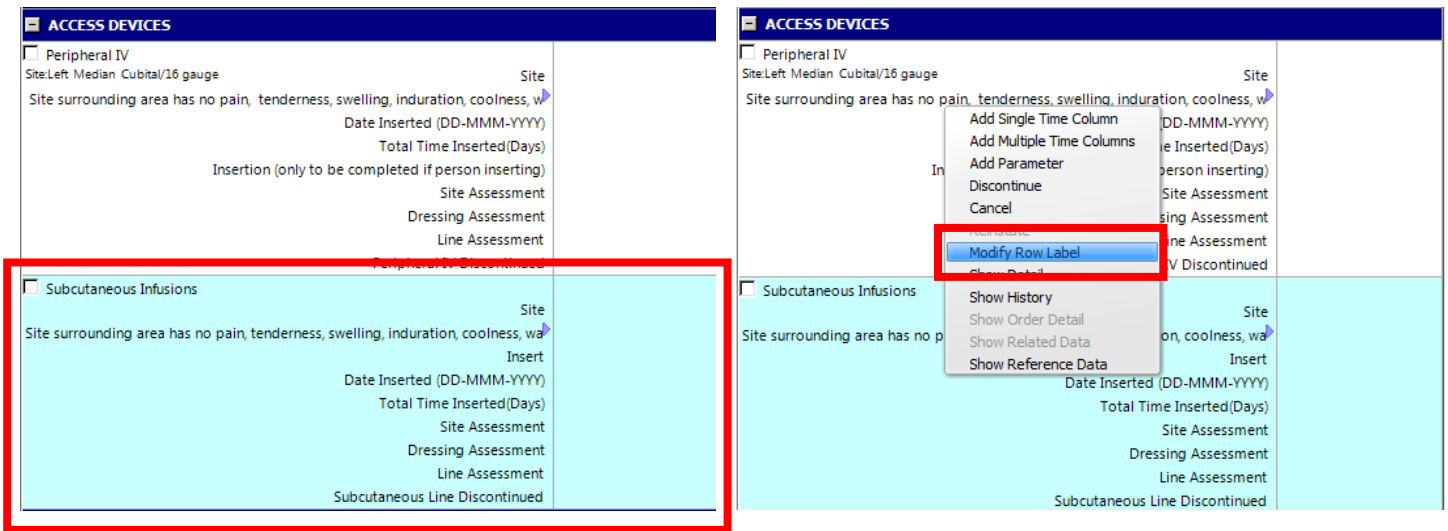
Step 2: From the pop-up box, click on the “+” sign beside “access devices” for all available options to appear under this section. Select “subcutaneous infusions”.




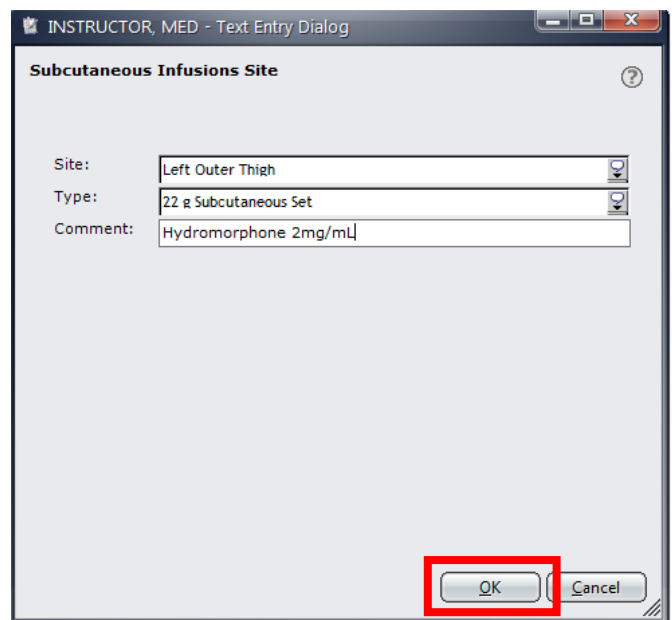
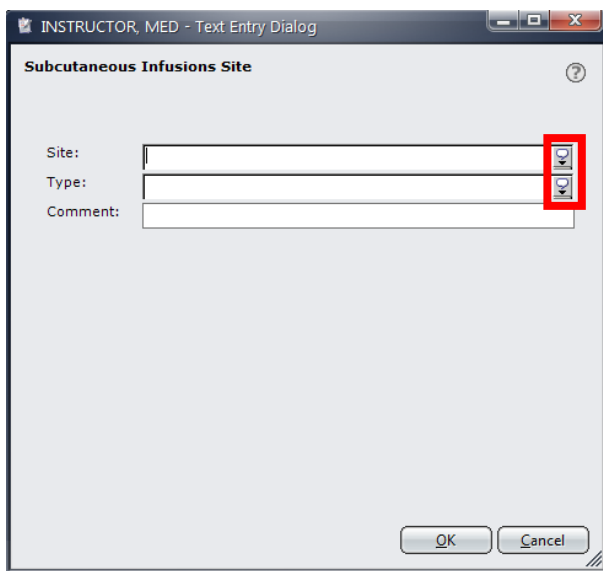
Step 3: Click “add” and you will see the parameter move into the right-side column. Click “OK”.



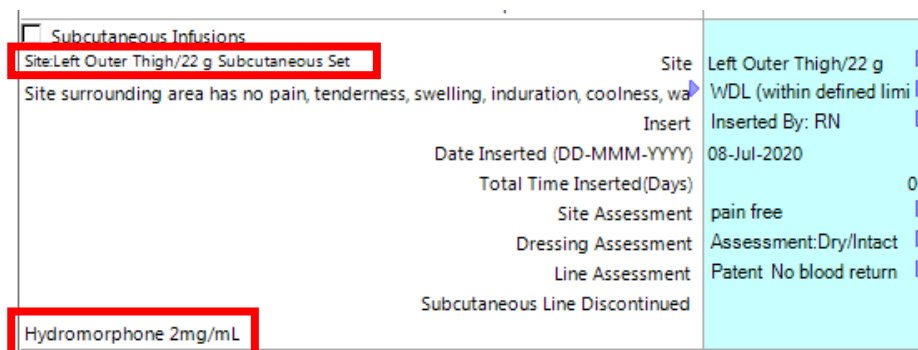
Step 4: The subcutaneous infusions parameter can now be found under the “access devices” section of the patient flowsheet. Right-click on the parameter and select “modify row label”.



Step 5: From the pop-up box, you are now able to label the parameter with the insertion site and the type of access device used from drop down menus by clicking the  icon. Type the medication or fluid name in the “comment” box and click “OK”.

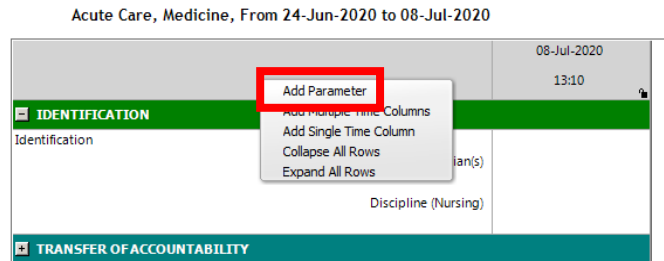


Step 6: The subcutaneous infusions parameter is now labelled and you are ready to document in the time column. After labelling, the site will automatically populate once you begin your documentation. Document insertion, insertion date, and site/line/dressing assessments upon insertion.

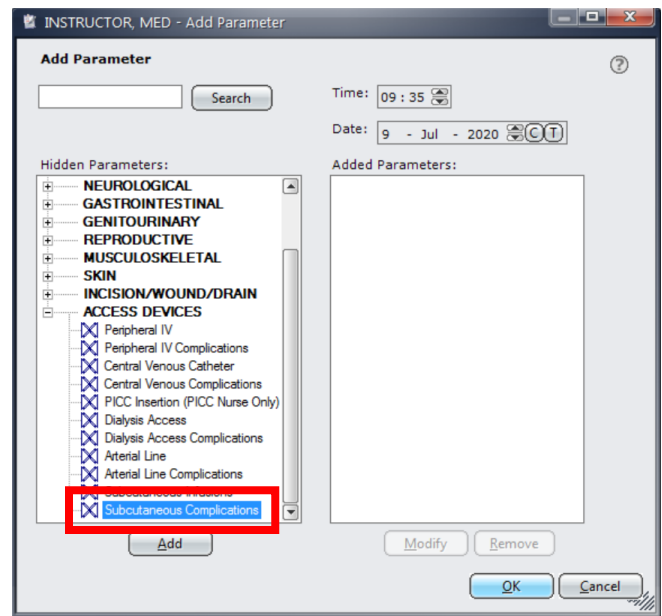
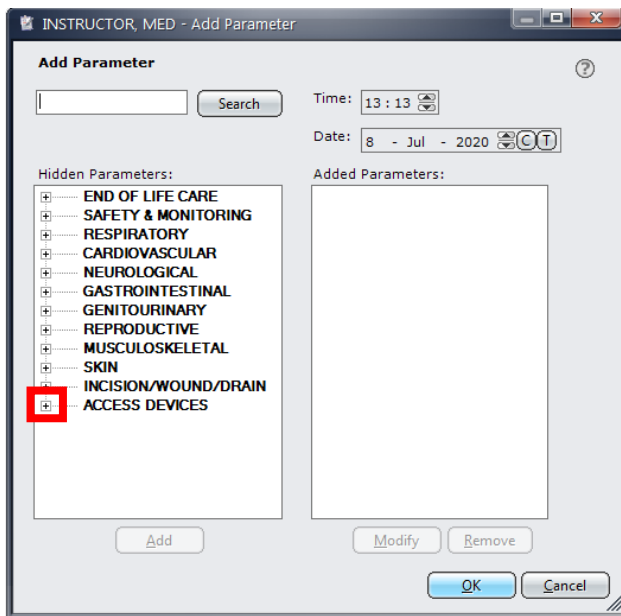


APPENDIX D: How to Document Complications of a Subcutaneous Access Device in Sunrise Clinical Manager

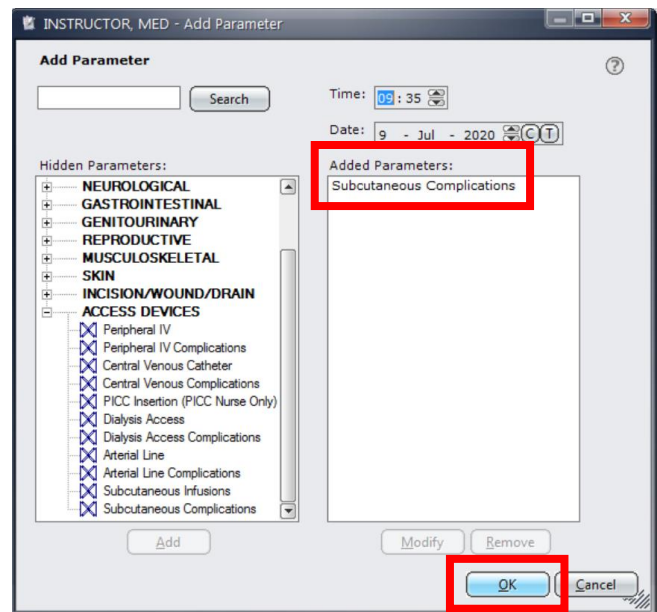
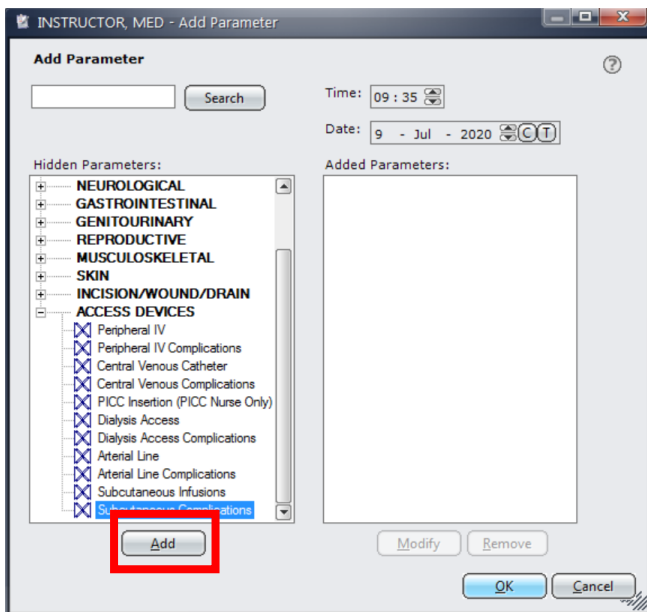
Step 1: After adding a time column in the patient flowsheet, right-click and select “add parameter”.



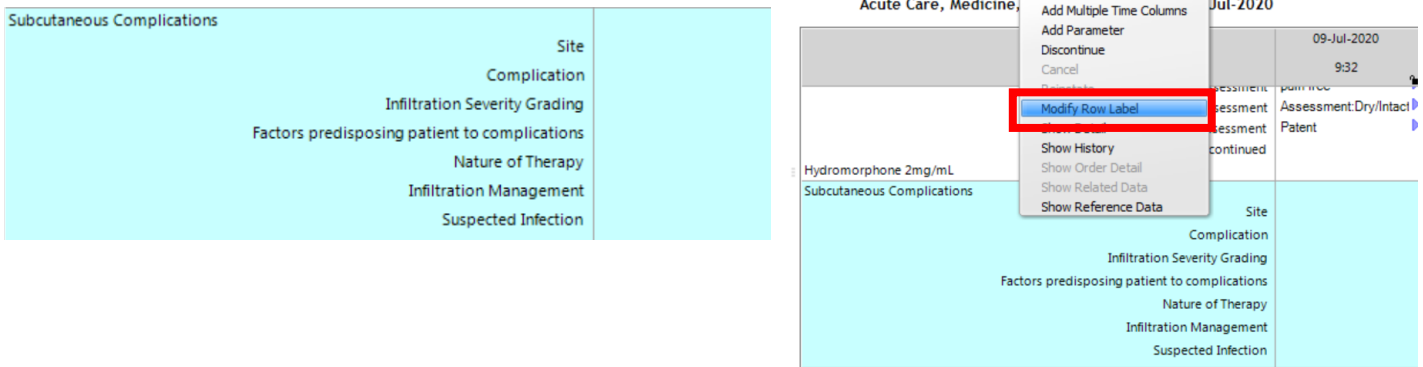
Step 2: From the pop-up box, click on the “+” sign beside “access devices” for all available options to appear under this section. Select “subcutaneous complications”.




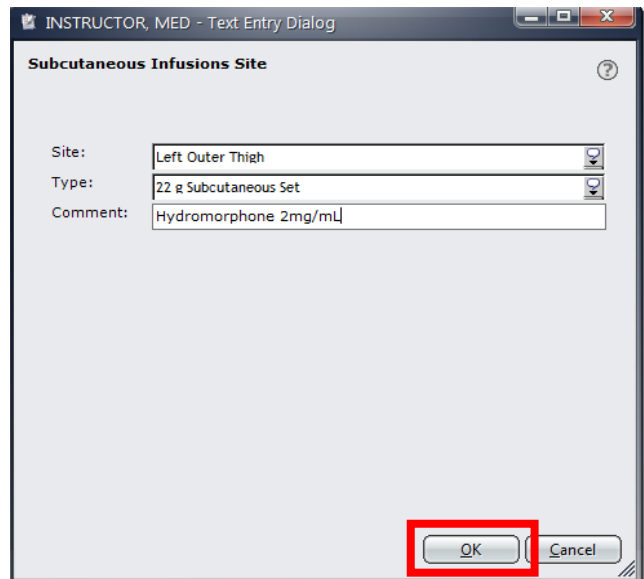
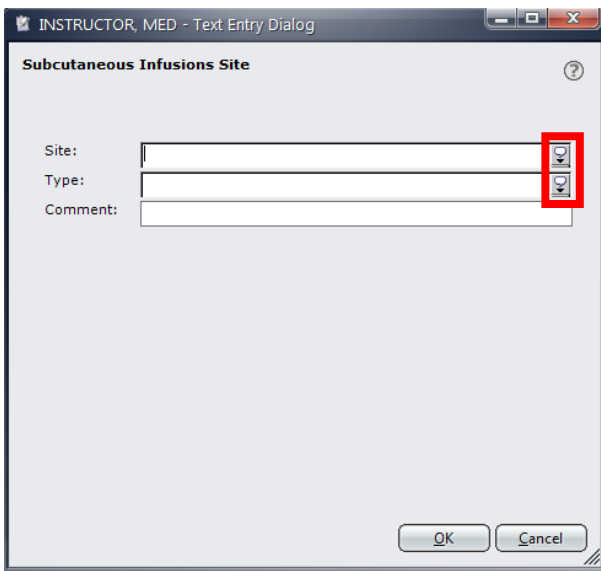
Step 3: Click “add” and you will see the parameter move into the right-side column. Click “OK”.



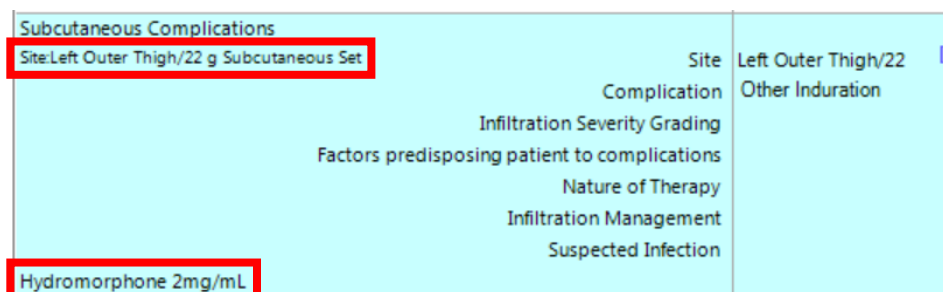
Step 4: The subcutaneous complications parameter can now be found under the “access devices” section of the patient flowsheet. Right-click on the parameter and select “modify row label”.



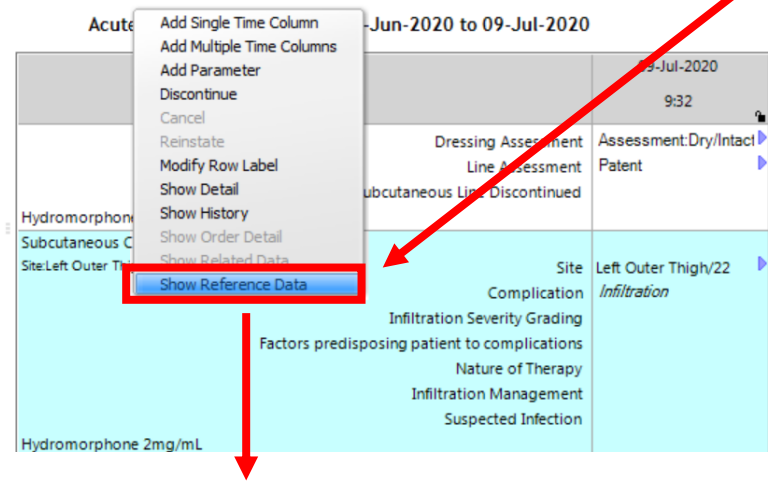
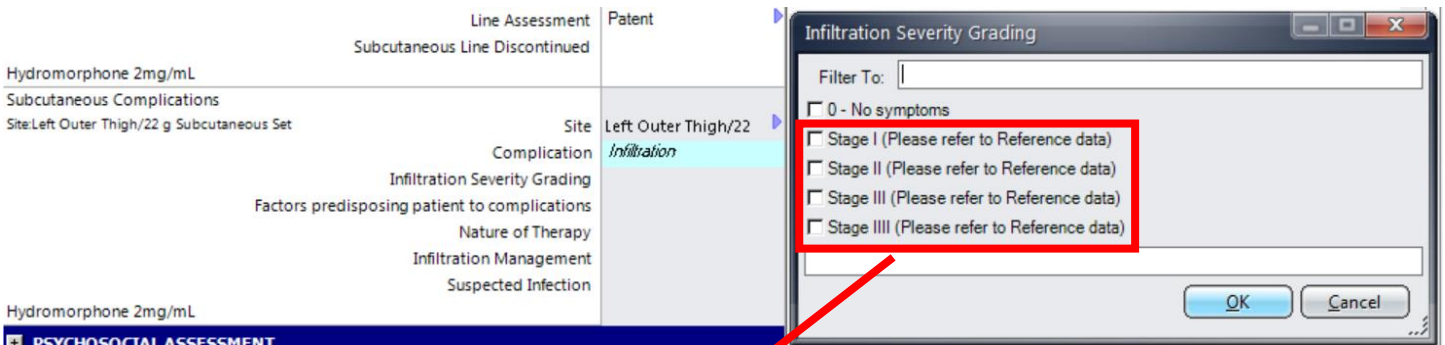
Step 5: From the pop-up box, you are now able to label the parameter with the insertion site and the type of access device used from drop down menus by clicking the  icon. Type the medication or fluid name in the “comment” box and click “OK”. This is to identify which access device the complication occurred with (especially important if the patient has multiple access devices).



Step 6a: The subcutaneous complications parameter is now labelled and you are ready to document in the time column. After labelling, the site will automatically populate once you begin your documentation. Document what the complication is, any predisposing factors, and other areas in the parameter as relevant.



Step 6b: If infiltration/swelling occurs, ensure that the “infiltration severity grading” is documented. On the subcutaneous complications parameter, right-click and select “show reference data” to reference the severity rating scale.



Access Devices Reference - Subcutaneous Infusions

- 0-No symptoms
- I- Skin blanched, edema less than 1 inch in any direction, area cool to touch with or without pain
- II- Skin blanched, edema 1 to 6 inches (2.5 to 15 cm) in any direction, area cool to touch with or without pain
- III- Skin blanched, translucent; gross edema greater than 6 inches in any direction; area's cool to touch, mild to moderate pain with possible numbness
- IIII- Skin blanched, translucent, tight, and leaking; skin discolored, bruised, swollen; Gross edema greater than 6 inches (15cm) in any direction; deep pitting tissue edema; circulatory impairments; moderate to severe pain

Step 7: Document discontinuation of the parameter, selecting “due to complications” as the reason for discontinuation. See [Appendix E](#) below.

APPENDIX E: How to Document Discontinuation of a Subcutaneous Access Device in Sunrise Clinical Manager

Step 1: After adding a time column in the patient flowsheet, document under “subcutaneous line discontinued”.

Parameter	Value	Value	Value
Subcutaneous Line Discontinued			
Subcutaneous Line Discontinued			Therapy completed

Step 2: Right-click on the parameter and select “discontinue”. The parameter will turn gray and documentation cannot be entered after the date/time of discontinuation.

Parameter	Value	Value	Value
Subcutaneous Line Discontinued			
Subcutaneous Line Discontinued			Therapy completed