IVNNZ Standards of practice for the Practice Setting

In each section, evidence is required to show how the standards are met in the organisation. Please refer to the IVNNZ Standards of practice [www.ivnnz.org.nz](http://www.ivnnz.org.nz) for practice criteria.

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|  | Standard | Evidence |
| **1** | **Practice Setting**  1. Infusion therapy standards of practice shall be  applied in all practice settings where infusion  therapy is administered  2. Administration of infusion therapy shall be established in organisational policies, procedures and/or practice guidelines.  3. Administration of infusion therapy shall be in accordance with rules and regulations promulgated by the health professional regulatory bodies. |  |
| **2** | **Neonatal**  1. The clinician providing infusion therapy for neonatal and paediatric patients shall have clinical knowledge and technical expertise with respect to this population group.  2. Clinical management of neonatal and paediatric patients shall be established in organisational policies, procedures, and/or practice guidelines.  3. The clinician shall verify that there has been a process for informed consent for the treatment of neonatal and paediatric patients and that this process is documented. |  |
| **3** | **Older Adult Patients**  1. The clinician providing infusion therapy for older adult patients shall have clinical knowledge and technical expertise with respect to this population.  2. Clinical management of older adult patients shall be established in organisational policies, procedures and/or practice guidelines. |  |
| **4** | **Ethics**  1. Ethical principles shall be the foundation for decision making in patient advocacy.  2. Guidelines and resources for ethical issues shall be outlined in organisation policies, procedures and/or practice guidelines.  3. The clinician shall act as a patient advocate: maintain patient confidentiality, safety, and security.  4. The clinician shall respect, promote, and preserve human autonomy, dignity, rights, and diversity.  5. Principles of beneficence, non-maleficence, fidelity, protection of patient autonomy, justice, and veracity shall dictate nursing action. |  |
| **5** | **Scope of practice**  1. The scope of practice for each type of clinician  involved with the delivery of infusion therapy shall  be organised to support patient safety and protection. Practice settings shall clearly define  roles, responsibilities, tasks, and accountability for all clinicians involved in the delivery of infusion therapy.  2. All clinicians involved with the delivery of infusion therapy shall practice within their defined professional scope of practice.  3. The clinician shall be accountable for patient safety in the delivery of any infusion therapy. |  |
| **6** | **Competence and competency validation**  1. The clinician shall be competent in the safe delivery of infusion therapy within their scope of practice.  2. The clinician shall be responsible for attaining and maintaining competence with infusion therapy as defined in their scope of practice.  3. Competency validation is the responsibility of the clinician and employing organisation. Validation is performed initially and/or reviewed as required.  4. Competency validation is set by the individual clinician’s regulatory body. |  |
| **7** | **Quality improvement**  1. The clinician shall participate in quality improvement activities that advance patient care, quality, and safety.  2. A quality assurance and performance improvement strategy should be established in an organisation. |  |
| **8** | **Research and evidence-based care**  1. The clinician shall use research findings and current best evidence to expand clinical knowledge in infusion therapy, to validate and improve practice, to advance professional accountability, and to enhance evidence-based decision making.  2. The clinician shall obtain approval for research and research-related activities in accordance with ethics regulatory bodies, professional standards, and criteria set by organisational policies, procedures, and/or practice guidelines.  3. The clinician shall develop and revise organisational policies, procedures, and/or practice guidelines based on research findings and current best evidence.  4. The clinician shall integrate evidence-based knowledge with clinical expertise and the patient’s preferences and values in the current context when providing infusion therapy.  5. The scope of practice for registered nurses clearly states that registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience. |  |
| **9** | **Policies, procedures, and/or practice guidelines**  1. Infusion policies, procedures, and/or practice guidelines shall describe the acceptable course of action, including performance and accountability, and provide a basis for clinical decision making.  Infusion policies, procedures, and/or practice guidelines must be compliant with government legislation and professional standards.  2. Infusion policies, procedures, and/or practice guidelines must be written, reviewed at established intervals, and approved in a formal organisation process.  3. Infusion policies, procedures, and/or practice guidelines shall be readily available and accessible to clinicians. |  |