



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

Cadeirydd/Chair: **Emma Woollett**  
Prif Weithredwr/Chief Executive: **Mark Hackett**

**gofalu am ein gilydd, cydweithio, gwella bob amser**  
**caring for each other, working together, always improving**

Rydym yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg. Atebir gohebiaeth Gymraeg yn y Gymraeg, ac ni fydd hyn yn arwain at oedi. We welcome correspondence in Welsh or English. Welsh language correspondence will be replied to in Welsh, and this will not lead to a delay.

## **Cais Rhyddid Gwybodaeth / Freedom of Information request** **Ein Cyf / Our Ref: 23-F-002**

### **You asked:**

I am therefore submitting this Freedom of Information Request (FoIR), aiming to understand how each NHS organisation uses and disposes of antimicrobials when given as an intravenous (IV) intermittent infusion. Your responses may be integrated into a working paper on antibiotic residues and pharmapollution. They may also be used to ask questions to the Department of Health and Social Care (DHSC) and Care Quality Commission (CQC) regarding ongoing inspections of hospital practices and policies in relation to the threat posed by AMR.

Please provide an overall answer to the questions below factoring in practice in the following clinical areas of the hospital: Critical Care, Emergency Department/Wards, Medical Wards, Surgical Wards, Outpatients, etc.

Please exclude the following areas—where evidence shows that correct practice already takes place—from your response: Oncology, Haematology, Paediatrics, Neonatal Units. Please also exclude responses related to flushing of the needlefree extension or vascular access device as these questions specifically relate to the residual volume of antibiotic in the administration set line (infusion pump set and/or gravity set).

A template spreadsheet (in.xlsx format) is provided for you to fill out as a further attachment to the email containing this letter. Please use this template for ease of data processing.

Q1a. With regards to administration sets (pump and gravity) used to infuse IV antibiotics, does your institution have a policy to flush the administration set to give the full dose of antibiotics in accordance with the following guidelines?

- The Royal Marsden Manual of Clinical Nursing Procedures, Tenth Edition, Chapter 15, which states: "After completion of an intermittent infusion, an appropriate diluent solution should be administered via the administration set. This is to ensure the full dose of medication has been administered to the patient."



**Pencadlys BIP Bae Abertawe, Un Porthfa Talbot, Port Talbot, SA12 7BR / Swansea Bay UHB Headquarters, One Talbot Gateway, Port Talbot, SA12 7BR**

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- The “MEDUSA” injectable medicines guide instructions on how to administer intermittent infusions, which states: “Flush the administration set before it is disconnected with sufficient volume of sodium chloride (or compatible diluent) to ensure the total dose is given. Flush at the same rate the medicine was administered.”

- The National Infusion and Vascular Access Society (NIVAS) “Intravenous Administration of Medicines to adults: Guidance on ‘line flushing’ Version 3 2021”, which states: “At the end of the infusion, the medicine remaining in the infusion set should be flushed with sodium chloride 0.9% or other compatible diluent, using one of the methods described below.”

Q1b. If the answer to Q1a is “yes”, is your organisation fully compliant with your policy to flush the administration set to give the full dose of antibiotics in accordance with guidelines?

Q1c. If the answer to Q1a is “yes”, do you follow method 1 or 2 as outlined by the NIVAS guidelines linked above?

Q2a. With regards to administration sets (pump and gravity) used to infuse IV antibiotics, if you do have a policy in place to flush the administration set, have you audited compliance with this policy?

Q2b. If the answer to Q2a is “yes”, can you share the audit results? If so, please provide a copy as an attachment to your response to this FoIR.

Q3. What education measures have you put in place to ensure healthcare professionals in your organisation understand:

a. The existing guidance on flushing administration sets that are used for IV antibiotic infusions (as laid out in the sources above)?

b. The patient risks involved with failing to flush the residual volume of IV antibiotics in the administration sets?

c. The possible effects of not flushing the IV administration set containing IV antibiotics on antimicrobial resistance?

Q4. With regards to administration sets (pump and gravity) used to infuse IV antibiotics, which of the following (if any) are included in your policy with regards to disposing of the administration set and residual volume of either the prescribed antibiotic or flushing solution?

a. Complete administration set (including drip chamber with sharp) is disposed of into the yellow bag.

b. Complete administration set (including drip chamber with sharp) is disposed of into the orange bag.

c. Complete administration set (including drip chamber with sharp) is disposed of into the sharps bin.

d. Drip chamber/sharp are detached from the administration set line and the drip chamber/sharp disposed of in the sharps bin and the rest of the administration set line disposed of in the yellow bag.



e. Drip chamber/sharp is detached from the administration set line and the drip chamber/sharp disposed of in the sharps bin and the rest of the administration set line disposed of in the orange bag.

f. Other (please state)

**Our response:**

Please find attached your completed return template.

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