SCOPE OF SERVICE
INFUSION/RECOVERY AREA

A. LOCATION AND HOURS OF OPERATION
The Infusion/Recovery Area is located on the 3rd floor of the Ambulatory Care Center. The clinic functions Monday through Friday between the hours of 0800 and 1630.

B. SERVICES/CONDITIONS AND POPULATION SERVED
The Infusion/Recovery Area exists to provide infusion therapy (IV fluids, medications, and blood products) to patients from any of the clinics in Ambulatory Care Division. The area has 8 treatment rooms that are shared equally providing 4 rooms for Day Surgery/Recovery patients and 4 rooms for the Infusion Area.

C. PROCEDURES/TREATMENTS/ACTIVITIES PERFORMED
Procedures performed in the clinic include IV fluid therapy, medication administration, chemotherapy administration, blood transfusions, injections, and pain management.

D. CLINIC STAFFING
The area is staffed with one RN Clinic Manager, one RN Staff Nurse, and one Medical Specialist. The staffing is supplemented with float personnel as needed.

E. NURSING STAFF FUNCTIONS
The RN Clinic Manager is responsible for managerial duties and for ensuring the proper functioning of the clinic to include:

1. assuring quality and safety standards are met.
2. assessing and reviewing staff development: competency, performance review, education, and adherence to policy.
3. interacting with multidisciplinary medical staffing to facilitate patient care with regard to scheduling, obtaining orders, interaction for patient related questions, or complications with the patient's medication administration.
4. developing policies and standing orders with physician participation.
5. participating in the Ambulatory Care Division and administrative meetings to assure that administrative directives are applied to the clinical area.
6. reviewing medical records ongoing for specific monitoring indicators as directed.
7. performing all duties of the Staff Nurse.

The Staff Nurses:
1. administer IM, PO, Subcutaneous, and IV medication administration and transfusions.
2. perform patient assessment, phlebotomy, and triage.
3. interact with physicians for orders and patient problems/concerns.
4. perform general clinic functions (patient flow, keying lab, errands, etc.) and other duties as assigned.
5. access portacaths, & PICC lines for purposes including flushing, drawing blood, and administering medication/fluids.
The Medical Specialist:
1. functions in the role of clerical and direct patient care.
2. assists with procedures.
3. transports specimens.
4. schedules appointments.
5. goes to the hospital pharmacy to pick up medications.
6. assists with patient flow and orders.
7. obtains equipment and supplies from Central Medical Supply and Laundry.
8. answers phone calls.
9. transports patients.
10. instructs patients in specimen collection.
11. maintains patient census numbers
12. assists in cleaning rooms between patients
13. assists in coordinating room availability for patient return appointments.

F. IMPORTANT ASPECTS OF CARE

High Risk: Management of the patient requiring the following:
Chemotherapy and monoclonal antibody therapies
Blood Product Transfusion
Iron
IV Medications

Management of the patient with the following conditions:
Crohn’s Disease
Rheumatoid Arthritis
Systemic Lupus Erythematosus (SLE)
Iron Deficiency Anemia
Osteoporosis

Problem Prone: Management of medication reactions/side effects.

G. SCHEDULING AND ACCESSIBILITY OF CARE
The Infusion/Recovery Area is a closed clinic to computer scheduling; therefore, all computer
scheduling of patient appointments must be done by Infusion/Recovery Area personnel. Physicians
who desire to utilize the Infusion Recovery Area should submit a clinic referral via the Electronic
Health Record (EHR), provide orders for the treatment, and be available by phone to manage
problems/complications that arise; there is no medical staffing present in the area.

H. NO SHOW FOLLOW-UP
Physicians are notified of patients who missed appointments. The physician determines when the
patient is to return. The clerical staff will mail the appointment to the patient. The nursing staff or
physician shall recall the high-risk patient in a manner based on the urgency of the situation as
directed by the treating physician.

I. ABNORMAL DIAGNOSTIC RESULTS FOLLOW UP
Critical lab/test results are referred to the ordering physician and that physician determines the need
for follow-up. Lab results that return during the patient visit are reviewed by the physician prior to
initiation of treatment.

J. PATIENT EDUCATION
At the time of the appointment, the clinic staff will provide patient preparatory instructions (verbal and
written) for diagnostic testing. The Medical Staff educates the patient regarding his/her disease
process and treatment plan. Nurses provide education/instruction related to the patient’s treatments.
Clinic nurses provide post procedure instructions to patients who have IV medication administration,
transfusions, or IV analgesia in clinic, as well as any other instructions deemed needed. Instruction is
also reinforced with an After Visit Summary (AVS) given to patient at time of discharge.