



Policy Name HYPODERMOCLYSIS HYDRATION FOR SYMPTOM CONTROL	Policy Number: 0213
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Approved By: Management	Date Revised: February 21, 2007
Classification: Pain and Symptom Management	Page No: Page 1 of 2

POLICY

Hypodermoclysis hydration may be used at Agape to treat dehydration and electrolyte imbalances that cause delirium. In rare cases, hydration may be used at family's request for other than symptom control. This is to be decided within the interdisciplinary team.

DEFINITION:

Hypodermoclysis: a continuous infusion of fluids of greater than 10 ml/hr with or without medications into the subcutaneous space.

PROCEDURE

1. A physician's order is required to initiate hypodermoclysis hydration and is to include:
 - Type of infusion fluid.
 - Volume of infusion fluid
 - Rate of infusion.
2. Prepare all equipment and prime solution set according to manufacturer's instructions:
 - Winged needleless infusion set.
 - Continue-Flo solution set.
 - Extension set with control flow.
 - Solution to be administered.
3. Select the infusion site. The sites most commonly used are:
 - Subclavicular region of anterior chest (avoid breast area).
 - Anterior abdominal wall.
 - Antero-lateral aspect of thighs
 - Upper back (especially for agitated/confused clients).

Note: Do not start sites where edema is present.

4. Cleanse area with alcohol. Allow area to dry.
5. Grasp skin with thumb and forefinger to form bulge. Insert needle, with bevel up, and insert needle 30 – 40 degrees. There should be no backflow of blood in tubing.



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6. Secure the needle with tegaderm dressing that is labeled with date, solution /concentration, and initials.
7. Initiate infusion at ordered rate.
8. Sites may be left in place indefinitely unless symptomatic or fluid accumulation at site. Assess site at least Q4H for signs of irritation, edema, inflammation or dislodgement of needle.
9. Manage complications in the following manner:
 - **Dislodgement-** If needle becomes displaced, remove needle completely, dress if required, and restart a new site.
 - **Edema** – If there is a small amount of edema at site, slow infusion rate. It is normal for site to feel slightly boggy. If there is a large amount of edema and hardness can be felt, discontinue infusion site and restart a new site.
 - **Redness/Irritation/ Heat** – If redness persists for more than an hour after insertion or heat can be felt at site, discontinue and restart infusion site.
10. Document of patients health record:
 - Date and time of commencement of hydration.
 - Name, dose and route of administration.
 - Patient response and education if done.
 - Regular assessment of site

REFERENCE

The Calgary Health Region. Regional Nursing Policy and Procedure Manual. Section I-4. Page 5-12, dated Dec.1998.