

Is Your Infusion Nurse Qualified?



To ensure quality care, patients should look into whether their nurse has the proper training.

By Ronale Tucker Rhodes, MS

Infusions are hardly joyful, but the experience can be made worse if a nurse provides substandard care. Performing infusions and being prepared for possible side effects and complications takes skill that is learned only through experience and advanced training. And, while it may be assumed that the nursing professional performing the infusion would have the proper training, that is not always the case. Patients, then, would be wise to understand the responsibilities of an infusion nurse and take an active role in ensuring that their nurse is qualified to provide the proper care.

The Role of an Infusion Nurse

Infusion nurses are responsible for providing the safest possible care to patients who undergo intravenous (IV) infusions. Because no two patients are alike, nurses must take special precautions to understand each patient's medical condition and treatment needs. In addition, they must recognize that tolerances to immune globulin (IG) infusions vary among patients, as do reactions both during and after treatment.

Aside from a knowledge of nursing practices in general, which includes anatomy and physiology, infusion nurses must

understand the vascular system and its relationship with other body systems and infusion treatment modalities.¹ In addition, they must participate in the patient's ongoing healthcare plan, be skilled in infusion therapies, have knowledge of state-of-the-art technologies associated with infusion therapies, understand the psychosocial aspects of care, and interact and collaborate with the patient's healthcare team.

Specifically, infusion nurses must be trained in the clinical uses for and be familiar with the diseases that are treated with IG replacement therapy.² Understanding that no two IG products are the same, they should familiarize themselves with product preparations, stabilizers and IgA levels in the different products. Prior to infusing, they should be familiar with the key assessments, including the brand, product integrity and patient's status (premedication, breathing, hydration, weight, etc.). With each infusion, nurses should log the blood product, lot number(s), expiration dates and dosage in the patient's record and a central database. And, they should be aware of what types of adverse reactions can occur and how to manage them with specific interventions.

Training: What Is Required

All of this required specialty knowledge necessitates that the infusion nurse be a “specialist,” rather than a “generalist.” This means they have acquired the necessary specialty practice knowledge. “A specialist is a generalist, but a generalist has not acquired the knowledge and skill in a defined area to be designated a specialist,” according to the Infusion Nurses Society of America. “The foundation of specialty practice is based on the knowledge gained from general nursing education and a concentrated study in a selected clinical area of nursing.”¹

According to Nancy Creadon, RN, vice president of VaxAmerica, a subsidiary of NuFACTOR, the specialty pharmacy of FFF Enterprises Inc., “All nurses are trained in starting IVs and what the basic infusions are. As nursing students, we study IV fluid chemical makeup and effects on the human body. [But], most infusion nurses have to further their education in an effort to be proficient and up to date on infusion therapies.” Infusion nurses are concerned about not only the drug added to the IV solution, but they must also monitor the “base solution” and the secondary effects it has on the body, such as potential fluid shifts and overhydration.

Most nurses who perform infusions gain experience by working in hospitals in critical care areas, says Creadon. However, there is a certification available, known as the Certified Registered Nurse, Infusion (CRNI), that will provide nurses with the knowledge needed as a specialized infusion nurse. Few nurses, however, actually seek this certification. A CRNI must pass an exam that covers various levels of IV care, including starting IVs of various sizes and managing infusion calculations and rates. “For example, some infusions are tapered up and down, some are based on a patient’s weight, while others are based on a person’s renal function,” explains Creadon. The exam also covers different types of IV therapy, including antibiotics, nutritional therapies and IG therapies. A CRNI is the only certification for infusion nurses and is offered by the Infusion Nurses Society of America. Once obtained, the certification is good for three years. After that, nurses

must complete an additional 40 educational units to maintain CRNI status.

This is not to say that infusion nurses who do not acquire a CRNI aren’t qualified. Many are, but they may have some limitations. “While I do believe many nurses can acquire and maintain the same skill level as a CRNI with years of infusion therapy practice,” says Creadon, “they may still lack knowledge and new information and techniques, as they are not required to participate in target CE [continuing education] programs to maintain the certification on a yearly basis.”

Having a CRNI would be preferable, but if patients have a nurse who works well with their doctor, who understands their disease and who is willing and open to learning more, there is no need to change nurses because they lack the certification. “The key is open communication and not to be afraid of asking questions,” explains Kris McFalls, *IG Living’s* patient advocate. “Ask them if they have infused IG and, if

so, how many patients they have infused. Also ask the nurse how often they start infusions. A good infusion nurse will start infusions on a regular basis.” But, adds McFalls, if the answers patients receive are not satisfactory, they shouldn’t be afraid to ask for another nurse.

Infusions and Peace of Mind

All patients want the peace of mind of knowing that their infusion nurse will provide them with the safest possible care during IG therapy. And, while there can be

a significant difference in the care a patient receives from a certified infusion nurse, says Creadon, many nurses without certification have the experience necessary to provide excellent quality care. Ultimately, it will be up to patients to assess their own situations, ask questions and determine whether their infusion nurse is the right one for them. ■

References

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