



Clinical Practice Procedures: Drug administration/ Priming of an Alaris™ (gravity flow) giving set

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Date	January, 2020
Purpose	To ensure a consistent procedural approach to the priming of an Alaris™ (gravity flow) giving set.
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.
Health care setting	Pre-hospital assessment and treatment.
Population	Applies to all ages unless stated otherwise.
Source of funding	Internal – 100%
Author	Clinical Quality & Patient Safety Unit, QAS
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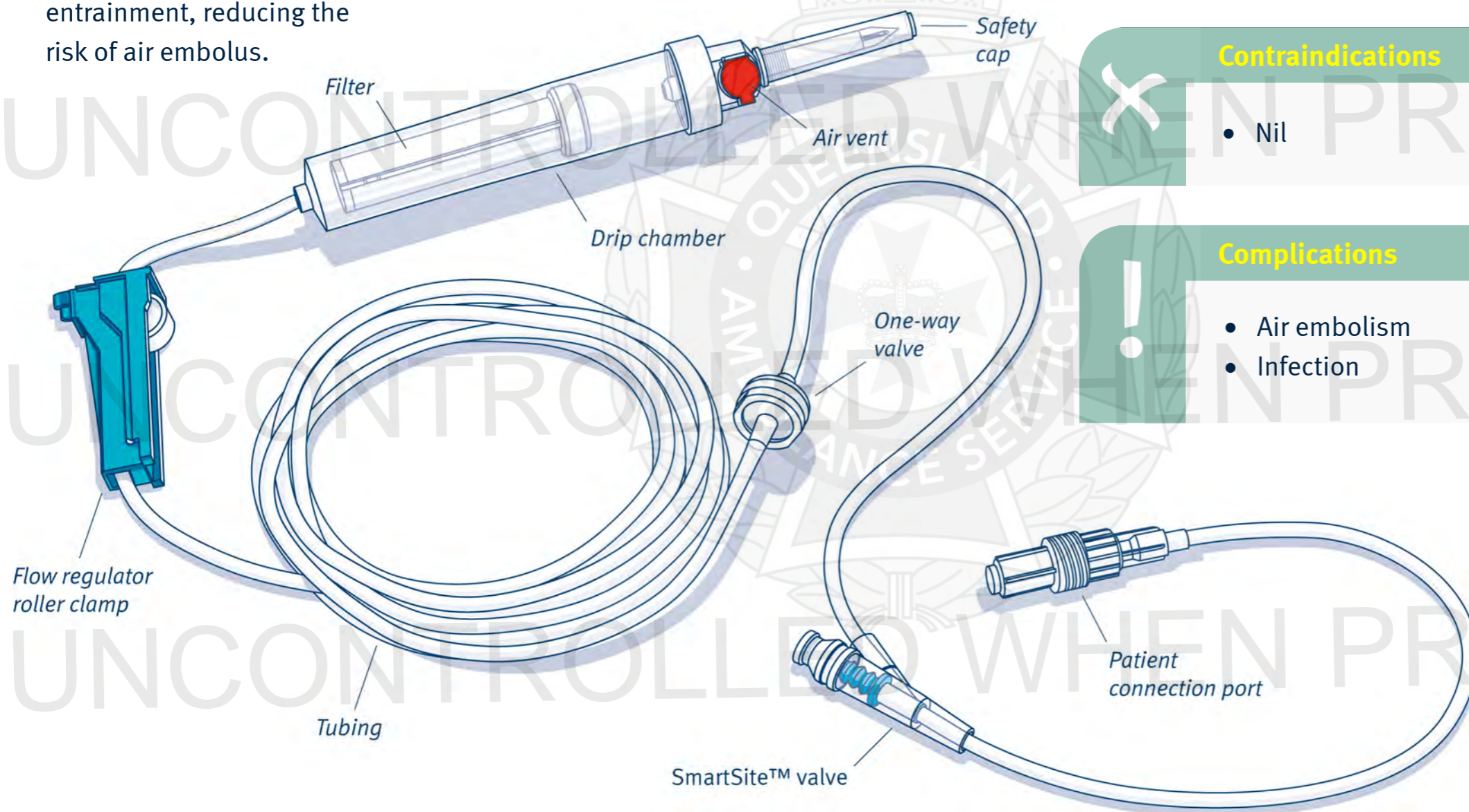
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Priming of an Alaris™ (gravity flow) giving set

January, 2020

Intravenous (IV) therapy is the administration of fluid and electrolytes directly into the patient's circulatory system through a vein, facilitated by the use of infusion devices.

Infusion devices are used extensively in paramedic practice. Meticulous attention and the adoption of a routine procedure in regards to the priming of an IV device will minimise the likelihood of air entrapment, reducing the risk of air embolus.



Indications

- To prepare an Alaris™^[1] giving set prior to the administration of fluids through an appropriately placed cannula.

Contraindications

- Nil

Complications

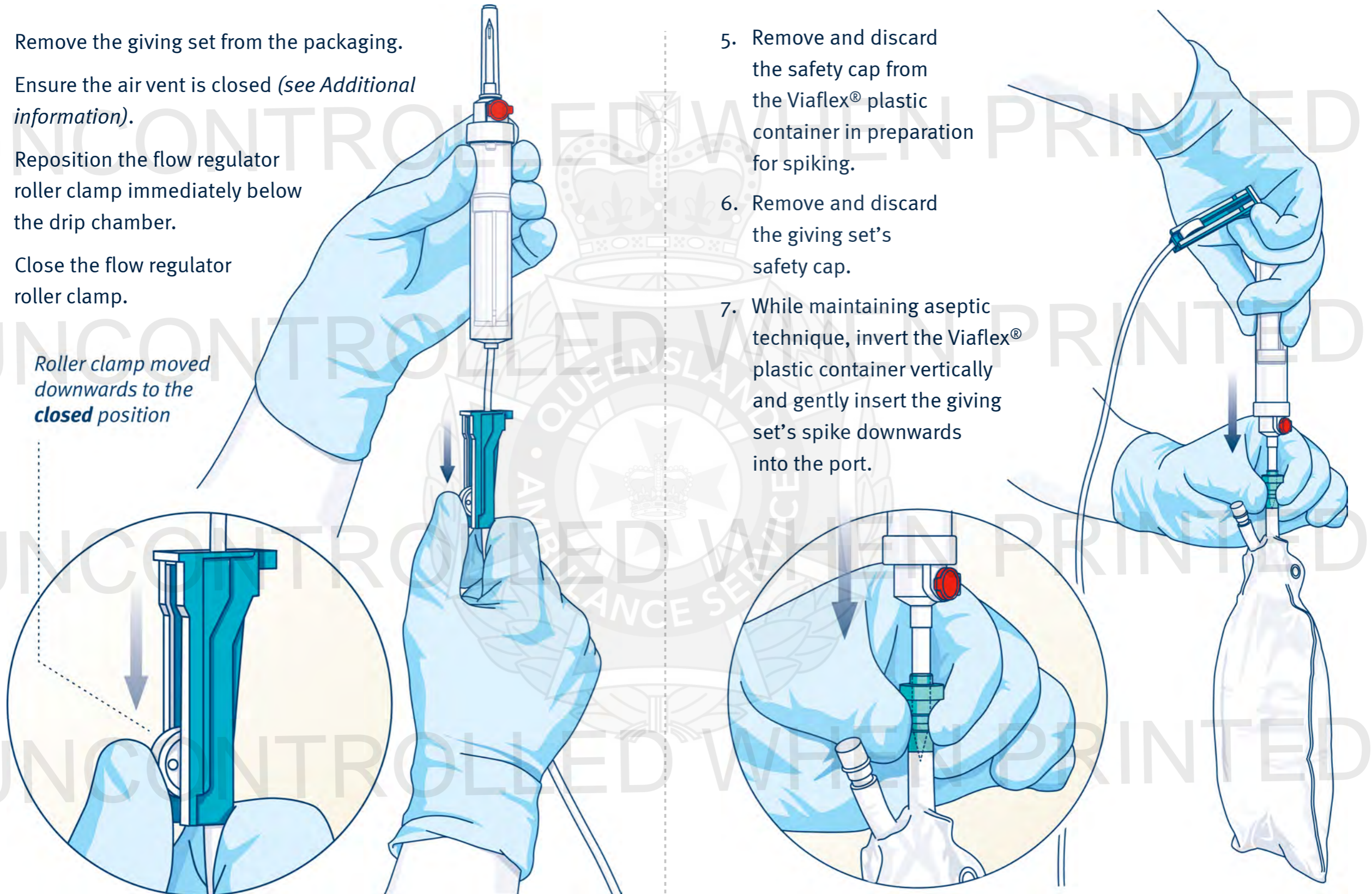
- Air embolism
- Infection

Procedure – Priming of an Alaris™ (gravity flow) giving set

1. Remove the giving set from the packaging.
2. Ensure the air vent is closed (*see Additional information*).
3. Reposition the flow regulator roller clamp immediately below the drip chamber.
4. Close the flow regulator roller clamp.

Roller clamp moved downwards to the **closed** position

5. Remove and discard the safety cap from the Viaflex® plastic container in preparation for spiking.
6. Remove and discard the giving set's safety cap.
7. While maintaining aseptic technique, invert the Viaflex® plastic container vertically and gently insert the giving set's spike downwards into the port.

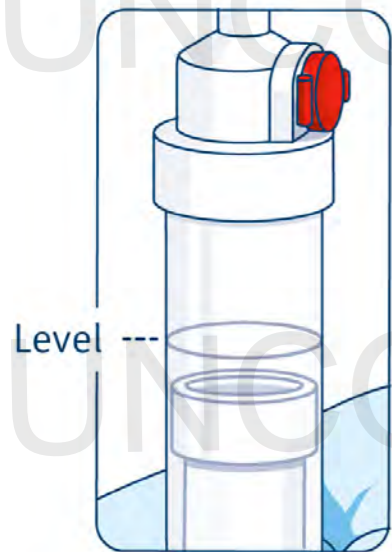


Procedure – Priming of an Alaris™ (gravity flow) giving set

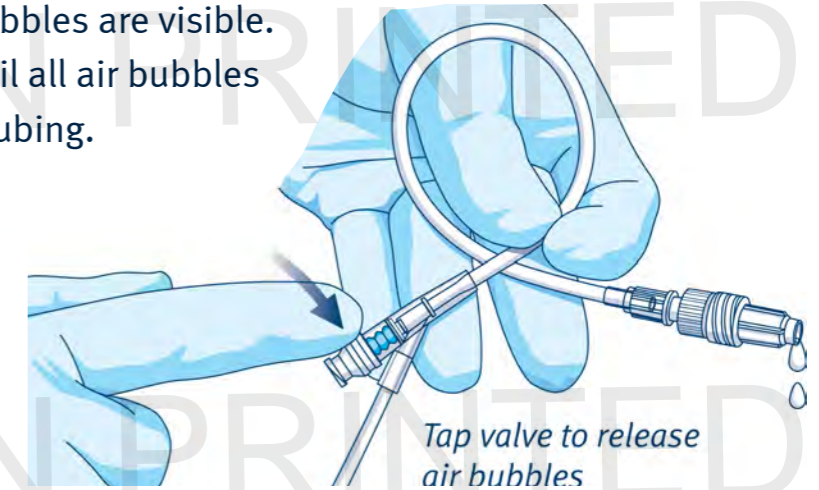
8. Hang or hold the Viaflex® plastic container in an upright position.



9. Gently squeeze and release the drip chamber until it is filled to a level that completely covers the filter.



10. Open the roller clamp and slowly prime the tubing until fluid drips from the patient connection port. Priming slowly helps minimise turbulence that can cause air bubbles to form.
11. Inspect the SmartSite™ valve to ensure no air bubbles are visible. If air bubbles are visible, briskly tap the valve until all air bubbles are dislodged and have been released from the tubing.
12. Close the roller clamp.
13. Remove the giving set's patient connection port cap and connect it to the patient's cannula or primed Alaris™ 2-way extension set.
14. Administer fluids as required.



+ Additional information

- When administering fluids from a non-collapsible container (e.g. sodium bicarbonate or hydroxocobalamin) the air vent may be opened **AFTER** priming the drip chamber to assist with flow. If additional non-collapsible containers are required for administration, the air vent must be closed during the spiking process.
- Prior to spiking additional fluid containers, officers must ensure that the flow regulator clamp is closed and the filter within the drip chamber is covered completely by fluid.
- **Unused/new bags of fluid are only to be primed. Under NO circumstances are partially full compressible fluid containers (e.g. sodium chloride 0.9%) to be 're-spiked'.**
- The only role for pressure bags is with invasive pressure monitoring lines (e.g. arterial and central venous pressure monitoring) for cases involving a retrieval doctor.
- If increased flow is required, officers may **GENTLY** squeeze the fluid container while simultaneously ensuring that the filter within the drip chamber is covered completely by fluid.