Recommendations for Response to Disruptions in Availability of IV and Irrigation Solutions

CDC Recommendations for Healthcare Providers, Pharmacists, and Healthcare Facility Administrators	AORN Explications
Ensure multidisciplinary team involvement to determine and develop conservation and stewardship strategies using IV solutions in specific patient populations.	
Include providers from various expertise (including key outpatient settings such as emergency departments, hematology/oncology, ambulatory surgery centers, wound care centers, infusion centers, home healthcare, etc.), pharmacists, nurses, infection control, informatics, patient safety, supply chain leadership, and emergency preparedness.	Ensure that professionals from the perioperative and procedural setting are integrated into the interdisciplinary team including: • Perioperative RNs • Perianesthesia RNs • Anesthesia professionals • Surgeons • Endoscopists • Cardiologists • Interventional Radiologists • Sterile processing professionals • Others identified by leaders in the perioperative and procedural setting (e.g., perioperative CNS, perioperative IP, educators)
Provide education and training to healthcare providers regarding any changes in protocols.	When imported products are used, also provide clinicians who will be using the imported products with the information posted on the FDA website.
Assess inventory, supply, and conserve available IV, dialysis, and irrigation solutions	
Determine the type of IV solutions your pharmacy or facility uses, including expiration dates, and whether this supply disruption will impact your facility.	Determine the types of IV *and irrigation solution* that is used in all areas of the perioperative and procedural setting and could be impacted by the shortage including: • OR • Endoscopy • Interventional Radiology • Cardiac Catheterization Laboratories • Sterile processing

Monitor current and future supplies of IV solutions at your facility.	Set alert levels and structure to communicate critical low supply of any affected products through the organization's interdisciplinary team.
Report any potential shortages or interruptions to the Food and Drug Administration (FDA) at drugshortages@fda.hhs.gov	Also report all adverse patient events related to solution supply shortages to FDA.
Implement a facility-specific action plan to optimize the use of IV solutions using evidence-based fluid management protocols.	
Evaluate all protocols, including the clinical need to continue IV fluid replacement at every shift change, bag change, and during the transition of care unless clinically necessary.	When using fluid substitutions, use point of use communication strategies that define the organization's current status and acceptable practices (e.g., posting updates on the fluid shortage and implementation of the facility-specific action plan at locations where IV and irrigation fluids are stored).
Ensure that advisory committees with appropriate authorities are established to determine complex issues in supply disruptions and allocation of limited resources and patient triage as needed.	Ensure that representatives with the knowledge and authority to speak on behalf of the perioperative and procedural settings are included in the advisory committee. Remember that using alternative solutions in one area could lead to shortages or other unintended consequences in other areas.
Use oral formulations when IV options are not available and when appropriate and safe.	Monitor patients for adverse events (e.g., increased incidence of postoperative nausea and vomiting) and adjust practice to minimize deleterious effects. Do not administer solutions labeled as 'for oral use' or 'for irrigation' via an intravenous or injection route.
Identify safe and effective alternative IV options (e.g., working with a nearby facility or licensed manufacturer who is not affected by the supply disruption).	Verify that any alternative solutions are FDA-authorized for use by checking the importation information on the FDA website. Do not use unsterile irrigation fluids on the sterile field. Do not use solutions labeled as "for irrigation" s for injection purposes. Remain adherent to safe injection practices to prevent transmission of infections to patients including: • Using fluid infusion and administration sets (i.e., intravenous bags, tubing and

	connectors) for one patient only and dispose appropriately after use. • Not using bags or bottles of intravenous solution as a common source of supply for multiple patients. Instruments that are no longer in use (i.e., off the sterile field) may be flushed and kept moist with Utility Water.
Review standing orders, including drug records and order sets.	Review procedural preference lists and evaluate opportunities to conserve fluids when clinically safe and appropriate.
See FDA's Temporary Policies for Compounding Certain Parenteral Drug Products, for compounders to help fill the gaps from the impact of Hurricane Helene on Baxter International's North Cove facility.	Ambulatory Surgery Centers might benefit from some of these temporary policies when sourcing compounded solutions from outside their normal supply chain.
Communicate changes in current practice, disruption, new shortages, and action plan adjustments to hospital leadership and frontline staff.	
Communicate with patients to assess supplies and provide a mechanism to notify their providers of insufficient supplies.	If the fluid shortage has the likelihood of influencing the patient's experience, any possible effects should be discussed during the informed consent process.