

## **Administration Set Change Chart**

Regardless of infusate, change set immediately if contamination is suspected or product integrity is compromised. A sterile covering device should be used to cover the distal end of an administration set after intermittent use.

| Administration Type  | Administration Set                          | Set Change Frequency  |
|--|---|---|
| Primary and Secondary Continuous Infusions (Infusions NOT containing blood, blood products or intravenous fat emulsions) | Primary Set<br>Secondary "piggyback"<br>set | If infusate is administered continuously via primary or secondary administration set, including add-on devices, change set(s) no more frequently than at 96 hour intervals, but at least every 7 days. <sup>1</sup> Primary and secondary continuous administration sets should be changed no more frequently than every 96 hours. <sup>2</sup> |
| Primary Intermittent Infusions (Infusions NOT containing blood, blood products or Intravenous fat emulsions)             | Primary Set                                 | No frequency recommendation. Unresolved issue. <sup>1</sup> Replace set every 24 hours. <sup>2</sup>  |
| Intravenous Fat Emulsion (IVFE) Use DEHP free tubing   | Primary Set Secondary "piggyback" set       | Within 24 hours of initiating the infusion. <sup>1</sup> If infused separately, replace every 12 hours and/or with the with each new container. <sup>2</sup>  |
| TPN containing IVFE<br>(3 in 1 formula)<br>Use DEHP free tubing  | Primary Set                                 | Replace every 24 hours and/or with the with each new container. <sup>2</sup>  |
| TPN (without IVFE)   | Primary Set                                 | No recommendation <sup>1</sup> Replace at least every 24 hours and with each new TPN/PN container. <sup>2</sup>   |
| Blood / Blood Products   | Primary Set<br>Filter                       | Replace within 24 hours of initiating the infusion. <sup>1</sup> Replace administration set and filter after the completion of each unit or every 4 hours. <sup>2</sup>   |
| Propofol   | Primary Set                                 | Replace every 6 or 12 hours, when the vial is changed, per<br>the manufacturer's recommendation. <sup>1</sup> Replace every 6-12 hours per manufacturer instructions or<br>when the container is changed <sup>2</sup>   |

<sup>&</sup>lt;sup>1</sup> Recommendations from the Centers for Disease Control and Prevention (HICPAC)

To learn more about our nursing Infusion education, visit <a href="http://pedagogyeducation.com/infusion">http://pedagogyeducation.com/infusion</a>

<sup>&</sup>lt;sup>2</sup> Recommendations from the Infusion Nurse Society's 2016 <u>Infusion Therapy Standards of Practice</u>