



Conservation Tip Sheet

-Strategies, Mitigation, Implementation, and Liability Resources-

The Northwest Healthcare Response Network (NWHRN), working with a focus group of response partners, have compiled conservation considerations, strategy and mitigation tips that can be used in tandem with facility internal plans and resources. This document is designed to support partners in their efforts and response framework, ultimately increasing planning, preparedness, and coordination amongst partners during conservation situations.

Definition

The United States is experiencing a severe national shortage of IV solution. IV solution is used in many ways in hospitals and health care settings, including to treat dehydration, to deliver medications, to stabilize blood pressure, to help with blood transfusions, and during many surgeries. Because of this shortage all healthcare is strongly encouraged to implement conservation strategies.

Mitigation Strategies

The following resources provide potential actions and mitigation strategies that have been suggested by healthcare partners. Additional strategies to consider along with these documents are listed below.

- [ASPR Summary IV Flu Shortage Strategies](#)
- [NWHRN Hemodynamic and Renal Therapy SRCs](#)
- [ASHP and University of Utah IV Fluid Conservation Management](#)
- [RN Caregiver IVPB Practice Alert](#)

Additional Strategies to Consider

- IV tubing considerations:
 - Run antibiotics on primary tubing to eliminate additional tubing and saline.
 - Utilize shorter IV tubing to cut down on use of saline.



- For blood products, do not prime blood tubing with saline, it is primed with blood
- Rapid infusers- only prime if needed on rapid infusers which will save fluid that would normally have to be discarded after 24 hours.
- Track usage and any stock received in each department every day with a live datasheet that is Teams accessible.
- Pharmacy considerations:
 - Consider compounding 1/2 normal NS with 3% NS to make 0.9% NS to possibly extend supply.
 - Facilities with onsite pharmacy, pull bags from nursing units back to the pharmacy.
 - Live shared data sheets to track inventory.
 - Update Pyxis (or medication platform used) to generate an alert regarding conservation measures.
- Surgical considerations:
 - For outpatients, change NPO status for clear liquids to a few hours prior to surgery.
 - For inpatients, consider extending the NPO option as well, but be cautious of the more acute patients as they may be at high risk for dehydration/renal insufficiency.

Communications Strategies to Consider

- Request and/or participate in situational awareness calls across all levels of care, with regional partners, and coalition.
- Push the communications through rounding with frontline caregivers.
- Utilize internal meetings such as daily huddles to provide information and frequent updates.
- Ensure complete documentation regarding procedural changes and the reasons for procedural changes. Include references used to support changes such as institutional memos, checklists, regional or national resources recommendations.
- Save media or news clips that capture current situation.
- Use SharePoint sites for newsletters, email blasts, daily huddle notes, critical topics for conversation and alerts, and home page so that frontline care providers can easily find communications and resources.
- Create space for front line staff to provide feedback on recommendations.
- Incident Command ensures strategies are shared with managers across all departments.



- Utilize Epic and Pixis (or other pharmaceutical or electronic platforms utilized) to auto generate provider alerts with messages and flags to change orders as appropriate. Examples: messaging on logging into Epic that gives status, update order sets to prompt reconsideration and add oral hydration to all IV fluid sets.
- Daily (or more frequently as appropriate) IC calls and charge nurse huddles that update managers on all unit's status updates and any changes in mitigation strategies.
- Provide patient communications, alerts on facility websites, and information through external platforms to share service impacts, provide written informed consent to modification as appropriate. See below attached consideration in messaging.

Liability Recommendations

- [WSHA Standard of Care Considerations](#)

NWHRN Support

Support from NWHRN

- 24/7 Duty Officer line - **Duty Officer at 425-988-2897**
- Response support: [coordination, contacts, patient tracking, resource requesting, information sharing, facilitating conversations across healthcare for situational awareness or decision making, bringing forward policy concerns].
- Support coordination with LHJ, EM, WMCC, and other healthcare systems.
- Support situational awareness discussions and executive level conversations to common operating picture/agreements on level loading.
- Convene regular meetings to connect partners.
- Support resource requesting, in partnership with local response or as specified in plans (supplies and staff).

Additional Resources

- [NWHRN Resource Request Flow Chart](#)