



ANZCA
FPM

23 June 2026

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Australian Commission on Safety and Quality in Health Care
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Dear Professor Hullick,

ACSQHC draft guidance to support the safe, appropriate and sustainable use of intravenous fluids

ANZCA welcomes the opportunity to provide feedback on the draft guidance documents:

- *Intravenous fluid therapy: Principles for safe and appropriate use*
- *Safe administration of intravenous fluids: Avoiding venous air embolism.*

We understand the genesis for the development of this guidance was because, in 2025, during the global shortage of intravenous (IV) fluids, bags sourced from alternative, TGA approved, providers were discovered to contain unusually large and potentially hazardous volumes of air (60ml vs 5ml). And that this gave rise to concerns other new IV products may also harbour unforeseen, potentially catastrophic, hazards for patients.

ANZCA is of the view the draft guidance documents contain concise and pertinent general information to help support safe, appropriate and sustainable use of IV fluids. The documents will enhance safety and quality of patient care as they have national application to all health care practitioners whose scope of practice includes management of IV fluids. Additionally, the relevance of the guidance will extend beyond acute care settings to certain out-of-hospital ones, e.g. 'scene of accidents' and 'hospital in the home' type situations.

Our recommendations for the documents are outlined on the following page.

ANZCA would welcome being invited to consider endorsing the final versions.

Sincerely,

Dr Brien Hennessy
Chair, Safety and Quality Committee

ANZCA feedback

Intravenous fluid therapy – Principles for safe and appropriate use		
Subheading	Comment	Page
Table 2: Commonly available IV fluids	<p>Colloids Albumin is 5%, not 4% anymore. See: https://www.lifeblood.com.au/health-professionals/products/fractionated-plasma-products/albumin</p>	p.9

Safe Administration of intravenous fluids: Avoiding venous air embolism		
Subheading	Recommendations	Page
What you need to know	<p>Consider including the following fact:</p> <ul style="list-style-type: none"> • “The rate of air entry into an IV line can be faster than anticipated – a lethal dose can be administered in seconds. In adults, the lethal dose of air is 300–500 ml.” 	p.1
Prioritise prevention	<p>Consider including the following point:</p> <ul style="list-style-type: none"> • Closed loop communication and effective teamwork must be a priority when multiple personnel are involved in the process of priming and connecting the line and administering the fluid – especially in emergency situations. Poor teamwork and communication is a known risk factor for increased IV air administration. 	p.2
Follow proper procedures	<p>Consider including the following points:</p> <ul style="list-style-type: none"> • To avoid IV fluid wastage when drugs are administered while an existing infusion is running, a side line (i.e. extension set) can be used to administer the required medications. • Special precautions should be taken with rigid bags/bottles – e.g. albumen, paracetamol – as the line may be open to air and permit a continuous intravenous air infusion. • Ensure IV bags/flasks are always vertical to avoid displacing air from the bag into the line. This requires that IV poles are available in all care areas and for intra and inter hospital patient transport. 	p.2