

A world map composed of small grey dots, centered on the Atlantic Ocean, serves as the background for the slide. A solid green horizontal band runs across the middle of the image, containing the text 'play true' in white lowercase letters.

play true

TUE guidelines on IV infusions and injections

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Intravenous Infusions

1. Introduction

Intravenous (IV) infusions have been included on the WADA List of Prohibited Substances and Methods under section M2. Prohibited Methods, Chemical and Physical Manipulation since 2005. They are prohibited both in- and out-of-competition.

The current wording in the 2015 Prohibited List states that *Intravenous infusions and/or injections of more than 50 mL per 6 hour period are prohibited except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations (1)*.

The wording on the Prohibited List for intravenous infusions is unique in that the method is not prohibited under the three exceptions as stated above. However, even if there may be no requirement for the TUE for the intravenous infusion, for any prohibited substance (both in- and out-of-competition) that is infused, then a TUE must always be requested for that prohibited substance. ..

IV infusions are included on the Prohibited List given the intent of some athletes to manipulate their plasma volume levels in order to mask the use of a prohibited substance and/or to distort the values in the Athlete Biological Passport. In events governed by weight categories, athletes may be encouraged to undertake significant, accelerated weight loss to qualify for a competition and then use IV infusion to rapidly rehydrate. This practice invokes issues of athlete health and safety.



Intravenous (IV) infusions and WADA Prohibited List

Intravenous (IV) infusions have been included on the WADA List of Prohibited Substances and Methods since 2005 and are prohibited both in- and out-of-competition.

“Intravenous infusions and/or injections of more than 50 mL per 6 hour period are prohibited.”



Method and Substance 2 x 2 table

Method Substance	Prohibited Prohibited	Method Substance	Permitted Prohibited
Method Substance	Prohibited Permitted	Method Substance	Permitted Permitted

Method and Substance 2 x 2 table with examples

M Proh: IV infusion of >50ml/6h S Proh: Dextran	M Perm: Infusion of < 50ml/6h S Proh: Insulin
M Proh: IV infusion of >50ml/6h S Perm: Glucose/saline	M Perm: Infusion of < 50ml/6h S Perm : Liquid iron supplement

TUE requirement

M Proh: IV infusion of >50ml/6h S Proh: Dextran Need TUE	M Perm: Infusion of < 50ml/6h S Proh: Insulin Need TUE
M Proh: IV infusion of >50ml/6h S Perm: Glucose/saline Need TUE	M perm: Infusion of < 50ml/6h S Perm : Liquid iron supplement No TUE

Circumstances that may change the need for a TUE

“Intravenous infusions and/or injections of more than 50 mL per 6 hour period are prohibited except for those legitimately received in the course of hospital admissions, surgical procedures or clinical investigations.”

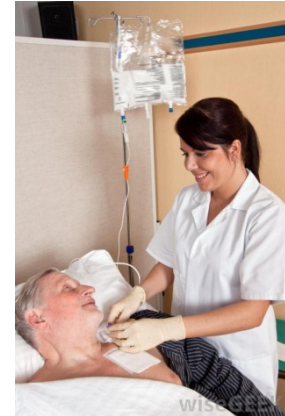
Hospital admission



Surgical procedures



Clinical investigations



During hospital admission, surgical procedure or clinical investigation:

M Proh: IV infusion of >50ml/6h S Proh: Dextran Need TUE	M Perm: Infusion of < 50ml/6h S Proh: Insulin Need TUE
M Proh: IV infusion of >50ml/6h S Perm: Glucose/saline No TUE	M perm: Infusion of < 50ml/6h S Perm : Liquid iron supplement No TUE

Medical best practice recommendations

When an IV infusion of more than 50 ml/6h is given without hospital admission, no surgical procedure or clinical investigation the following criteria should be fulfilled:

1. A clear, well-justified diagnosis.
2. Evidence that no permitted alternative treatment exists.
3. Evidence that the treatment has been ordered by a physician and administered by qualified medical personnel in an appropriate medical setting.
4. Adequate medical records of the treatment.



Guideline for the NADO TUEC

At all times the health and well-being of the patient must remain the priority during medical investigations and treatments.

In Emergencies: Always a place for a retroactive TUE

TUECs should apply sound clinical judgment to their interpretation of the International Standard, but mindful of the inappropriate use of IV infusion in non-emergency situations where scientifically documented alternatives exist.



Summing up

1. Method and substance matrix
2. TUE requirements for IV's
3. Circumstances that changes need for TUE
4. Best practice recommendations for TUE's

Questions on the WADA guidelines for IV's ?



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QUESTIONS or COMMENTS ?