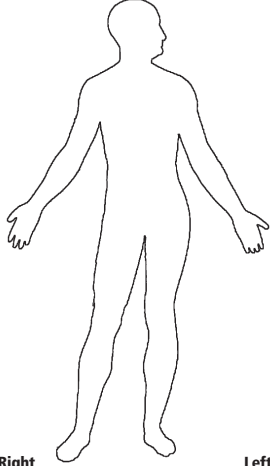


# Peripheral IV/SC Care Bundle

**Name:** \_\_\_\_\_  
**Consultant:** \_\_\_\_\_  
**Ward:** \_\_\_\_\_

*Patient sticker*

**Please circle insertion site**



**IV/SC Cannula Insertion Record**

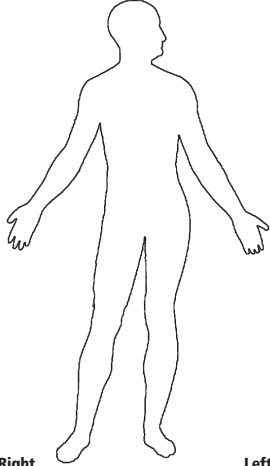
Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Size \_\_\_\_\_  
 Lot Number \_\_\_\_\_  
 Number of attempts \_\_\_\_\_  
 Reason for insertion \_\_\_\_\_  
 Inserted by (print) \_\_\_\_\_

**IV/SC Cannula Removal Record**

Date removed \_\_\_\_\_  
 Number of days in situ \_\_\_\_\_  
 VIP score upon removal \_\_\_\_\_  
 VIP score 24 hours post removal (if appropriate) \_\_\_\_\_  
 Reason for removal \_\_\_\_\_  
 Removed by (print) \_\_\_\_\_

**Right** **Left**

**Please circle insertion site**



**IV/SC Cannula Insertion Record**

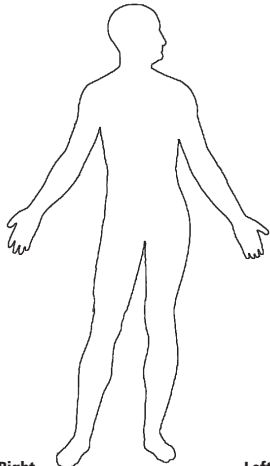
Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Size \_\_\_\_\_  
 Lot Number \_\_\_\_\_  
 Number of attempts \_\_\_\_\_  
 Reason for insertion \_\_\_\_\_  
 Inserted by (print) \_\_\_\_\_

**IV/SC Cannula Removal Record**

Date removed \_\_\_\_\_  
 Number of days in situ \_\_\_\_\_  
 VIP score upon removal \_\_\_\_\_  
 VIP score 24 hours post removal (if appropriate) \_\_\_\_\_  
 Reason for removal \_\_\_\_\_  
 Removed by (print) \_\_\_\_\_

**Right** **Left**

**Please circle insertion site**



**IV/SC Cannula Insertion Record**

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Size \_\_\_\_\_  
 Lot Number \_\_\_\_\_  
 Number of attempts \_\_\_\_\_  
 Reason for insertion \_\_\_\_\_  
 Inserted by (print) \_\_\_\_\_

**IV/SC Cannula Removal Record**

Date removed \_\_\_\_\_  
 Number of days in situ \_\_\_\_\_  
 VIP score upon removal \_\_\_\_\_  
 VIP score 24 hours post removal (if appropriate) \_\_\_\_\_  
 Reason for removal \_\_\_\_\_  
 Removed by (print) \_\_\_\_\_

**Right** **Left**

	Date: _____			Date: _____			Date: _____		
	AM	PM	Night	AM	PM	Night	AM	PM	Night
In use									
Dressing									
Needlefree									
VIP									
Signature									
	Date: _____			Date: _____			Date: _____		
	AM	PM	Night	AM	PM	Night	AM	PM	Night
In use									
Dressing									
Needlefree									
VIP									
Signature									
	Date: _____			Date: _____			Date: _____		
	AM	PM	Night	AM	PM	Night	AM	PM	Night
In use									
Dressing									
Needlefree									
VIP									
Signature									
	Date: _____			Date: _____			Date: _____		
	AM	PM	Night	AM	PM	Night	AM	PM	Night
In use									
Dressing									
Needlefree									
VIP									
Signature									

**Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Ensure these essential elements are completed during cannula insertion

### Hand hygiene

Do not touch the vascular access device or associated equipment unless you are compliant with hand hygiene precautions.

### Personal protection

Gloves and aprons are required when completing any interaction that requires touching or manipulation of the vascular access device or associated equipment.

### Asepsis - non touch

During insertion or any subsequent interaction, ensure key parts are protected from inadvertent touch contamination.

### Procedure tray

Preparation of a procedure tray must be completed and key parts are protected from touch contamination.

### Skin preparation

Clean the skin with 2% chlorhexidine gluconate in 70% isopropyl alcohol for thirty seconds and allow to dry.

### Sharps safety

Following removal of the sharp from the patient, it must be discarded immediately into a sharps container. Sharps must not be used to administer via a needlefree device.

### Dressing intact

Ensure that the dressing is applied. Include strips to assist with stabilisation of the wings. Apply a date strip to indicate date of insertion.

### Flushing

Flush the cannula with sodium chloride 0.9% for intravenous use. Use a short extension and needlefree device to assist with prevention of premature cannula failure.

### Documentation and care planning

Documentation and care planning is an essential element to prevent premature cannula failure. This document will centralise all cannula care records.

## Ensure these essential elements are completed during cannula care

### Hand hygiene

Do not touch the vascular access device or associated equipment unless you are compliant with hand hygiene precautions.

### Sharps safety

Following removal of the sharp from the patient, it must be discarded immediately into a sharps container. Sharps must not be used to administer via a needlefree device.

### Asepsis - non touch

During insertion or any subsequent interaction, ensure key parts are protected from inadvertent touch contamination.

### Dressing intact

Ensure that the dressing is intact. Replace if seven days, loose or contaminated.

### Disconnection

Routine disconnection of administration sets other than to discard the set is not allowed.

### VIP score

Visually check the condition of the cannula site with the VIP score and document the results every shift.

### Cannula required

Peripheral vascular catheters should be re-sited when clinically indicated and not routinely, unless device-specific recommendations from the manufacturer indicate otherwise (EPIC3 recommendation).

### Cannula Access

Ensure key parts are protected on the procedure tray. Scrub the hub with 2% chlorhexidine gluconate in 70% isopropyl alcohol for fifteen seconds and allow to dry.

### Personal protection

Gloves and aprons are required when completing any interaction that requires touching or manipulation of the vascular access device or associated equipment.

### Occlusion prevention

Do not disconnect administration sets unless they are being removed. Do not allow empty IV bags to stand empty.

### Dislodgement prevention

Ensure the fixation straps are in use to assist with cannula securement. The use of a short extension and needlefree device will prevent the cannula from becoming loose.

### Administration sets

Administration sets must be labelled with the date they are due to be changed. This is 72 hours for fluid sets. Every 24 hours for TPN and 12 hourly for blood.

### Procedure tray

Preparation of a procedure tray must be completed and key parts are protected from touch contamination.

## Checklist Summary

### In Use

- Check if in use every shift
- Remove when no longer req'd

### Dressing

- Check intact
- Change every 7 days

### Needfree

- Check in working order
- Change every 7 days

### VIP Score

- Check every shift
- Replace at VIP score 2

## Visual Infusion Phlebitis Score

IV site appears healthy	0	No signs of phlebitis <b>OBSERVE CANNULA</b>
One of the following is evident: ✓ Slight pain near IV site or ✓ Slight redness near IV site	1	Possibly first signs of phlebitis <b>OBSERVE CANNULA</b>
Two of the following are evident: ✓ Pain at IV site ✓ Erythema ✓ Swelling	2	Early stage of phlebitis <b>RESITE CANNULA</b>
All of the following signs are evident: ✓ Pain along path of cannula ✓ Erythema ✓ Induration	3	Medium stage of phlebitis <b>RESITE CANNULA CONSIDER TREATMENT</b>
All of the following signs are evident and extensive: ✓ Pain along path of cannula ✓ Erythema ✓ Induration ✓ Palpable venous cord	4	Advanced stage of phlebitis or the start of thrombophlebitis <b>RESITE CANNULA INITIATE TREATMENT</b>
All of the following signs are evident and extensive: ✓ Pain along path of cannula ✓ Erythema ✓ Induration ✓ Palpable venous cord ✓ Pyrexia	5	Advanced stage of thrombophlebitis <b>RESITE CANNULA INITIATE TREATMENT</b>

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On completion please file in nursing records, spine 3