

Appendix 2



Peripheral Vascular Access Device Care Bundle – Cannula or Midline*

Please use one sheet per device

*A local safety standards for invasive procedures (LocSIP) form must be completed when a midline is inserted

Name:
Hospital number:
Ward:

<p>Please mark successful cannulation with an X and failed cannulations with an F</p>	IV Cannula Insertion Record or manufacturers label
	Date Time Size and Lot Number Number of attempts Reason for insertion Signature Inserted by (print)
	IV Cannula Removal Record
	Date removed Number of days in situ VIP score upon removal Reason for removal Signature Removed by (print)

Care Bundle Elements during ongoing care		
Cannula Replacement All cannulae must be inspected twice daily and removed if any signs of phlebitis or other complications. All cannulae must be removed as soon as they are no longer required. If the cannula is likely to be needed for more than 72hrs consider early referral to vascular access team for longer term access. Only in exceptional circumstances should a cannula remain in situ for more than 5 days and these circumstances must be clearly documented in medical and nursing notes		
Hand Hygiene Hands are cleaned before every contact with the device	Continuing Clinical Indication (Required) Need for IV access must be assessed and recorded twice daily and the device removed if no longer clinically indicated	Appropriate Device Is this the most suitable device for the patient e.g. if the patient has had multiple cannulae or requires IV access for more than 7 days refer to Vascular Access Team for midline
Signs of Infection The insertion site should be inspected and the VIP score documented at a minimum twice daily	Dressing Intact Ensure that the dressing is intact and does not obscure visual inspection of the insertion site	Administration Sets Administration sets must be labelled with the date they are due to be changed (72 hours fluid sets, 24 hours TPN, and 12 hourly for blood or according to manufacturer's guidance)
Disconnection Do not disconnect giving sets other than for disposal	Device Access Ensure key parts are protected when accessing the device. Scrub the hub with 2% chlorhexidine gluconate in 70% isopropyl alcohol for fifteen seconds and allow to dry	Documentation Document date and time of removal, identifying grade and name of operator legibly with signature

RAID assessment: Must be completed for all devices (cannula or midline) and a VIP score to evidence observation of insertionsite twice daily

	Date:		Date:		Date:		Date:		*Date:		Date:		Date:	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Required? Device used in last 12 hours (Y/N) if N remove														
Appropriate? Is this the best device for the patient? (How long is access required)														
Infected? Is there any evidence of swelling or redness along a midline?														
Dressing? Is the dressing transparent, semi-permeable and intact?														
VIP score? Record VIP score twice daily before accessing the device														
Identification of practitioner														

*If a peripheral cannula is required to remain in situ for more than 5 days refer to the Vascular Access Team (a midline can remain in situ for up to four weeks)

Continuing Midline Care Pathway

	Date:		Date:		Date:		Date:		Date:		Date:		Date:	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Required? Device used in last 12 hours (Y/N) if N remove														
Appropriate? Is this the best device for the patient? (How long is access required)														
Infected? Is there any evidence of swelling or redness along a midline?														
Dressing? Is the dressing transparent, semi-permeable and intact?														
VIP score? Record VIP score twice daily before accessing the device														
Identification of practitioner														



All saline flushes must be documented as administered on the prescription below

AS REQUIRED MEDICINES

MEDICINE	SODIUM CHLORIDE 0.9%		DATE			
DATE	DOSE	ROUTE	TIME			
	5-10ml	IV	DOSE			
INDICATION	Flush Cannula		MAX FREQUENCY			
			ROUTE			
SIGN	BLEEP No.	PHARM. SUPPLY	GIVEN			

MIDLINE

TRUST SIGNOFF

MIDLINE

TEACHING LABEL

Scan QR code for information

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