

PERIPHERAL VENOUS CATHETER (PVC) - Insertion & Maintenance Care Bundle

Please use in conjunction with Guideline

Full Name:
 Address: **Addressograph**

 HCR.....

Insertion Bundle - Complete on PVC insertion

Clinical Indication:	Diagnostics <input type="checkbox"/>	Resuscitation <input type="checkbox"/>	IV Medication <input type="checkbox"/>	IV Fluids <input type="checkbox"/>	Transfusion <input type="checkbox"/>
Location of insertion:	Insertion Date: / /		PVC inserted by: Dr/SN:		
Insertion site:	Size of the cannula:				
PVC removal date:	Reason for line removal:				
Goal: a) To ensure efficient and effective use of intravenous cannula b) To lessen discomfort associated with IV cannulation c) To prevent the potential complications associated with intravenous (IV) cannulation – i.e.: dislodgement / infection / extravasation					

Maintenance Bundle – Complete once per shift. 'All intravenous medication should be reviewed daily to assess if IV to PO switch can be made' 72hrs - review clinical reason and justify rationale for PVC to remain in place-Consider removal /replacement'. If venous access is for long term therapy, consider if insertion of a PICC or CVC would be more appropriate.

1	Date	Shifts (Day/Night)		Day		Night													
	Time	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
	Line Day (please insert V or X)																		
1	Assess the need for PVC on each shift (If on IV medication, assess if can be switched to oral medication?)																		
2	Hand Hygiene is performed (before and after all line maintenance/access procedure)																		
3	Appropriate Aseptic Technique (AT) level is used (when accessing if 'breaking' the line; and when accessing via a needle free device)																		
4.	PVC site inspection based on Modified V.I.P (Visual infusion Phlebitis) Score (see the VIP table below)																		
5.	Dressing replaced within 7 days or more often if required (sterile transparent semi-permeable dressing Tegaderm™(Advanced) change every 7 days)																		
6.	Disinfection solution is used to clean the insertion site during dressing changes																		
7.	Disinfect hubs before/after each access; change needle-free devices weekly or earlier if compromised.																		
Signed																			
NMBI																			

Modified V.I.P (Visual Infusion Phlebitis) Score

IV site appears healthy	0	No phlebitis: observe cannula
One of the following is evident : slight pain or redness near site	1	Possible first signs: Observe Cannula
Two or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis: Remove & resite cannula
All of the following are evident: Pain, redness, hardening of surrounding tissue	3	Phlebitis / Thrombophlebitis: Remove & Recite cannula seek further advice
As above including: palpable venous cord	4	
As above including : pyrexia	5	

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PVC CARE BUNDLE

Aim of Care Bundle

To reduce the incidence of peripheral intravenous cannula infection. "Device related infections are reduced or prevented by implementing structured set of process that have been proven to improve patient outcomes e.g. care bundles" (HIQA. Infection Control Standards 2008 (Stnd 8). New document available, published in 2023 <https://www.gov.ie/en/publication/a057e-infection-prevention-and-control-ipc/>

HAND HYGIENE / ASEPTIC TECHNIQUE (AT)

Decontaminate hands using '5 Moments of Hand Hygiene' (WHO). Use aseptic non-touch technique for all contact with key parts of the cannula i.e. before Peripheral Venous Catheter Insertion (PVC) and before cannula access or maintenance and after each action

SITE INSPECTION

Regular site inspection (hourly when continuous infusion in progress). More frequent site inspections when infusing vesicant solutions as per hospital guidelines

DOCUMENT TWICE DAILY ASSESSMENTS

Assess once per shift, using the VIP Score and document on the IV Record Sheet. If no clinical indications for cannula, then it should be removed. Flush 12 hourly with NACL 0.9% if not in use.

CANNULA ACCESS

Use 2% chlorhexidine in 70% alcohol swab to decontaminate the needle free device/hub for 15 seconds, allow to air dry which can take up to 40 seconds or until visibly dry before access

DRESSING

A sterile transparent occlusive semi permeable dressing (Tegaderm IV Advanced™) should be used to cover the cannula, ensuring the site is visible. If bandage is required for extra stabilisation, ensure that it is removed at regular intervals to assess skin integrity and not impede vascular circulation

Adapted from HSE PVC Insertion & Maintenance Care Bundle 2023 and CHI Crumlin, Tallaght & Temple Street CVC Care Bundle document

Date	Time	Comments	Signature	NMBI