Peripheral Cannulation Care Bundle

Date and time form commenced

Record insertion details and continuing care over page

All invasive devices are a risk of infection.
Continually review the need for any invasive device and remove if possible. Record type of invasive device, date inserted, by whom and plot corresponding number on body map

PATIENT DETAILS
NHS Number ......................................
Surname ...........................................
First Names ........................................
D.O.B. ...................................................

(Fix label here or complete)

Patient consent to hold Details on Invasive Device database (tick)

VISUAL INFUSION PHLEBITIS SCORE (VIP SCORE)

No sign of Phlebitis

OBSERVE CANNULA

Possibly first signs of Phlebitis

OBSERVE CANNULA

Early stage of phlebitis

RESITE CANNULA

Medium stage phlebitis

RESITE CANNULA

CONSIDER TREATMENT

Advanced stage of Phlebitis or the start of Thrombophlebitis

RESITE CANNULA

CONSIDER TREATMENT

Advanced stage Thrombophlebitis

INITIATE TREATMENT

RESITE CANNULA

Iv site appears healthy

ONE of the following is evident
Slight pain near IV site
Slight redness near IV site

TWO of the following are evident
Pain at IV site
Erythema
Swelling

ALL of the following signs are Evident:
Pain along path of cannula
Erythema, Induration

ALL of the following signs are Evident and extensive:
Pain along path of cannula
Erythema, Induration
Palpable venous cord.

ALL of the following signs are Evident and extensive:
Pain along path of cannula
Erythema, induration
Palpable venous cord
Pyrexia
### Insertion of peripheral cannula

<table>
<thead>
<tr>
<th>STAFF SIGNATURE</th>
<th>INSERTION DATE/TIME AND SIZE USED</th>
<th>REMOVAL DATE/TIME</th>
<th>FAILED ATTEMPT DATE/TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<tr>
<td>2</td>
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<td>8</td>
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</tbody>
</table>

Mark insertion with O on body map and include corresponding number.

Mark failed attempt X on body map and include corresponding number (new cannula for each attempt).

### Numbers correspond to the body map above

#### Aseptic insertion of peripheral cannula

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent obtained?</td>
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<tr>
<td>Hands decontaminated before and after procedure?</td>
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<td>Personal protective equipment worn throughout?</td>
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<td>Disposable Tourniquet Used?</td>
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<tr>
<td>Site Decontaminated using 2% Chlorhexidine Gluconate in 70% isopropyl alcohol e.g. Chloraprep and allowed to dry for 30 seconds?</td>
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<td>Sterile semi-permeable transparent dressing used?</td>
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<tr>
<td>Safe disposal of sharps at point of use?</td>
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<td>Needle free device used when available?</td>
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<tr>
<td>Cannula is flushed in line with local policy?</td>
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<tr>
<td>Ongoing care record on every visit</td>
<td>Date</td>
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<tr>
<td>Continuing clinical indication</td>
<td>Observations- clearly mark in Box</td>
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</tbody>
</table>

1. Is this cannula still indicated (Y) If not indicate cannula removed (R)

Preventing the spread of infection.

2. Decontaminate hands before and after each patient contact. Use correct hand hygiene procedure, and ensure personal protective equipment worn, ensure the safe disposal of sharps at point of use.

Site infection.

3. Observe site at every visit. Indicate Visual Infusion Phlebitis Score (VIP)

Dressing.

4. An intact, dry, adherent transparent dressing should be present. Replace if not dry or adhering.

Cannula access.

5. Use 2% Chlorhexidine gluconate in 70% isopropyl alcohol, and allow drying prior to accessing the cannula for administration of fluids or injections.

Replacement of administration sets.

6. Replace administration sets immediately after blood products or lipid feeds, all other sets should be replaced after 72 hours, use administration set labels.

Routine cannula replacement.

7. Replace peripheral cannula in a new site after 72 hrs or earlier if clinically indicated. If venous access limited, cannula can remain in place if there are no signs of infection and risk assessment undertaken.
## Screening and Management of MRSA

**Meticillin-resistant Staphylococcus Aureus = MRSA**

| Today's Date |  |
| Staff Initials |  |
| Date of last screening | Indicate if positive = P | Observations- clearly mark in Box |

### Indicate Consideration Given to:-

1. **MRSA Screening Document.**
2. **MRSA Guide for Primary Healthcare Teams.**
3. **Inter-Healthcare Infection Control Admission / Transfer Form.**

### Standard Decolonisation Treatment

2. **Octenisan Body Wash as per Decolonisation Policy**
   - Including hair wash
   - If nasal colonisation 2% Bactroban as per policy

### Hand Hygiene

3. **Decontaminate Hands before and after each patient contact**
   - Ensure correct hand hygiene procedure in line with 'five moments for hand hygiene'. (WHO 2009)

### Personal Protective Equipment (PPE)

4. **Always use disposable gloves and apron when handling body fluids and when caring for patients infected / colonised with MRSA.**