

# Peripheral Cannulation Care Bundle

**Date and time form commenced**  
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Record insertion details and continuing care over page

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**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)

<b>Patient consent to hold Details on Invasive Device database (tick)</b>	
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## VISUAL INFUSION PHLEBITIS SCORE (VIP SCORE)

<u>Iv site appears healthy</u>		No sign of Phlebitis <b>OBSERVE CANNULA</b>
<u>ONE of the following is evident</u> Slight pain near IV site Slight redness near IV site	1	Possibly first signs of Phlebitis <b>OBSERVE CANNULA</b>
<u>TWO of the following are evident</u> Pain at IV site Erythema Swelling	2	Early stage of phlebitis <b>RESITE CANNULA</b>
<u>ALL of the following signs are Evident:</u> Pain along path of cannula Erythema, Induration	3	Medium stage phlebitis <b>RESITE CANNULA</b> <b>CONSIDER TREATMENT</b>
<u>ALL of the following signs are Evident and extensive:</u> Pain along path of cannula Erythema, Induration Palpable venous cord.	4	Advanced stage of Phlebitis or the start of Thrombophlebitis <b>RESITE CANNULA</b> <b>CONSIDER TREATMENT</b>
<u>ALL of the following signs are Evident and extensive:</u> Pain along path of cannula Erythema, induration Palpable venous cord Pyrexia	5	Advanced stage Thrombophlebitis <b>INITIATE TREATMENT</b> <b>RESITE CANNULA</b>

SAMPLE - DO NOT USE

INFECTION PREVENTION & CONTROL



# INFECTION PREVENTION & CONTROL

Ongoing Care. (Adapted from Peripheral Intravenous Cannula Care Bundle. Doh2010)

Ongoing care record on every visit.	Date
<b>Continuing clinical indication</b>	
1 e Is this cannula still indicated (Y) → <b>If not indicate cannula removed (R)</b>	Observations- clearly mark in Box
<b>Preventing the spread of infection.</b>	
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.	
<b>Site infection.</b>	
3 Observe site at every visit. <b>Indicate Visual Infusion Phlebitis Score(VIP)</b>	
<b>Dressing.</b>	
4 An intact, dry, adherent transparent dressing should be present. Replace if not dry or adhering.	
<b>Cannula access.</b>	
5 Use 2% Chlorhexidine gluconate in 70% isopropyl alcohol, and allow drying prior to accessing the cannula for administration of fluids or injections.	
<b>Replacement of administration sets.</b>	
6 Replace administration sets immediately after blood products or lipid feeds, all other sets should be replaced after 72hours, use administration set labels.	
<b>Routine cannula replacement.</b>	
7 Replace peripheral cannula in a new site after 72 hrs or earlier if clinically indicated. <b>If venous access limited, cannula can remain in place if there are no signs of infection and risk assessment undertaken.</b>	

SAMPLE - DO NOT USE

# INFECTION PREVENTION & CONTROL

## SCREENING AND MANAGEMENT OF MRSA (adapted from High Impact Interventions doh 2010)

Meticillin-resistant Staphylococcus Aureus = MRSA

	Today's Date																		
	Staff Initials																		
	Date of last screening Indicate if positive = P																		
Observations- clearly mark in Box																			
1	<p>Indicate consideration given to :- <b>MRSA screening document.</b></p> <p><b>MRSA guide for primary healthcare teams</b></p> <p><b>Inter-Healthcare Infection Control Admission / Transfer Form</b></p>																		
<b>Standard decolonisation treatment</b>																			
2	<p>Octenisan body wash as per decolonisation policy Including hair wash If nasal colonisation 2% Bactroban as per policy</p>																		
<b>Hand hygiene</b>																			
3	<p>Decontaminate hands before and after each patient contact ensure correct hand hygiene procedure in line with 'five moments for hand hygiene'. (WHO 2009)</p>																		
<b>Personal Protective Equipment (PPE)</b>																			
4	<p>Always use disposable gloves and apron when handling body fluids and when caring for patients infected / colonised with MRSA</p>																		

SAMPLE - DO NOT USE

↓ West & Bedfordshire localities please consider the following ↓