

Ref: FOI/GS/ID 4756

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05 July 2018

Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Peripheral Venous Cannulation Policy.

You asked:

Please may I request a copy of the trust's current Peripheral Intravenous Cannulation Policy.

Trust response:

Please see the following policy.

MAIDSTONE AND TUNBRIDGE WELLS NHS TRUST

Peripheral Venous Cannulation Policy and Procedure

**Requested/
Required by:** Infection Prevention Control Committee

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Directorate: Diagnostics, Therapies and Pharmacy

Specialty: Infection Control

Supersedes: Peripheral Venous Cannulation Policy and Procedure
(Version 2.0: August 2013)

Approved by: Infection Prevention and Control Committee members
(via consultation), 17th November 2015

Infection Prevention and Control Committee, 17th
December 2015

Ratified by: Policy Ratification Committee, 11th February 2016

Review date: February 2019

Document history

Requirement for document:	• The purpose of this policy and procedure is to ensure that healthcare professionals follow the procedure and principles of care for insertion of peripheral vascular access devices. • This policy and procedure addresses the principles of insertion and on-going care of peripheral vascular access devices to prevent the introduction of potentially pathogenic micro-organisms to patients, via the skin, or vascular access devices.
Cross references:	• Burke K (2000) '<i>Combating phlebitis: a peripheral cannula grading scale</i>' Nursing times 20 (96) 29 Good Medical Practice 2006 GMC • Centres for Disease Control and Prevention (2002). <i>Morbidity and Morbidity Weekly Report Guidelines for the Prevention of Intravascular Catheter-Related Infections</i> 9 August Vol 51 No RR-10 • Cox, C. (2010) Legal Responsibility and Accountability Nursing Management, 17, 3, 18-20 • Department of Health (2008). <i>The Health and Social Care Act 2008. Code of practice for the NHS on the prevention and control of health care associated infections and related guidance</i>. London DH January 2009 • Department of Health. (2003). <i>Winning Ways Working Together to Reduce Healthcare Associated Infection in England</i> • <i>Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England</i>. Journal of Hospital Infection 86S1 (2014) S1-S70 • Hindley, G. (2004). <i>Infection control in peripheral cannulae</i> Nursing Standard 18/27 37-40 • Infection Prevention Society (2001) Guidelines for Preventing Intravascular Catheter Related Infection • Lavery, I. (2003). '<i>Peripheral intravenous cannulation and patient consent</i>'. Nursing Standard April 25 15 (32) • Lister S, Dougherty L (2010). <i>Marsden Manual of Clinical Nursing Procedures</i> Blackwell Sciences Seventh Edition • May, D. & Brewer, S. (2001). <i>Sharps Injury: prevention and management</i>. Nursing Standard 15 32 (45-52) • Nursing Midwifery Council <i>The Code for nurses and Midwives</i> (2015) • Rowley S (2015) <i>The ANTT Clinical Guidelines Bundle</i> www.antt.org.uk • Royal College of Nursing. <i>Standards for Infusion Therapy</i> (2010) RCN www.rcn.org.uk • Department of Health (2007) <i>Saving Lives: reducing infection, delivering clean and safe care</i>. • Control of Substances Hazardous to Health (COSHH) regulations 2002 (as amended) SI 2002/2677 • Council Directive 2010/32/EU (2010) Implementing the framework agreement on prevention from sharps injuries in the hospital and health care sector, concluded by HOSPEEM and EPSU, <i>Official Journal of European Union</i>. Available at: http://www.europeanbiosafetynetwork.eu/EU%20Sharps%20Injuries%20Implementation%20Guidance.pdf

Associated documents:	• Maidstone and Tunbridge Wells NHS Trust. <i>Hand Hygiene Procedure Staff Leaflet</i> [RWF-OWP-APP245] • Maidstone and Tunbridge Wells NHS Trust. <i>Standard Infection Control Precautions Policy and Procedure</i> [RWF-OPPPCSS-C-PATH26] • Maidstone and Tunbridge Wells NHS Trust. <i>Single Use Medical Devices Policy and Procedure</i> [RWF-OPPPCSS-C-PATH4] • Maidstone and Tunbridge Wells NHS Trust. <i>Blood and Body Fluid Spills, Procedure for the Safe Handling of</i> [RWF-OPPPCSS-C-PATH6] • Maidstone and Tunbridge Wells NHS Trust. <i>Bloodborne Infections, Policy and Procedure for the Care of Patients</i> [RWF-OPPPCSS-C-PATH7] • Maidstone and Tunbridge Wells NHS Trust. <i>Sharps / Splash Injuries Policy and Procedure, Prevention and Management of</i> [RWF-OPPPCSS-C-WF5] • Maidstone and Tunbridge Wells NHS Trust. <i>Healthcare Waste, Policy and Procedure for the Management of</i> [RWF-OPPPCSS-NC-FH6] • Maidstone and Tunbridge Wells NHS Trust. <i>Aseptic Non Touch Technique (ANTT) Policy and Procedure.</i> [RWF-OPPPCSS-C-PATH5] • Maidstone and Tunbridge Wells NHS Trust. <i>Patient Identification Policy and Procedure</i> [RWF-OPPPCSS-C-NUR2] • Maidstone and Tunbridge Wells NHS Trust. <i>Cannula, Insertion and care of your [STANDARD PRINT LEAFLET]</i> [RWF-OPLF-PCS168] • Maidstone and Tunbridge Wells NHS Trust. <i>Cannula, Insertion and care of your [LARGE PRINT LEAFLET]</i> [RWF-OPLF-PCS183] • Maidstone and Tunbridge Wells NHS Trust. <i>Medicines Policy and Procedure.</i> [RWF-OPPPCSS-C-PHAR1]
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Version control:		
Issue:	Description of changes:	Date:
1.0	First iteration of policy/procedure	August 2011
2.0	Reviewed and amended	August 2013
3.0	Reviewed and amended. • Maidstone and Tunbridge Wells NHS Trust. <i>Aseptic Non Touch Technique (ANTT) Policy and Procedure.</i> [RWF-OPPPCSS-C-PATH5] • <i>Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England.</i> Journal of Hospital Infection 86S1 (2014) S1-S70 • Sclerosed: a thickening or hardening of a body part • Palpable: able to be touched or felt • Flexion: a bending movement around a joint in a limb, that decreases the angle between the bones of the limb at the joint • Fistula: an abnormal connection or passageway between 2 organs of the body, or between an organ and the outside of the body • Port/lumen: the bore of a tube • Median cubital vein: superficial vein of the upper limb, in the elbow joint • It is the responsibility of healthcare workers to ensure they are trained and competent in performing the aseptic technique. (Epic 3 SP40/1) • It is the responsibility of all clinical staff to ensure that they are aware of manufacturers' advice relating to the individual catheter, connection and administration set dwell time, and compatibility with antiseptics	February 2016

	and other fluids, to ensure the safe use of the devices. (Epic 3 IVAD2) • The Director for Infection Prevention and Control will require assurance through audit, that all staff adhere to the policy • The Vascular Access Specialist Practitioner will also lead on the annual audit of compliance with this policy, against Saving Lives criteria (see appendix 4). • *Chemotherapy – When administering Systemic Anti-Cancer Therapy (SACT), ideally the practitioner should site the cannula. However, if the cannulation has been undertaken by another experienced practitioner who is competent to cannulate, ensure the patency of the cannula is checked (i.e. the blood flow present) and the location of the cannula. SACT should never be given via a cannula for which you do not know the insertion history or by whom it was inserted. • (skin cleansing agent containing 2% Chlorhexidine Gluconate and 70% alcohol, to decontaminate skin prior to procedure) • Saving Lives documentation • Limbs on the same side as an axillary node dissection (wherever possible) • Avoid using the limb of a renal patient with an existing fistula • Cannulas inserted by paramedics under aseptic conditions will be labelled with a green sticker and cannulas not inserted in aseptic conditions will be labelled with a red sticker • Give the patient a copy of the Trust's 'Insertion and Care of your Cannula" leaflet. • Deletion of Competency Assessment for Acute and Emergency Support Workers	
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Policy statement for

Peripheral Venous Cannulation Policy

Preventing and managing healthcare associated infection is a priority for all NHS organisations. Therefore the prevention of infections by contamination is essential. Good practice is vital; this includes aseptic technique which incorporates appropriate hand hygiene, decontamination of skin and good preparation and handling of equipment.

This policy applies to all staff undertaking peripheral venous cannulation in adult or paediatric healthcare, within Maidstone and Tunbridge Wells NHS Trust (MTW / the Trust).

Peripheral Venous Cannulation Procedure

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1.0 Introduction and scope

Insertion criteria: This policy and procedure applies to all healthcare professionals working within the Trust, who are registered healthcare professionals: Nurses, Midwives, Medical staff and Allied Healthcare Professionals whose role necessitates the insertion of peripheral cannulae in adults or children.

This policy and procedure also applies to Acute and Emergency Support Workers (Band 3) who undergo a rigorous competency based training package, to accredit them to cannulate patients identified by a registered practitioner, in their given areas. Please refer to the competency training package in **Appendix 7**.

Continuing care: This policy and procedure applies to all healthcare staff who care for patients. Visual Infusion Phlebitis (VIP) scores can be carried out by any member of staff caring for patients with a peripheral cannula, i.e. Clinical Support Workers (CSW), Registered Nurses, Medical staff and Allied Healthcare Professionals (AHP).

This policy and procedure covers aseptic non-touch technique (ANTT), the use of safer sharps, the prevention of needlestick injury, and may overlap with other Trust policies which can be viewed on Q-Pulse.

2.0 Definitions and acronyms

- **ANTT:** aseptic non touch technique
- **Asepsis:** is the method by which we prevent microbial contamination during clinically invasive interventions
- **Cannula:** a peripheral venous cannula is a flexible hollow tube containing a needle that is placed into a venous blood vessel
- **Chloraprep:** (SePP) 70% alcohol and 2% Chlorhexidine 0.67 mls
- **Epic 3:** National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England
- **Fistula:** an abnormal connection or passageway between 2 organs of the body, or between an organ and the outside of the body
- **Flexion:** a bending movement around a joint in a limb, that decreases the angle between the bones of the limb at the joint
- **Median cubital vein:** superficial vein of the upper limb, in the elbow joint
- **MTW:** Maidstone and Tunbridge Wells NHS Trust
- **Palpable:** able to be touched or felt
- **PGD:** Patient Group Direction
- **Port/lumen:** the bore of a tube
- **Sanicloth CHG 2%:** pre-moistened wipe used for cleaning all ports/hubs prior to access
- **Sclerosed:** a thickening or hardening of a body part
- **VIP:** Visual Infusion Phlebitis

3.0 Duties

- **Accountability and responsibility**
 - It is the responsibility of all clinical staff to ensure they are trained and competent in performing the aseptic technique. (Epic 3 SP40/1)
 - **It is the responsibility of all clinical staff to ensure that they use safety sharps where provided, and activate passive / active safety features before safe disposal.**
 - It is the responsibility of all clinical staff to ensure that they maintain an aseptic non touch technique (ANTT) when inserting a peripheral venous cannula.
 - It is the responsibility of all clinical staff to ensure that they maintain their knowledge and clinical competence.
 - It is the responsibility of all clinical staff to ensure that they are aware of manufacturers' advice relating to the individual catheter, connection and administration set dwell time, and compatibility with antiseptics and other fluids, to ensure the safe use of the devices. (Epic 3 IVAD2)
- **Assessment of competencies**
 - Assessment of the fundamental principles of cannulation will be made against specific criteria, in order for the practitioner to declare their competence.
Only a qualified registered competent practitioner can assess and declare competence. (See **Appendix 7**)
- **The Director for Infection Prevention and Control** will require assurance through audit, that all staff adhere to the policy and procedure.
- **The Infection Prevention and Control Team** is responsible for promoting this policy and procedure and overseeing regular audits.
- **The Vascular Access Specialist Practitioner** is responsible for promoting this policy and procedure and providing education to Trust employees who have been identified by their managers as requiring training. The post-holder will also act as a resource and will update the policy and procedure in line with current evidence and National guidelines. The Vascular Access Specialist Practitioner will also lead on the annual audit of compliance with this policy and procedure, against Saving Lives criteria (see **Appendix 4**).
- **Service leads and managers** are responsible for ensuring that their staff have access to, are aware of, understand and comply with this policy and procedure. They are also responsible for ensuring that staff have attended either the Trust intravenous cannulation and venepuncture course, or validated training where content can demonstrate competence against the criteria within this policy and procedure for safe insertion procedure.
- It is the responsibility of **each individual healthcare worker** to comply with the requirement of this procedure.

4.0 Training / competency requirements

Training needs analysis:

Registered healthcare practitioner (RHP)	
Training level	Formal training received from this Trust or previous Trust must demonstrate compliance against the criteria within this policy and procedure for safe insertion and removal procedures and be assessed as competent; RHP must provide evidence of the content of any previously completed course.
Method of delivery	Formal Trust peripheral venous cannulation course delivered by PowerPoint, practical demonstration, e-learning and simulated practice on manikins.
Evidence of competency	Assessment and declaration of competence (Appendix 7) to be completed and signed off by RHP's supervisor and line manager.
Timescale	Newly registered nurses may attend the course at their manager's discretion. Practitioners must declare competency within 4 months of attending formal Trust training. RHPs must ensure they have an Assessment and declaration of competence completed and signed annually.
Responsibility	RHPs must take responsibility to maintain competence.

Acute and Emergency Support Worker (AESW)	
Training level	Rigorous competency based training package, to accredit them to cannulate patients identified by a registered practitioner, in their given areas
Method of delivery	Formal Trust peripheral venous cannulation course delivered by PowerPoint, practical demonstration, e-learning and simulated practice on manikins.
Evidence of competency	Assessment and declaration of competence (Appendix 7) to be completed and signed off by RHP's supervisor and line manager.
Timescale	AESW must ensure they have an Assessment and declaration of competence completed and signed annually.
Responsibility	AESW must take responsibility to maintain competence.

It is anticipated that all Doctors will be competent at venous cannulation prior to joining the Trust and that all healthcare professionals will adhere to this policy and procedure.

Healthcare professionals identified by their clinical managers as working in an environment where there is a clinical need for them to perform venous cannulation, may do so providing they fulfil the following requirements:

- Practitioners are required to attend a formal training session e.g. Trust venous cannulation course and carry out sufficient practice until they demonstrate their competence to another competent Supervisor. Supervisors are currently competent practitioners who may be a nurse/midwife, Allied Health Professional (AHP) or more senior doctor. Staff that join the Trust need to provide evidence of previous training content and demonstrate competence against the criteria within this policy and procedure for safe insertion procedure.

- The intravenous cannulation competency protocol (see Appendix 7) should be used, with the practitioner taking responsibility for their own competency. The maintenance of competence remains the responsibility of the practitioner as they are accountable for their actions (see cross references).
- All healthcare professionals need to have a working knowledge of the law and how it relates to their actions (Lavery 2003).
- Ward/Department managers will ensure the contents of the policy, procedure and any subsequent amendments are regularly brought to the attention of their staff.

5.0 Procedure

5.1 Indications for peripheral venous cannulation

Peripheral cannulation is usually performed in the arm for **short-term** therapy only.

The choice of vein needs to be appropriate for the proposed use of the cannula, necessitating knowledge of anatomy and physiology of veins.

Peripheral cannulae may be inserted for:

- Short-term administration of intravenous drugs
- Emergency access
- Administration of blood and blood products
- Re-hydration/administration of I/V fluids
- Nutrition – following consultation with pharmacy and nutrition team
- ***Chemotherapy** – When administering Systemic Anti-Cancer Therapy (SACT), ideally the practitioner should site the cannula. However, if the cannulation has been undertaken by another experienced practitioner who is competent to cannulate, ensure the patency of the cannula is checked (i.e. the blood flow present) and the location of the cannula. SACT should never be given via a cannula for which you do not know the insertion history or by whom it was inserted.
- **Unnecessary cannulation should be avoided as peripheral cannulation is associated with an increased risk of bacteraemia and associated complications.**

5.2 Vein selection

The following principles apply to vein selection:

- Use lower veins first
- Use veins that feel soft and resilient
- Use large veins where possible
- Use straight veins suited to cannula length
- Select veins which are free from obvious valves
- Avoid insertion of cannulae over joints
- Avoid Metacarpal where possible
- Use a distal vein on the patient's non-dominant arm wherever possible

The following table shows the correct gauge selection

5.3 Cannula selection: (safety cannulae only)

Gauge (G)	Flow rate (ml/min)	Colour	General uses
14	265	Brown	Used in theatres/ emergency for rapid transfusion of blood or viscous fluids
16	170	Grey	As 14G
18	90	Green	Blood transfusions, cell separation, large volumes of fluid, nutrition
20	55	Pink	Blood transfusions, large volumes of fluids
22	35	Blue	Blood transfusions, most medications, fluids
24	24	Yellow	Medications, short-term infusions, including SACT (systemic anti-cancer therapy) fragile veins, children

5.4 Areas to avoid

- Veins that feel hard and sclerosed
- Areas of flexion
- Veins in close proximity to arteries
- Limbs with fractures
- Limbs on the same side as an axillary node dissection (wherever possible)
- Previously cannulated veins
- Avoid using the limb of a renal patient with an existing fistula
- Sites close to existing wounds
- Median cubital veins (may be needed for venous blood sampling)
- Previous thrombus on that arm

5.5 Equipment for insertion

Always use:

- An Aseptic Non Touch Technique (ANTT)
- Cannula of correct size (safety cannula only)
- Clean well-fitting examination gloves and aprons
- MTW cannulation pack including 0.67 mls SePP, (skin cleansing agent containing 2% Chlorhexidine Gluconate and 70% alcohol, to decontaminate skin prior to procedure) (see Appendix 6)
- Sharps bin
- Sterile Sodium Chloride 0.9% for injection
- Blunt drawing up needle
- Saving Lives documentation

5.6 Insertion technique

Insertion procedure	Rationale
Identify the patient as per MTW Patient Identification Policy and Procedure	To ensure correct patient
Explain the procedure to the patient. Ask patient for sites which should not be accessed and patient preference for site. Seek verbal consent and co-operation in language that they understand and back up with written information if requested. Give the patient a copy of the Trust's 'Insertion and Care of your Cannula" leaflet. Allow time for the patient to ask questions.	To ensure patient understanding and consent
Discuss the patient's previous experiences e.g. needle phobias, preferences	To establish venous history
Check and clarify allergies with the patient	To ensure patient is not allergic to anything being used in the procedure
Assess patient and position them on chair, bed or couch	To maintain the comfort and safety of the patient if they experience a vaso-vagal (fainting) episode
Select the correct safety cannula size for patient/infusion needs	To reduce unnecessary trauma to the vein and needlestick injuries
Decontaminate hands using an alcohol-based hand rub or by washing with liquid soap and water for 20-40 seconds	To minimise the risk of cross infection
Check integrity of packaging and expiry date. Open the pack onto a trolley/procedure tray which has been cleaned with a Clinell Universal Wipe	To maintain asepsis
Wash and dry patient's arm with soap and water if visibly dirty	To adequately clean skin
Choose site according to clinical need and condition. Apply tourniquet at least 10cm above the selected insertion site	To dilate veins by obstruction of venous return
Find a suitable palpable vein	To reduce trauma to vein
Decontaminate hands for 20-40 seconds using alcohol-based hand rub allow 30 seconds to dry and then apply clean well-fitting examination gloves	To minimise the risk of infection
Decontaminate site with Chloraprep SePP for 30 seconds (included in pack). Use an alcohol povidone-iodine solution for patients with a history of Chlorhexidine sensitivity and apply in the same way as SePP. Allow the SePP to dry for 30 seconds before inserting the catheter. Do not re-palpate the vein or touch the skin after cleansing	To minimise the risk of infection
Fold down the wings of cannula (if present) and inspect for faults. Do not withdraw the needle	To detect faulty equipment

Insertion procedure	Rationale
Insert the cannula, bevel up at the manufacturer's recommended angle (usually between 10-40 degrees) until flashback is observed	To facilitate a smooth insertion and reduce mechanical phlebitis
Level the device, advance the cannula a few millimetres into the vein and withdraw the needle slightly, observing for second 'flashback' of blood into the shaft. Maintaining anchor tension with one hand and holding the flashback chamber or thumb plate with the other, advance the cannula forward over the needle.	To avoid puncturing the vein wall To ensure the vein remains immobilised thereby reducing risk of puncturing the vessel
Only one vascular device should be used for each cannulation attempt	To maintain asepsis
Release tourniquet , remove and dispose into clinical waste stream.	To decrease pressure on the vein and for patient's comfort
Apply digital pressure above tip of cannula, remove needle, and dispose of sharp directly into sharps bin.	To reduce risk of needlestick injury
Attach primed needle-free connector (primed with 0.9% normal saline) using an aseptic technique	To prevent air entry/protect against contamination
Apply sterile, transparent, semi-permeable, I/V cannula dressing which is supplied in the pack	To minimise risk of infection and to secure the cannula
Flush the cannula with 5-10 mls of sterile sodium chloride 0.9% for injection. Patient Group Direction (PGD) can be used by trained and competent PGD user. Saline must be prescribed and administration documented.	To prevent occlusion and check patency
Discard gloves, then apron and decontaminate hands	Epic 3 Guidelines
Remove waste into appropriate container – sharps must be disposed of at the point of use directly into a sharps container	To ensure safe disposal and reduce needlestick injuries For patients with VHF/Ebola requiring cannulation, please refer to Infection Prevention and Control Policy for specific details
Document all insertions to comply with Saving Lives on MTW peripheral cannulation insertion record (Appendix 5). Document insertion time (24 hour clock) date, size/colour of cannula and name of person inserting the device. Record the insertion date on the dressing strip and apply the review/removal date (72 hours) sticky labels supplied with pack.	To meet patient care and legal requirements

Additional notes

- A peripheral cannula inserted in an emergency situation where aseptic non touch technique (ANTT) has been compromised should be replaced within 24 hours.
- Cannulas inserted by paramedics under aseptic conditions will be labelled with a green sticker and cannulas not inserted in aseptic conditions will be labelled with a red sticker.
- Cannulae must not be left in situ for longer than 72 hours without discussion with senior team or Infection Prevention and Control Team. In this instance rationale should be clearly stated in the documentation and VIP scores completed 8 hourly.

It is recommended that each practitioner is only allowed 2 attempts per patient; they must then refer to a more experienced practitioner.

Report

- **If a Visual Infusion Phlebitis (VIP) score of 2 or above is recorded, the cannula must be removed immediately. Document actions and discuss with the Infection Prevention and Control Team/Microbiologist. A swab should be taken if there is pus present at the insertion site and the swab sent to Microbiology along with the tip of the cannula. An incident report (Datix) must be completed.**

5.7 Management of peripheral venous cannula insertion

Management of the cannula	Rationale
The number of lines and ports/lumens will be kept to an absolute minimum.	To reduce the risk of cross infection (DH recommendation 2004)
A needle free system should be used for accessing an injection access site.	RCN (2010) recommendation HSE Directive 2013
Intermittent administration sets should be changed every 24 hours if remaining connected to the device. Disconnected fluids/drugs half way through infusion should not be re-connected. Continuous IV sets to be changed in line with this policy and procedure.	To reduce the risk of infection RCN (2010)
The maximum expiry date for any infusion prepared in a clinical area is 24 hours or less in accordance with the manufacturer's specification of product characteristics.	DH recommendation (2004) to help avoid the risk of infection
Avoid bandaging the cannulation site wherever possible. However, if a bandage is essential to secure the cannula, consider using an elasticated	To enable accurate VIP scoring and to assess skin integrity

Management of the cannula	Rationale
net bandage. If a full bandage is required, it should be removed at least every 8 hours in order to inspect the site.	
Devices designed for splinting should be used to facilitate infusion delivery only when the device is placed in or around an area of flexion or is at risk of dislodgement. Splints should be removed and the skin condition and circulatory status of the patient's extremity should be assessed at regular intervals.	RCN recommendations (2010)
When manipulating a line/cannula an aseptic non touch technique (ANTT) should be used. Ensure all devices which come into contact are sterile. Do not disconnect devices from cannula during administration – only upon completion.	To prevent cross infection. RCN Recommendation (2010) Epic 3 (2013)
Prior to accessing the system, decontaminate ports using Sanicloth CHG 2% and wipe for 30 seconds allowing to dry for 30 seconds.	Essential to prevent entry of microorganisms in to the system via the port
The cannula should be flushed at least daily, before, between and after drug administration with 5-10mls sterile normal saline (0.9%) for injection in a 10ml syringe.	To maintain patency. To prevent drug incompatibilities.
The dressing should be changed when it becomes loose, damp or soiled.	To reduce the risk of cross infection.
As aseptic non touch technique (ANTT) should be used when changing the dressing. The insertion site and area beneath the dressing should be cleaned in a cross-hatch fashion with SePP for 30 seconds and allow to dry for 30 seconds. Use alcohol povidone for patients with a history of Chlorhexidine sensitivity. Clean in the same way.	Skin cleansing of the insertion site is one of the most important measures of preventing catheter related infection.
If the site appears infected or has a VIP score of 2 or greater, the cannula must be removed, a swab should be taken and sent with the tip of the cannula to	The microbiology results may indicate which antibiotic may need to be prescribed

Management of the cannula	Rationale
microbiology for culture and sensitivity. An incident report (Datix) must be completed.	
Any incidence of phlebitis, along with intervention, treatment, and corrective action should be documented in the patient's notes.	To provide evidence of any actions taken and aid communication.
If a peripheral venous cannula is not being used/required for access, it should be removed.	The longer a peripheral venous cannula remains in situ, the greater the risk of infection.
Documentation of on-going care and VIP score should be recorded every 8 hours.	

Please note:

Peripheral cannula should **not** be used for routine blood sampling. However, if absolutely necessary, the cannula can be used to draw blood using a large syringe (larger than 10mls) **ONCE ONLY**, immediately following insertion of the cannula.

Re-apply tourniquet above the cannula, wait for vein engorgement and draw blood SLOWLY using minimal force. Excess force will both haemolyse the sample and cause thrombophlebitis/collapse of the vein.

5.8 Complications

The complications of peripheral venous cannulation are as follows:

Complication	Influencing factors
Mechanical phlebitis: This is associated with injury to the tunica intima from a cannula rubbing against the inside of the vein wall	Inappropriate device selection Placement of a large cannula in a small vein Placement of a cannula near to joints or areas of flexion
Chemical phlebitis: This is associated with injury to the tunica intima by solutions infused into the venous system	Intravenous medications that deviate from the bloods normal pH or osmolarity
Infective phlebitis: This is associated with injury to the tunica intima caused by bacteria irritating the vein wall	Poor aseptic technique when inserting or accessing the cannula Ineffective hand decontamination
Cannula occlusion: This is associated with the cannula being partially or completely blocked	Flush being administered incorrectly Precipitates formed due to drug/solution incompatibility or bio

	film
Infiltration: This is the inadvertent administration of a non-vesicant medication or solution into the surrounding tissue	Poor monitoring of the infusion Cannula not being secure and dislodging
Extravasation: This is the inadvertent administration of a vesicant medication or solution into the surrounding tissue	Poor monitoring of the infusion Cannula not being secure and dislodging
Haematoma: This is associates with blood leaking out of the vessel wall	Poor cannulation technique/removal

5.9 Removal of peripheral venous cannula

Equipment

- Clean examination gloves
- Sterile gauze and tape
- Sharps bin

Removal of peripheral venous cannula	Rationale
Peripheral venous cannula should be re-sited every 72 hours wherever clinically possible	DH recommendation (2004) RCN (2010)
Removal of the intravenous cannula should be an aseptic procedure	To prevent cross infection as well as contamination of the catheter tip
Explain procedure to the patient and gain consent	To ensure patient understanding
Decontaminate hands using alcohol-based hand rub or handwashing with liquid soap and water	To reduce cross infection
Apply clean examination gloves	To maintain universal precautions
Remove dressing using ANTT	To expose cannula site
Gently withdraw cannula using a slow movement and keeping hub parallel with skin	To ease withdrawal and prevent damage to the vein
Apply pressure for 30 seconds to 1 minute with sterile gauze or until bleeding has stopped	To prevent haematoma
Document the date and time of removal, on the peripheral cannula insertion record, in the patient's notes. Include the name of the person removing the device.	To meet legal requirements – Saving Lives
If the site appears infected (VIP score of 2) a swab should be taken and sent with the tip of the cannula to microbiology for culture and sensitivity. An incident report should be logged online (e-reporting / Datix).	The microbiology result may indicate which antibiotic is required should the patient develop signs of septicaemia.

Evaluation

Ensure that the principles of peripheral venous cannula insertion are adhered to and good asepsis is maintained throughout the entire process.

6.0 Monitoring and audit

The Director of Infection Prevention and Control as Chair of the Infection Prevention and Control Committee will be responsible for monitoring compliance with this procedure on behalf of the Trust.

The Infection Prevention and Control team and Vascular Access Specialist Practitioner are responsible for auditing compliance with this policy and procedure, and for ensuring all wards and departments have appropriate access to equipment/materials to undertake peripheral venous cannulation.

APPENDIX ONE

Process requirements

1.0 Implementation and awareness

- Once ratified the document lead or author will submit this policy/procedural document to the Clinical Governance Assistant who will activate it on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.
- A monthly publications table is produced by the Clinical Governance Assistant which is published on the Trust intranet under "Policies"; notification of the posting is included on the intranet "News Feed" and in the Chief Executive's newsletter.
- On reading of the news feed notification all managers should ensure that their staff members are aware of the new publications.

2.0 Review

This policy / procedure will be reviewed at least every three years or sooner in relation to new guidance.

3.0 Archiving

The Trust intranet retains all superseded files in an archive directory in order to maintain document history.

APPENDIX TWO

CONSULTATION ON: Peripheral Venous Cannulation Policy and Procedure

Consultation process – Use this form to ensure your consultation has been adequate for the purpose.

Please return comments to: Vascular Access Specialist Practitioner

By date: December 11th 2015

Name:	Date sent	Date reply received	Modification suggested? Y/N	Modification made? Y/N
Chief Executive	17.11.15			
Chief Operating Officer	17.11.15			
Chief Nurse	17.11.15			
Medical Director	17.11.15	18.11.15	Y	Y
ADNS emergency and medical services	17.11.15			
ADNS Surgery, Critical Care, Orthopaedics and Oncology	17.11.15			
ADNS & Head of Midwifery	17.11.15	01.12.15	Y	Y
CD Anaesthetics and Critical Care	17.11.15			
CD Surgery	17.11.15	17.11.15	N	
CD Orthopaedics	17.11.15			
CD Oncology	17.11.15			
AD of Quality and Governance	17.11.15			
Consultant Microbiologist – DIPC	17.11.15			
Consultant Microbiologist	17.11.15			
Consultant Microbiologist	17.11.15			
Consultant Microbiologist	17.11.15			
Chief Pharmacist	17.11.15			
Consultant Nurse and DDIPC	17.11.15			
Lead Nurse IPC	17.11.15	18.11.15	Y	Y
Senior Nurse IPC	17.11.15			
Matron IPC	17.11.15			
Senior Nurse Advisor OH	17.11.15			
Risk Manager	17.11.15			
Tissue Viability Nurse	17.11.15	18.11.15	N	
CNS Oncology	17.11.15	23.11.15	Y	Y
Lead Professional Standards	17.11.15			
Professional Standards	17.11.15	11.12.15	N	
Dep Professional Standards	17.11.15			
Theatre practitioner	17.11.15			
Outreach Sister	17.11.15			
Cons Anaesthetist	17.11.15	18.11.15	Y	Y
IPCC Committee Members	17.11.15			
Lead Cancer Nurse		27.11.15	Y	Y
Lead Chemotherapy Nurse		27.11.15	Y	Y
Clinical Governance Assistant	14.01.16	18.01.16	Y	Y

APPENDIX THREE

Equality Impact Assessment

In line with race, disability and gender equalities legislation, public bodies like MTW are required to assess and consult on how their policies and practices affect different groups, and to monitor any possible negative impact on equality. The completion of the following Equality Impact Assessment grid is therefore mandatory and should be undertaken as part of the policy development and approval process. **Please note that completion is mandatory for all policy development exercises. A copy of each Equality Impact Assessment must also be placed on the Trust's intranet.**

Title of Policy or Practice	Peripheral venous cannulation policy and procedure
What are the aims of the policy or practice?	To ensure safe insertion of peripheral venous cannula.
Identify the data and research used to assist the analysis and assessment	
Analyse and assess the likely impact on equality or potential discrimination with each of the following groups.	Is there an adverse impact or potential discrimination (yes/no). If yes give details.
Males or Females	No
People of different ages	No
People of different ethnic groups	No
People of different religious beliefs	No
People who do not speak English as a first language	Yes interpreters could be employed
People who have a physical disability	No
People who have a mental disability	No
Women who are pregnant or on maternity leave	No
Single parent families	No
People with different sexual orientations	No
People with different work patterns (part time, full time, job share, short term contractors, employed, unemployed)	No
People in deprived areas and people from different socio-economic groups	No
Asylum seekers and refugees	No
Prisoners and people confined to closed institutions, community offenders	No
Carers	No
If you identified potential discrimination is it minimal and justifiable and therefore does not require a stage 2 assessment?	No

When will you monitor and review your EqIA?	Alongside the policy/procedure
Where do you plan to publish the results of your Equality Impact Assessment?	As Appendix 3 of this policy/procedure on the Trust approved document management database on the intranet, under 'Trust policies, procedures and leaflets'.

FURTHER APPENDICES

The following appendices are published as related links to the main policy /procedure on the Trust approved document management database on the intranet (Trust policies, procedures and leaflets):

No.	Title	Unique ID
4	Peripheral vascular catheter (PVC) audit tool	<u>RWF-OWP-APP136</u>
5	Peripheral cannula insertion record (adult)	<u>RWF-OWP-APP137</u>
6	Maidstone and Tunbridge Wells cannulation pack	<u>RWF-OWP-APP138</u>
7	Competency assessment document	<u>RWF-OWP-APP139</u>