Peripheral Intravenous Cannula (PIVC) Insertion and Management

Aim
- To gain peripheral venous access to administer fluids, blood products, medication and/or parenteral nutrition.
- To minimise the risk of complications of PIVC and intravenous therapy.

Key Points
- Aseptic technique is to be used in all aspects of PIVC insertion and ongoing management.
- Consideration should be given to the use of a PICC line with sterile insertion after the initial use of umbilical lines. This will be particularly relevant if it is felt the infant will require a PIVC for more than several days.
- Discussion of PIVC length of use is to occur at each medical ward round and nursing handover.
- If PIVC is in situ for greater than 72 hours, a medical review and decision to keep, replace the PIVC or insert a long line must be documented.
- Avoid multiple attempts.
- Provide pain relief - sucrose +/- pacifier.
- Secure carefully, ensuring visualisation of cannula at all times.
Site Selection

- Take time to choose site carefully.
- Avoid sites near previous access, areas of bruising, erythema or loss of skin integrity.
- Avoid areas with flexion where possible as difficult to splint and increases the risk of extravasation.
- Avoid veins that may be used for percutaneous central venous catheters.
- Veins in the hands and feet are preferable.
- Choose veins that run straight, fill and empty and easy to splint.
- Avoid using veins that may be required for PICC line access.

Equipment

- Sterile dressing pack
- Sterile gloves
- Skin preparation: Chlorhexidine 1% Alcohol/ 70% Swab > 27 weeks gestation or Povidone-iodine 10% Swab < 27 weeks gestation.
- 1 mL and 2 mL syringes and blunt drawing up needles
- Normal saline or prefilled normal saline syringe
- 24G cannula
- Needleless system/short extension
- Tegaderm - sterile transparent occlusive dressing (not < 27 weeks)
- Leukostrips
- Arm-board and leukoplast tape (backed with cotton wool)
Procedure (Aseptic Technique)
1. Check correct patient for procedure.
2. Give oral sucrose and/or swaddle as clinically appropriate.
3. Perform hand hygiene.
4. Prepare equipment. Note: 0.9% Sodium Chloride is to be drawn up direct from ampule (not to be squirted into tray and drawn up from tray).
5. Perform hand hygiene and don sterile gloves.
6. Clean selected site with appropriate skin prep for gestation and allow skin prep to dry before proceeding with the procedure:
   - Chlorhexidine 1% Alcohol 70% Swab (> 27 weeks gestation) - wait at least 30 seconds.
   - Povidone-iodine 10% Swab (< 27 weeks gestation) - wait at least 60 seconds, wipe Povidone-iodine off with sterile saline or sterile water prior to cannulation.
7. Inspect the cannula to ensure the needle is fully inserted into the plastic cannula and the tip is not damaged.
8. Ensure the bevel of the needle is facing upwards.
9. Insert the needle into the vein at an angle of 10-15°.
10. When blood return/flashback is seen partially withdraw the needle and advance the cannula.
11. Dispose of needle immediately into sharps container.
12. Apply slight occlusive pressure to the vein above the end of the cannula while attaching extension set.
13. Flush to ensure patency with 1 mL syringe and attach primed needless extension system.
14. Secure the hub with sterile leukostrips taking care not to contaminate site.
15. Cover site with sterile Tegaderm, taking care not to contaminate the adhesive surface.
16. Use appropriate size splint to immobilise the limb. Ensure taping does not inhibit visualisation of the site.
17. PIVC is to be labelled with – Date and Time of insertion on the splint by person inserting the cannula.
18. Dispose of equipment safely.
19. Perform hand hygiene.
20. Complete documentation.

Securement and Dressing Management

<table>
<thead>
<tr>
<th>Taping for infants &lt; 27 weeks</th>
<th>Taping for infants &gt; 27 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 small Leukostrips 6.4mm x 76mm</td>
<td>3 small Leukostrips 6.4mm x 76mm</td>
</tr>
<tr>
<td>Appropriately sized splint</td>
<td>Appropriately sized splint</td>
</tr>
<tr>
<td>3 large Leukostrips 13mm x 102mm to secure splint - do not back with cotton wool</td>
<td>Tegaderm</td>
</tr>
<tr>
<td></td>
<td>Leukoplast tape - backed with cotton wool if in direct contact with skin. Review need for cotton wool for Term or older infants.</td>
</tr>
</tbody>
</table>

Do Not Use Tegaderm

Use < 27 guide if poor skin integrity
• Secure the leukostrips and dressing taking care not to contaminate the adhesive surfaces and the insertion site.
• When securing the splint, ensure it is positioned and strapped with the limb and digits in a neutral position and the taping is not occluding or restricting circulation.
• Ensure the site is visible when placing the tapes.
• The dressing is to be replaced if it becomes wet, soiled or loose using an aseptic technique.
• If the PIVC becomes accidentally or inadvertently partially withdrawn or dislodged, the PIVC is to be removed and a new PIVC inserted.
• Inspect the splint each shift and replace if soiled or wet.

Commencement of Infusions
• Connect all infusion lines using aseptic technique.
• All infusions are to be infused via a pressure sensitive pump.
• Pressure limits are to be set at 50-100mmHg on commencement of all infusions.
• Pressure limits are to be checked at the commencement of each shift.
• Pump pressures are to be documented hourly on the MR489 or 491.
• Infusion rate is to be check by 2 staff members at the commencement of the infusion and if a rate adjustment is required.

Management of Administration Sets
• Administration sets, including all tubing, connections, extension sets and needless valves are to be changed when the PIVC is re-sited.
• Administration sets are to be changed at least every 96 hours.
• Administration sets are to be changed more frequently if contaminated or accidental disconnection occurs.
• Administration sets are to be changed utilising an aseptic technique.
• All administration set changes are to be documented on the MR489 or 491 with date and time change.
• Label all administration sets attached to PIVC with an intravenous line label.
Peripheral Intravenous Cannula (PIVC) Insertion and Management

Flushing

- Use aseptic technique for all care and maintenance of PIVC.
- PIVC are to be flushed with a minimum of 0.5mL of sterile 0.9% sodium chloride for injection using a 2 mL Leur-lock syringe or pre-filled 3 mL syringe.
- Flush the PIVC using a pulsatile motion (push-pause):
  - After the PIVC is inserted and prior to use to confirm placement.
  - Before each medication or infusion is given to ensure PIVC is still patent.
  - After each medication or infusion.
  - Between multiple infusions or medications to prevent interactions and incompatibilities.
- PIVC without a continuous infusion is to be flushed 4 hourly using an aseptic technique.
- Disconnecting the flush syringe can allow reflux of blood into the hub of the cannula and into the extension set. To prevent this source of occlusion, clamp the extension set prior to removing the syringe.

Assessment

- Inspect the PIVC insertion site and the limb above and below the site:
  - At least hourly when a continuous infusion is in progress.
  - With each intermittent medication.
  - With each flush administration.
- Use the PIVAS tool to perform checks. The score is to be documented with each inspection on the MR489 or 491.
- Document pump pressure and volume infused hourly with PIVAS score.
- Any adverse findings and action plan are to be documented in the patient’s medical record.
- PIVC’s are not routinely replaced in neonates, however should be removed at the earliest indication of phlebitis or infiltration.
- **Extravasation** should have immediate medical review as treatment via the IVC may be required.

Removal of PIVC

- Perform hand hygiene.
- Remove tapes and dressing with care to prevent dermal stripping.
- Use adhesive remover as required. Clean skin of adhesive remover with sterile water post procedure.
- Use sterile cotton ball or sterile gauze over the site and slowly withdraw the cannula.
- Maintain slight pressure over the insertion site until blood flow or ooze has ceased.
- Avoid covering the site with adhesives in the preterm infant as there is a risk of dermal stripping upon removal.
- Document reason for removal.
- The PIV site is to monitored for a further 48 hours post removal and to be documented on the PIVC insertion record.
<table>
<thead>
<tr>
<th>Complication</th>
<th>Definition</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phlebitis</td>
<td>Local inflammation of the vein at or near the cannula site. <strong>Mechanical</strong> - irritation to the vein at or near the cannula site. <strong>Chemical</strong> - irritation from drug infusion. <strong>Bacterial</strong> - inflammation from microorganism.</td>
<td>Erythema/redness around site or long the vein. Tenderness on palpation. May feel warm to touch. Palpable venous cord - usually present at an advanced stage.</td>
</tr>
<tr>
<td>Blocked cannula</td>
<td>Clot formation in cannula. Kink in cannula. Restrictive taping.</td>
<td>Leakage around site. Can be red or painful if thrombus formation Increase in pump pressures. Unable to flush PIV bung.</td>
</tr>
</tbody>
</table>
## Neonatal Peripheral Intravenous Assessment Score (PIVAS)

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Score</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Looking PIV Site</td>
<td>0</td>
<td>Observe</td>
</tr>
<tr>
<td><strong>One</strong> of the following</td>
<td>1</td>
<td>Possible first signs phlebitis</td>
</tr>
<tr>
<td>• Slight pain near IV site</td>
<td></td>
<td>Observe closely</td>
</tr>
<tr>
<td>• Slight redness near IV site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Increase in pump pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Two</strong> of the following</td>
<td>2</td>
<td>Immediate medical review</td>
</tr>
<tr>
<td>• Pain on flushing</td>
<td></td>
<td>Remove PIVC</td>
</tr>
<tr>
<td>• Redness</td>
<td></td>
<td>Document action and plan</td>
</tr>
<tr>
<td>• Swelling</td>
<td></td>
<td>Continue to observe site for at least 48 hours</td>
</tr>
<tr>
<td>• Increase in pump pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>All</strong> of the following</td>
<td>3</td>
<td>Immediate medical review</td>
</tr>
<tr>
<td>• Pain on flushing</td>
<td></td>
<td>Remove PIVC</td>
</tr>
<tr>
<td>• Redness</td>
<td></td>
<td>Document action and plan</td>
</tr>
<tr>
<td>• Swelling</td>
<td></td>
<td>Complete incident form</td>
</tr>
<tr>
<td>• Increase in pump pressure</td>
<td></td>
<td>Observe site until healed</td>
</tr>
</tbody>
</table>

### Extravasation

Stop infusion immediately - Do not remove cannula.

Notify Medical Staff and Shift Coordinator.

See **Extravasation** Guideline for further management.
Peripheral Intravenous Cannula (PIVC) Insertion and Management

References

Related policies
MP 0038/16 Insertion and Management of Peripheral Intravenous Cannulae in Western Australian Healthcare Facilities

Related WNHS policies, procedures and guidelines
Infection Control Manual - Aseptic Technique
Neonatology Clinical Guidelines - Extravasation Injuries

<table>
<thead>
<tr>
<th>Document owner:</th>
<th>Neonatal Directorate Management Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author / Reviewer:</td>
<td>Neonatal Directorate Management Committee</td>
</tr>
<tr>
<td>Date first issued:</td>
<td>June 2006</td>
</tr>
<tr>
<td>Last reviewed:</td>
<td>27th September 2016</td>
</tr>
<tr>
<td>Endorsed by:</td>
<td>Neonatal Directorate Management Committee</td>
</tr>
<tr>
<td>Date endorsed:</td>
<td>27th September 2016</td>
</tr>
<tr>
<td>Next review date:</td>
<td>27th September 2019</td>
</tr>
<tr>
<td>Standards Applicable:</td>
<td>NSQHS Standards: 1 Governance, 3 Infection Control, 5 Patient ID/Procedure Matching</td>
</tr>
</tbody>
</table>

Printed or personally saved electronic copies of this document are considered uncontrolled. Access the current version from the WNHS website.