

## I-160 Peripheral Infusion: Site and Catheter Management

### Purpose

Maintain integrity of cannula insertion site.

Provide access to venous system.

Prevent infection/infiltration and phlebitis at cannulated site.

### Applies To

Registered Nurses

Licensed Practical/Vocational Nurses

Other (*Identify*): \_\_\_\_\_

### Equipment/Supplies

IV site care kit, or

- Betadine swabs.
- Alcohol swabs.
- Transparent dressing.
- Tape.
- Disposable gloves.
- 2 x 2 gauze (sterile).

### Procedure

1. Explain the procedure to the client. Position the client for comfort.
2. Assemble equipment.
3. Thoroughly wash hands. Refer to Hand Washing procedure.
4. Don clean gloves.
5. Hold needle or cannula with nondominant hand to prevent dislodgment. Gently remove tape and dressing.
6. Assess venipuncture site for signs of infection (redness and tenderness); infiltration (coolness, blanching, and edema); and phlebitis (redness, firmness, edema, and pain along path of vein).
7. If there are any signs of infection, infiltration, or phlebitis:
  - a. Apply pressure with sterile 2 x 2 gauze pad and remove catheter.
  - b. Maintain pressure to area until bleeding stops.
  - c. Apply adhesive bandage.
8. If no complications exist, proceed with dressing change:

- a. Hold needle or cannula at hub. Carefully clean around site with Povidine swab working in circular motion from site outward approximately 3-4 cm.
  - b. Allow area to dry.
  - c. Reapply transparent dressing and secure site.
9. Dressing changes to cannula site are performed whenever they become soiled, wet, or loose.
10. IV solutions are changed every 24 hours:
  - a. Clamp the line and remove spike from old container. Quickly insert spike into new container.
  - b. Hang new container and adjust flow rate.
11. IV catheter site rotation depends on the type of catheter used. Catheters of Teflon or Vialon are changed every 48-72 hours. Catheters of elastomeric hydrogel can remain in place for extended periods. *Sites must always be changed if there is redness or tenderness or if there are signs of infiltration.*
  - a. When changing the infusion container:
  - b. Reduce IV flow rate. Remove old spike from container, keeping end sterile and above the level of the client's heart.
  - c. Insert the new spike into the IV solution and prime the system.
  - d. Maintaining sterile technique, disconnect old tubing from venipuncture device and carefully attach new, primed tubing.
12. Discard disposable items as outlined in the Agency Waste Disposal Policy.

### Documentation Guidelines

Document in the clinical record:

1. The procedure.
2. Condition of venipuncture site.
3. Date and time of the procedure.
4. Type of solution and flow rate if hanging new IV solution.
5. The client's tolerance of the procedure.

### Related Procedures

Venipuncture

### Policy History

Approval Date	11/1/2009
Approved By	Anne Tyson, Herman Pippin, Sandra Hill
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