Children's Health Ireland at Crumlin

NURSING CARE PLAN No 9
INTRAVENOUS ACCESS
(All care plans must be used in conjunction with care plan 1)

Full Name: ……………………………………………
Address: Addressograph
……………………………………………
HCR……………………………………………

Care Plan No 9 Problem	INTRAVENOUS ACCESS	Issue Date: October 2019 Review Date: October 2022
……………………………..has an intravenous access device for the purposes of receiving ☐ Intravenous fluid therapy ☐ Intravenous medications ☐ Blood / Blood Components or ☐ Total Parenteral Nutrition (TPN) ☐ The purposes of having IV access **Related to** ……………………………………………	……………………………………………………will receive safe and appropriate care related to his/her intravenous access. • Complications will be detected early and managed appropriately. • Correct infusion / medication /blood/ blood component will be administered safely. • Any transfusion related reactions / events will be reported appropriately.	

NURSING INTERVENTION *(Use this careplan in conjunction with the CVC, HICKMAN, PORTACATH, PERMCATH Guidelines OLCHC 2017 & Guidelines on the use of Care Bundles OLCHC , Guidelines on the use of Total Parenteral Nutrition, 2017)*	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1 Peripheral Venous Catheter		

• Decontaminate hands before and after each contact with cannula.
• Check cannula is secure.
• Ensure limb above cannula is not restricted, BP cuffs and ID bands.
• Check cannula site for signs of infiltration, dislodgment or infection:
  ○ hourly if child is on intravenous fluids /medication
  ○ at each administration of medication
• Maintain patency of the cannula by flushing with Sodium Chloride 0.9%, when:
  ○ the cannula is not in use
  ○ prior to administration of treatment
  ○ between administration of different fluids or medications and
  ○ post administration of treatment using the 'positive-pressure technique'.
  (please refer to Central Venous Access Devices Guidelines)
• Record intake and output. Record and report any deviation from normal.
• Administer ***intravenous fluids*** as prescribed.
• Please check prescription sheet at each shift to verify rate and type of infusion.
• Administer ***intravenous medications*** as prescribed and as per Medication Policy.
• Change intravenous giving sets every 48 hours or as directed by CVAD Guidelines.
• Document and sign when cannula sited / resited / removed.
• Consider blood sugar in infants / children fasting / vomiting.		

2 Blood / Blood Components *(Follow Blood Transfusion & Blood Product Policies / Guidelines)*		
• Explain the reason for transfusion to parents and child (as appropriate) and provide verbal and *written information with Blood transfusion leaflets.* • Give sufficient time as appropriate to answer questions parents/ child may have. • Administer blood / blood component as prescribed • Monitor vital signs before & during transfusion as per guideline and document on the transfusion record sheet (TRS). • Monitor child closely for any signs or symptoms of an adverse transfusion reaction and report any reactions/ events as per reporting procedure. • At the end of transfusion, record vital signs & complete documentation on TRS.		

CHI Children's Health Ireland at Crumlin

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Additional Information	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
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3 **Central Venous Access Device (CVAD)** *OLCHC 2017*		
PICC ☐ CVC ☐ Broviac / Hickman ☐ Implantofix ☐ Other ……………………………………*excluding perm/vas* Indicate insertion site of CVAD…………………………………………………………… *Dates inserted / reinserted:* ………………………/………………………………/……………………		
GENERAL GUIDELINES FOR CARE		

- Change dressing as indicated and as per Guidelines for Clinical staff (OLCHC 2017).
  Please record date of same below and in nursing evaluation form.
- Dressing type used: ……………………………………………………………………………

Date of dressing change	Date of next dressing change

- Ensure catheter is secure.
- Observe site for evidence of infection and report same promptly.
- Change needlefree weekly and document date of same
- Use aseptic non-touch technique (***ANTT***) ***Level 3*** when accessing the needle free bung.
- Use ***ANTT Level 2*** when "breaking" the line, i.e. changing needle free bung.
- Use 10ml syringes when accessing lines.
- Always flush with Sodium chloride 0.9% before and after each access.
- Flush with Heparin saline as prescribed, following completion of infusions/medication or when line is not in use for a period of time as prescribed.

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Specific Instructions		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
Implantofix: *Change Cytocan / Gripper needle fortnightly when in use.*			
Other:			
4	**Total Parenteral Nutrition (TPN)** *(See OLCHC Guidelines on TPN, 2017)*		
• Administer TPN as prescribed on the TPN Prescription Sheet**.** • Blood sampling to be performed as per TPN guidelines *(OLCHC Hospital Formulary)* • Use ***ANTT Level 2*** when preparing, connecting and disconnecting TPN, whether it is infusing peripherally or centrally. • Weigh child weekly or as clinically indicated.			

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TPN ADDITIONAL INFORMATION		
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