

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

Full Name: .....

Address: **Addressograph** .....

HCR.....

Care Plan No 9a Problem	INTRAVENOUS ACCESS	Issue Date: October 2019	Review Date: October 2022
<p>..... has an intravenous access device for</p> <p><input type="checkbox"/> Intravenous medications</p> <p><input type="checkbox"/> Blood / Blood Components or</p> <p><input type="checkbox"/> The purposes of having IV access</p> <p>Intravenous fluids and medications</p>	<ul style="list-style-type: none"> <li>• ..... will receive safe and appropriate care related to his/her intravenous access</li> <li>• Complications will be detected early and managed appropriately.</li> <li>• Correct infusion / medication /blood/ blood component will be administered safely</li> <li>• Any transfusion related reactions / events will be reported appropriately</li> </ul>		
	<p><b>NURSING INTERVENTION</b>  <i>(Use this Careplan in conjunction with the OLCHC Guidelines)</i></p>	Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>1</b>	<b>PERIPHERAL INTRAVENOUS ACCESS</b>		
<ul style="list-style-type: none"> <li>• Check cannula is secure and Check cannula site for signs of infiltration, dislodgment or infection:               <ul style="list-style-type: none"> <li>▪ hourly if child is on intravenous fluids /medication</li> <li>▪ at each administration of medication</li> </ul> </li> <li>• Maintain patency of the cannula must be maintained by flushing with Sodium Chloride 0.9%, when:               <ul style="list-style-type: none"> <li>➤ the cannula is not in use</li> <li>➤ prior to administration of treatment</li> <li>➤ between administration of different fluids or medications and</li> <li>➤ Post administration of treatment using the ‘positive-pressure technique’.</li> <li>➤ Record intake and output. Record and report any deviation from the norm.</li> </ul> </li> </ul>			
<b>2</b>	<b>CENTRAL VENOUS ACCESS DEVICE (CVAD)</b>		
<p>PICC <input type="checkbox"/> CVC <input type="checkbox"/> Broviac / Hickman <input type="checkbox"/> Implantofix <input type="checkbox"/> Other</p> <p>.....</p> <p><b>1<sup>st</sup></b> <input type="checkbox"/> <b>2<sup>nd</sup></b> <input type="checkbox"/> <b>3<sup>rd</sup></b> <input type="checkbox"/> <b>Site</b>.....<b>right/left</b>      <b>Implantofix:</b> Change</p> <p>Cytocan needle fortnightly when in use</p> <hr/> <ul style="list-style-type: none"> <li>• Change dressing as indicated and as per CVAD Guidelines (OLCHC 2013).</li> <li>• Please record date of same in nursing evaluation form.</li> <li>• Dressing type used: .....</li> <li>• Ensure catheter is secure.</li> <li>• Observe site for evidence of infection and report same promptly.</li> <li>• Change Needle free device weekly and document date of same.</li> <li>• Use aseptic non-touch technique (<b>ANTT Level 3</b>) when accessing the needle free bung.</li> <li>• Use <b>ANTT Level 2</b> when “breaking” the line, i.e. changing needle free bung.</li> <li>• Use 10ml syringes when accessing lines.</li> <li>• Flush with Heparinised saline as prescribed following completion of infusions / medication or when line is not going to be in use</li> </ul>			

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		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
<b>3</b>	<b>BLOOD / BLOOD COMPONENTS</b> <i>Follow Blood Transfusion &amp; Blood Product Policies / Guidelines</i>		
	<ul style="list-style-type: none"> <li>Explain the reason for transfusion to parents and child (as appropriate) and provide verbal and <u>written information with Blood transfusion leaflets.</u></li> <li>Give sufficient time as appropriate to answer questions parents/ child may have.</li> <li>Administer blood / blood component as prescribed</li> <li>Monitor vital signs before &amp; during transfusion as per guideline and document on the transfusion record sheet (TRS).</li> <li>Monitor child closely for any signs or symptoms of an adverse transfusion reaction and report any reactions/ events as per reporting procedure.</li> <li>At the end of transfusion, record vital signs &amp; complete documentation on TRS.</li> </ul>		
<b>4</b>	<b>INTRAVENOUS FLUIDS / MEDICATIONS</b>		
	<ul style="list-style-type: none"> <li>Administer <b>intravenous fluids</b> as prescribed.</li> <li>Please check prescription sheet at each shift to verify rate and type of infusion</li> <li>Document and sign when cannula sited / resited / remove</li> <li>Consider blood sugar in infants / children fasting / vomiting</li> </ul>		
<b>5</b>	<b>IV FLUIDS DETAILS</b>		
<b>6</b>	<b>CHEMOTHERAPY DETAILS</b>		
<b>7</b>	<b>OTHER NEEDS</b>		

Created by Haematology / Oncology Department  
Issue Date: October 2019 / Review Date: October 2022

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