

NURSING CARE PLAN No 9B
INTRAVENOUS ACCESS – MDU/SDU only
(All care plans must be used in conjunction with care plan 1)

Full Name:

Address: **Addressograph**

HCR.....

Care Plan No 9B Problem	INTRAVENOUS ACCESS	Issue Date: July 2017	Review Date: July 2020
<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"> • 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 <i>(Use this Careplan in conjunction with the OLCHC Guidelines)</i>		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
1	PERIPHERAL INTRAVENOUS ACCESS		
<ul style="list-style-type: none"> • Check cannula is secure and Check cannula site for signs of infiltration, dislodgment or infection: <ul style="list-style-type: none"> ▪ hourly if child is on intravenous fluids /medication ▪ at each administration of medication • Maintain patency of the cannula must be maintained by flushing with Sodium Chloride 0.9%, when: <ul style="list-style-type: none"> ➤ 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'. ➤ Record intake and output. Record and report any deviation from the norm. 			
2	CENTRAL VEIN ACCESS DEVICE (CVAD)		
<p>PICC <input type="checkbox"/> CVC <input type="checkbox"/> Broviac / Hickman <input type="checkbox"/> Implantofix <input type="checkbox"/> Other</p> <p>.....</p> <p>1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Site.....right/left Implantofix: Change</p> <p>Cytocan needle fortnightly when in use</p> <hr/> <ul style="list-style-type: none"> • Change dressing as indicated and as per CVAD Guidelines CHI@Crumlin • Please record date of same in nursing evaluation form. • Dressing type used: • Ensure catheter is secure. • Observe site for evidence of infection and report same promptly. • Change Needle free device 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. • Flush with Heparinised saline as prescribed following completion of infusions / medication or when line is not going to be in use 			

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		Commencement, Date, Signature, Time, Grade	Discontinued, Date, time, Signature, Grade
3	Blood / Blood Components <i>Follow Blood Transfusion & Blood Product Policies / Guidelines</i>		
	<ul style="list-style-type: none"> Explain the reason for transfusion to parents and child (as appropriate) and provide verbal and <u>written information with Blood transfusion leaflets.</u> 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. 		
4	INTRAVENOUS FLUIDS / MEDICATIONS		
	<ul style="list-style-type: none"> Administer intravenous fluids as prescribed. Please check prescription sheet at each shift to verify rate and type of infusion Document and sign when cannula sited / resited / remove Consider blood sugar in infants / children fasting / vomiting 		
5	IV FLUIDS DETAILS		
6	INFUSION DETAILS		
7	OTHER NEEDS		

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