|  |  |
| --- | --- |
| Patient Name |  |
| Date of birth |  |
| NHS number |  |
| Ward/Unit/Team name |  |
| **(Use Addressograph)** | |

**DO NOT DESTROY**

**PLEASE FILE IN PATIENTS MEDICAL RECORDS FOLLOWING DISCHARGE**

**INTRAVENOUS CANNULA RECORD**

**INSERTION RECORD** Please indicate insertion site:

Date: Lot No: l

Size: g No. of attempts: l

First Insertion: or Re-site:

Reason for insertion:

Reason for re-site:

Inserted by:

(Signature, date & designation)

**REMOVAL RECORD**

Date: No. days in situ: k

VIP score on removal: n

Reason for removal:

Removed by:

(Signature, date & designation) **R L**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** |  |  |  |  |  |
| **VIP SCORE (0-5)** |  |  |  |  |  |
| **Continuous Infusion** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** |
| **Dressing renewed** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** |
| **Staff initials**  **(Please state time, initials & designation)** |  |  |  |  |  |
| **Cannula flushed as Per Trust Patient Group Directive/ Policy**  **(Please state time, initials & designation)** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**INSERTION RECORD** Please indicate insertion site:

Date: Lot No: l

Size: g No. of attempts: l

First Insertion: or Re-site:

Reason for insertion:

Reason for re-site:

Inserted by:

(Signature, date & designation)

**REMOVAL RECORD**

Date: No. days in situ: k

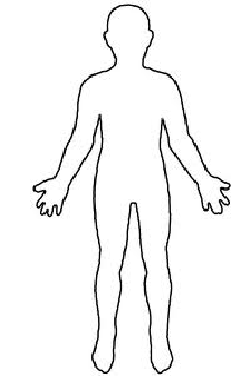
VIP score on removal: n

Reason for removal:

Removed by:

(Signature, date & designation) **R L**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** |  |  |  |  |  |
| **VIP SCORE (0-5)** |  |  |  |  |  |
| **Continuous Infusion** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** |
| **Dressing renewed** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** |
| **Staff initials**  **(Please state time, initials & designation)** |  |  |  |  |  |
| **Cannula flushed as Per Trust Patient Group Directive/ Policy**  **(Please state time, initials & designation)** |  |  |  |  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DATE** |  |  |  |  |  |
| **VIP SCORE (0-5)** |  |  |  |  |  |
| **Continuous Infusion** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** |
| **Dressing renewed** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** | **Y**  **N** |
| **Staff initials**  **(Please state time, initials & designation)** |  |  |  |  |  |
| **Cannula flushed as Per Trust Patient Group Directive/ Policy**  **(Please state time, initials & designation)** |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**INSERTION RECORD** Please indicate insertion site:

Date: Lot No: l

Size: g No. of attempts: l

First Insertion: or Re-site:

Reason for insertion:

Reason for re-site:

Inserted by:

(Signature, date & designation)

**REMOVAL RECORD**

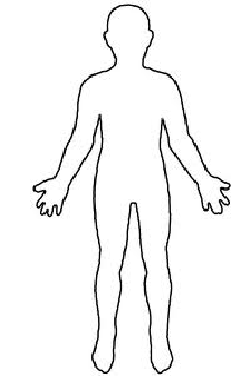
Date: No. days in situ: k

VIP score on removal: n

Reason for removal:

Removed by:

(Signature, date & designation) **R L**



**VISUAL INFUSION PHLEBITIS Scoring**

**No signs of phlebitis**

**OBSERVE CANNULA**

**Possibly first signs of phlebitis**

**OBSERVE CANNULA**

**Early stages of phlebitis**

**RESITE CANNULA**

**CONSIDER TREATMENT**

**Medium stage of phlebitis**

**RESITE CANNULA**

**CONSIDER TREATMENT**

**Advanced stage of phlebitis or the start of thrombophlebitis**

**RESITE CANNULA**

**CONSIDER TREATMENT**

**COMPLETE IRIS FORM**

**Advanced stage of thrombophlebitis**

**RESITE CANNULA**

**CONSIDER TREATMENT**

**COMPLETE IRIS FORM**

**0**

**1**

**2**

**3**

**4**

**5**

**POLICY STATEMENT**

**All patients with an intravenous access device in place must have the IV site checked at least once every 24 hours for signs of infusion phlebitis. The subsequent score and action(s) taken (if any) must be documented.**

**The cannula site must also be observed:**

* **When bonus injections are administered**
* **When IV flow rates are checked or altered**
* **When solution containers / giving sets / lines are changed**
* **If occlusion occurs**

**IV site appears healthy**

**One of the following is evident:**

* **Slight pain near IV site**

**OR**

* **Slight redness near IV site**

v

**Two of the following are evident:**

* **Pain at IV site**
* **Erythema**
* **Swelling**

**All of the following signs are evident:**

* **Pain along path of cannula**
* **Erythema**
* **Induration**

**The incident of infusion phlebitis varies, the following ‘Good Practice Points’ may assist in reducing the incidence of infusion phlebitis:**

* **Observe cannula site at least daily**
* **Secure cannula with a proven intravenous dressing (Opsite IV3000 or Tegaderm IV)**
* **Replace loose and/or contaminated dressings**
* **Cannula must be inserted away from joints whenever possible**
* **Aseptic technique must be followed**
* **Consider re-siting the cannula every 72 hours**
* **Plan and document continuing care**
* **Use the smallest gauge cannula most suitable for the patients’ need**
* **Replace the cannula at the first indication of infusion phlebitis (stage 2 on the VIP Score)**

**All of the following signs are evident and extensive:**

* **Pain along path of cannula**
* **Erythema**
* **Induration**
* **Palpable venous cord**

**All of the following signs are evident and extensive:**

* **Pain along path of cannula**
* **Erythema**
* **Induration**
* **Palpable venous cord**
* **Pyrexia**