AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

FACT SHEET
for clinicians

Peripheral Venous Access

Clinical Care Standard

1. Identify need for intravenous access

A patient requiring medicines or fluids is assessed to identify the most appropriate route of administration for their clinical needs.

2. Inform and partner with patients

A patient requiring intravenous access receives information and education about the need and the procedure so they can provide informed consent and help reduce the risk of device-related complications care plan, and participate in activities that may help to reduce the risk of PIVC-related complications.

3. Ensure competency

A clinician inserting and/or maintaining a PIVC is trained and assessed as competent in practices to prevent PIVC-related complications that are relevant to their scope of practice, and according to current, evidence-based recommendations.

4. Document decisions and care

A patient with a PIVC will have documentation of the insertion, maintenance and removal of the device, and regular review of the insertion site.

5. Maximise first insertion success

A health service organisation has a procedure to maximise first insertion success.

6. Choose the right insertion site and peripheral device

Where peripheral venous access is appropriate, a clinician assesses the patient to identify the most suitable insertion site and PIVC (length and gauge) to meet the patient's clinical needs and their preferences for its location.

Quick facts about PIVCs

- **70% of hospitalised patients require at least one PIVC at some point during their hospital stay.**
- **4–28% of PIVCs inserted are not needed. This increases to 50% in the emergency department, where a PIVC is often inserted 'just in case'.**
- **Up to 69% of PIVCs are associated with complications, leading to up to 90% of PIVCs being removed before therapy is finished.**
- **If a patient has one PIVC fail, the risk of future PIVCs failing is greater.**
- **First insertion success rates are poor. Up to 40% of all first insertion attempts in adults fail; up to 65% of first insertion attempts in children fail.**

7. Insert and secure

A clinician inserting a patient's PIVC implements standard precautions, including hand hygiene and wearing gloves. Aseptic technique is maintained at all times to reduce the risk of infection. The device is secured, and an appropriate sterile, transparent, semi-permeable dressing is used to help protect it from contamination.

8. Routine use: inspect, access and flush

A clinician inspects a patient's PIVC and insertion site for signs of complications at least once per shift and when accessing the device, or if the patient raises concerns. Standard precautions including hand hygiene, wearing gloves and aseptic technique is maintained at all times when performing site care and accessing the device. Flushing is performed at intervals according to local policy to minimise risk of device failure.

9. Review ongoing need

A clinician will review and document the ongoing need for a patient's PIVC at least daily or more often if clinically indicated.

10. Remove safely and replace if needed

A patient with a PIVC will have it removed when it is no longer needed; at the first sign of malfunctioning or local site complications, including redness, pain or swelling; or at an interval according to a current, locally endorsed evidence-based guideline. A new PIVC will be inserted only if ongoing peripheral vascular access is necessary.

Questions?

For more information, please visit:
safetyandquality.gov.au/ccs

You can also contact the Clinical Care Standards project team at: **mail@safetyandquality.gov.au**