

# Management of Peripheral Intravenous Catheters

## Clinical Care Standard

### **1** Assess intravenous access needs

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 their need for the device and the procedure. Their consent is obtained and they are advised on their role in reducing the risk of device-related complications.

### **3** Ensure competency

A patient's PIVC is inserted and maintained by clinicians who are trained and assessed as competent in current evidence-based practices for vessel health preservation and preventing device-related complications, relevant to their scope of practice. Insertion by a clinician working towards achieving competency is supervised by a clinician who is trained and assessed as competent.

### **4** Choose the right insertion site and PIVC

A patient requiring a PIVC is assessed to identify the most suitable insertion site and PIVC (length and gauge) to meet their clinical needs and preferences for its location.

### **5** Maximise first insertion success

The likelihood of inserting a PIVC successfully on the first attempt is maximised for each patient, according to a health service organisation's process for maximising first-time insertion success.

### **6** Insert and secure

A clinician inserting a patient's PIVC uses standard precautions, including aseptic technique. The device is secured and a sterile, transparent, semi-permeable dressing is applied unless contraindicated.

### **7** Document decisions and care

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

### **8** Routine use: inspect, access and flush

A patient's PIVC and insertion site is inspected by a clinician for signs of complications at least once per shift or every eight hours, when accessing the device, and if the patient raises concerns. Standard precautions including aseptic technique are used when performing site care and accessing the PIVC. Patency is checked and flushing is performed at intervals according to local policy to assess device function and minimise risk of device failure.

## 9 Review ongoing need

The ongoing need for a patient's PIVC is reviewed and documented 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 or at the first sign of malfunction or local site complications. A new PIVC will be inserted only if ongoing peripheral vascular access is necessary, consistent with the replacement recommendations in the current version of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

### Questions?

For more information about the clinical care standard, please visit: [safetyandquality.gov.au/ccs](https://safetyandquality.gov.au/ccs).

You can also contact the Clinical Care Standards project team at: [ccs@safetyandquality.gov.au](mailto:ccs@safetyandquality.gov.au).

The Australian Commission on Safety and Quality in Health Care has produced this clinical care standard to support the delivery of appropriate care for a defined condition. The clinical care standard is based on the best evidence available at the time of development. Healthcare professionals are advised to use clinical discretion and consideration of the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian, when applying information contained within the clinical care standard. Consumers should use the information in the clinical care standard as a guide to inform discussions with their healthcare professional about the applicability of the clinical care standard to their individual condition.

## IV-WISE patient discussion tool

This tool\* provides key discussion points for clinicians to help involve patients in their care and prevent PIVC-related complications.

### What clinicians should discuss with patients:

#### I Intravenous access needs

- Discuss why IV fluids or medicines are needed
- Explain how the PIVC will be inserted
- Ask patients about their PIVC history and any current needs.

#### V Vascular access checks

- Advise that the PIVC will be checked regularly
- Ask patients to report any concerns or any problems they notice (e.g. redness, swelling).

#### W What patients can do to reduce the risk of complications

- Advise patients what they can do to help reduce the risk of PIVC-related complications and infection
- Provide patients with the 'Looking after your cannula' information sheet.

#### I Infection risk

- Discuss how to prevent infection.

#### S Signs and symptoms of complications

- Discuss the signs and symptoms to look out for
- When removing the PIVC, advise patients that symptoms can occur up to 48 hours later and what to do.

#### E Expected removal

- Tell patients when the PIVC is expected to be removed (e.g. when therapy is finished).

\*Developed by the Australian Commission on Safety and Quality in Health Care, 2021.