Peripheral Venous Cannulation

Introduction

- Wash hands, Introduce self, Patients name & DOB & wrist band, Explain procedure and get consent
- Check if any allergies (inc. chlorhexidine)
- Ask preferred (or non-dominant) arm

Preparation part

- Wash hands (can skip if you are undertaking preparation part by patient bedside)
- Clean tray
- Gather equipment around tray (think through what you need in order)
  - Gloves x2
  - Disposable tourniquet
  - Alcohol 70%/chlorhexidine 2% skin cleansing wipe
  - Cannula (use a pink 20G cannula unless patient needs a wider-bore for urgent fluid resus)
  - Cotton gauze swabs
  - Cannula sticky dressing
  - Pre-prepared flush (or 10ml 0.9% saline + 10ml syringe + green 21G needle) (CHECK DATE)
  - Cannula IV extension set (+ alcohol 70%/chlorhexidine 2% device disinfection wipe)
  - Tape
- Wash hands
- Open packets and place equipment neatly in tray in plastic parts of packets (without touching the instruments themselves)
- If flush is not pre-prepared:
  - Wash hands, apply apron and put on 1st pair of gloves
  - Put needle on 10ml syringe and draw up the 10ml 0.9% saline
  - Remove needle (to sharps bin), expel air and place back into syringe packet
  - Put into tray
- Priming cannula IV extension set
  - Wash hands, apply apron and put on 1st pair of gloves (or leave on previous ones if had to prepare flush)
  - Prime cannula IV extension set by flushing 1ml saline flush in each lumen
  - Lock both ports
  - Put into tray
  - Remove gloves, apron and bin waste
- Return to patient (with tray and sharps bin)

Patient part

Vein identification

- Wash hands (can skip if you undertook preparation part by patient bedside)
- Expose arm and place a pillow underneath it
- Place tourniquet around patients arm above intended insertion site (back of hand/antecubital fossa/forearm)
- Identify a suitable vein (suitable veins are ones you can feel, not necessarily ones you can see). NB. take sufficient time to find the best vein – this is the most important determinant of whether you will be successful or not.
- Remove tourniquet

Procedure

- Wash hands
- Put on gloves
- Sterilise area – wipe in spiral motion working outwards and wait 30 seconds for it to dry
- Re-apply tourniquet
- Anchor the skin distally with non-dominant hand and insert the cannula at 30˚ (or less) to the skin with the dominant hand
- When flashback is observed, advance the cannula body into the vein whilst holding the end of the needle steady with the non-dominant hand
- With the dominant hand holding the cannula steady (with the needle still partially in the cannula)...
  - Remove tourniquet with the non-dominant hand
  - Place a cotton wool gauze underneath the cannula with non-dominant hand
  - Use the middle finger of your dominant hand to occlude the vein at the proximal end of the cannula with one finger
  - Remove the needle fully with the non-dominant hand and drop it into the sharps box immediately
  - Attach the cannula IV extension set on the end of the cannula
• Remove gauze and clean any blood spillage

Securing:
• Remove the two steri-strips from the cannula dressing and stick them on either wing of the cannula
• Stick the rest of the dressing down
• If the dressing has a third sticky strip for filling in the date and time, do this and stick on top

Flushing:
• Holding the proximal part of the administration port of the cannula IV extension set, clean the port with the device disinfection wipe, unlock ports, slowly flush ~5mls 0.9% saline in each lumen (in pulsating manner) and then lock ports

To complete
• Thank patient and cover them
• Bin waste and gloves
• Clean tray, wash hands
• Complete a peripheral cannula observation chart (or document with lot number, time, date, role and vein in notes)