

| Care plan 9 Problem | | Intravenous Access Goal | Issue date: April 2014 Review date: April 2017 |
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| <p>..... has an intravenous access device for the purposes of receiving</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intravenous fluid therapy <input type="checkbox"/> Intravenous medications <input type="checkbox"/> Blood / Blood Components or <input type="checkbox"/> Total Parenteral Nutrition (TPN) <input type="checkbox"/> The purposes of having IV access <p>related to</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 | |
| Commenced date, time, signature, grade | Nursing Intervention (Use this careplan in conjunction with the CVAD Guidelines OLCHC 2013 & Guidelines on the use of Care Bundles OLCHC, 2014, Guidelines on the use of Total Parenteral Nutrition, 2011) | | Discontinued date, time, signature, grade |
| | 1 | Peripheral Venous Catheter | |
| | | <ul style="list-style-type: none"> ▪ Decontaminate hands before and after each contact with cannula. ▪ Check cannula is secure. ▪ Ensure limb above cannula is not restricted, BP cuffs and ID bands. ▪ 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 by flushing with Sodium Chloride 0.9%, when: <ul style="list-style-type: none"> <input type="checkbox"/> the cannula is not in use <input type="checkbox"/> prior to administration of treatment <input type="checkbox"/> between administration of different fluids or medications and <input type="checkbox"/> post administration of treatment using the 'positive-pressure technique'. (please refer to Central Venous Access Devices Guidelines) ▪ Record intake and output. Record and report any deviation from normal. | |
| | | <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 | |
| | | <ul style="list-style-type: none"> ▪ Administer intravenous medications as prescribed and as per Medication Policy ▪ Change intravenous giving sets every 48 hours or as directed by CVAD Guidelines ▪ Document and sign when cannula sited / resited / removed ▪ Consider blood sugar in infants/children fasting/vomiting | |
| | | <p>Additional Information:</p> <p>.....</p> <p>.....</p> <p>.....</p> | |
| | 2 | Blood / Blood Components Follow Blood Transfusion & Blood Product Policies/ Guidelines. | |
| | | <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. | |
| | | <p>Additional Information:</p> | |

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| 3 | Central Venous Access Device (CVAD) <i>OLCHC 2013 CVAD Guidelines</i> | | | | | | | | | | | |
| | PICC <input type="checkbox"/> CVC <input type="checkbox"/> Broviac/Hickman <input type="checkbox"/> Implantofix <input type="checkbox"/> Other ___ excluding perm/vas Indicate insertion site of CVAD _____ Dates inserted / reinserted: ___ / ___ / _____, ___ / ___ / _____, ___ / ___ / _____ | | | | | | | | | | | |
| | General guidelines for care | | | | | | | | | | | |
| | <ul style="list-style-type: none"> Change dressing as indicated and as per CVAD Guidelines for Clinical staff (OLCHC 2013). Please record date of same below and in nursing evaluation form. Dressing type used: <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Date of dressing change</th> <th>Date of next dressing change</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table> <ul style="list-style-type: none"> Ensure catheter is secure Observe site for evidence of infection and report same promptly Change needlefree 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. Always flush with Sodium chloride 0.9% before and after each access. Flush with Heparin saline as prescribed following completion of infusions/medication or when line is not in use for a period of time as prescribed. | Date of dressing change | Date of next dressing change | | | | | | | | | |
| Date of dressing change | Date of next dressing change | | | | | | | | | | | |
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| | Change giving sets every 48 hours or as directed by intravenous policy, with the following exceptions: 1. TPN: change giving sets every 24 hours 2. Children with Short-Gut Syndrome: giving sets are single use only, i.e. discard once set has been disconnected 3. Other (please specify): | | | | | | | | | | | |
| | Specific Instructions | | | | | | | | | | | |
| | Implantofix: Change Cytocan/ Gripper needle fortnightly when in use. | | | | | | | | | | | |
| | Other: | | | | | | | | | | | |
| 4 | Total Parenteral Nutrition (TPN) <i>(See OLCHC Guidelines on TPN, 2011)</i> | | | | | | | | | | | |
| | Administer TPN as prescribed on the TPN Prescription Sheet | | | | | | | | | | | |
| | Blood sampling to be performed as per TPN guidelines (OLCHC Hospital Formulary) | | | | | | | | | | | |
| | Use ANTT Level 2 when preparing, connecting and disconnecting TPN, whether it is infusing peripherally or centrally. | | | | | | | | | | | |
| | Weigh child weekly or as clinically indicated | | | | | | | | | | | |
| | Additional Information: | | | | | | | | | | | |
| 5 | Additional information | | | | | | | | | | | |
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