

Care plan 9 Problem		Intravenous Access Goal	Issue date: August 2018 Review date: August 2021
<p>..... has an intravenous access device for the purposes of receiving</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intravenous fluid therapy</li> <li><input type="checkbox"/> Intravenous medications</li> <li><input type="checkbox"/> Blood / Blood Components or</li> <li><input type="checkbox"/> Total Parenteral Nutrition (TPN)</li> <li><input type="checkbox"/> The purposes of having IV access</li> </ul> <p>related to .....</p>		<ul style="list-style-type: none"> <li>• ..... will receive safe and appropriate care related to his/her intravenous access</li> <li>• Complications will be detected early and managed appropriately.</li> <li>• Correct infusion / medication /blood/ blood component will be administered safely</li> <li>• Any transfusion related reactions / events will be reported appropriately</li> </ul>	
Commenced date, time, signature, grade	<b>Nursing Intervention</b> (Use this careplan in conjunction with the CVC, HICKMAN, PORTACATH, PERMCATH Guidelines OLCHC 2017 & Guidelines on the use of Care Bundles OLCHC , Guidelines on the use of Total Parenteral Nutrition, 2017)		Discontinued date, time, signature, grade
	<b>1</b>	<b>Peripheral Venous Catheter</b>	
		<ul style="list-style-type: none"> <li>▪ Decontaminate hands before and after each contact with cannula.</li> <li>▪ Check cannula is secure.</li> <li>▪ Ensure limb above cannula is not restricted, BP cuffs and ID bands.</li> <li>▪ Check cannula site for signs of infiltration, dislodgment or infection:                             <ul style="list-style-type: none"> <li>- hourly if child is on intravenous fluids /medication</li> <li>- at each administration of medication</li> </ul> </li> <li>▪ Maintain patency of the cannula by flushing with Sodium Chloride 0.9%, when:                             <ul style="list-style-type: none"> <li>▫ the cannula is not in use</li> <li>▫ prior to administration of treatment</li> <li>▫ between administration of different fluids or medications and</li> <li>▫ post administration of treatment using the 'positive-pressure technique'. (please refer to Central Venous Access Devices Guidelines)</li> </ul> </li> <li>▪ Record intake and output. Record and report any deviation from normal.</li> </ul>	
		<ul style="list-style-type: none"> <li>▪ Administer <b>intravenous fluids</b> as prescribed</li> <li>▪ Please check prescription sheet at each shift to verify rate and type of infusion</li> </ul>	
		<ul style="list-style-type: none"> <li>▪ Administer <b>intravenous medications</b> as prescribed and as per Medication Policy</li> <li>▪ Change intravenous giving sets every 48 hours or as directed by CVAD Guidelines</li> <li>▪ Document and sign when cannula sited / resited / removed</li> <li>▪ Consider blood sugar in infants/children fasting/vomiting</li> </ul>	
		<p><b>Additional Information:</b> .....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<b>2</b>	<b>Blood / Blood Components</b> Follow Blood Transfusion & Blood Product Policies/ Guidelines.	
		<ul style="list-style-type: none"> <li>▪ Explain the reason for transfusion to parents and child (as appropriate) and provide verbal and <u>written information with Blood transfusion leaflets.</u></li> <li>▪ Give sufficient time as appropriate to answer questions parents/ child may have.</li> <li>▪ Administer blood / blood component as prescribed</li> <li>▪ Monitor vital signs before &amp; during transfusion as per guideline and document on the transfusion record sheet (TRS).</li> <li>▪ Monitor child closely for any signs or symptoms of an adverse transfusion reaction and report any reactions/ events as per reporting procedure.</li> <li>▪ At the end of transfusion, record vital signs &amp; complete documentation on TRS.</li> </ul>	
		<p><b>Additional Information:</b> .....</p>	

	.....											
<b>3</b>	<b>Central Venous Access Device (CVAD) <i>OLCHC 2017</i></b>											
	PICC <input type="checkbox"/> CVC <input type="checkbox"/> Broviac/Hickman <input type="checkbox"/> Implantofix <input type="checkbox"/> Other ___ <b>excluding perm/vas</b> Indicate insertion site of CVAD _____ Dates inserted / reinserted: ___/___/____, ___/___/____, ___/___/____											
	<b>General guidelines for care</b>											
	<ul style="list-style-type: none"> <li>Change dressing as indicated and as per Guidelines for Clinical staff (OLCHC 2017). Please record date of same below and in nursing evaluation form.</li> </ul> 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"> <li>Ensure catheter is secure</li> <li>Observe site for evidence of infection and report same promptly</li> <li>Change needlefree weekly and document date of same</li> <li>Use aseptic non-touch technique (<b>ANTT Level 3</b>) when accessing the needle free bung.</li> <li>Use <b>ANTT Level 2</b> when “breaking” the line, i.e. changing needle free bung</li> <li>Use 10ml syringes when accessing lines.</li> <li>Always flush with Sodium chloride 0.9% before and after each access.</li> <li>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.</li> </ul> .....	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. <b>TPN:</b> change giving sets every 24 hours 2. <b>Children with Short-Gut Syndrome:</b> giving sets are single use only, i.e. discard once set has been disconnected 3. <b>Other</b> (please specify): .....											
	<b>Specific Instructions</b>											
	<b>Implantofix:</b> Change Cytocan/ Gripper needle fortnightly when in use.											
	<b>Other:</b> ..... .....											
<b>4</b>	<b>Total Parenteral Nutrition (TPN) <i>(See OLCHC Guidelines on TPN, 2017)</i></b>											
	Administer TPN as prescribed on the TPN Prescription Sheet											
	Blood sampling to be performed as per TPN guidelines (OLCHC Hospital Formulary)											
	Use <b>ANTT Level 2</b> when preparing, connecting and disconnecting TPN, whether it is infusing peripherally or centrally.											
	Weigh child weekly or as clinically indicated											
	<b>Additional Information:</b> ..... ..... .....											
<b>5</b>	<b>Additional information</b>											
	.....											