

For use in Haemoncology Day unit only  
 For use for 6 admissions only  
 Please date, time, sign and grade all entries

Care plan 9a Problem		Intravenous Access Goal	Issue date: January 2017 Review date: January 2020
..... has an intravenous access device for <input type="checkbox"/> Intravenous medications <input type="checkbox"/> Blood / Blood Components or <input type="checkbox"/> The purposes of having IV access <input type="checkbox"/> Intravenous fluids and medications		<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		Nursing Intervention (Use this Careplan in conjunction with the Intravenous Guidelines OLCHC 2007)	Discontinued Date, Time, Signature, Grade
	1.	<b>Peripheral Intravenous Access</b> <ul style="list-style-type: none"> <li>Check cannula is secure and Check for site for signs of infiltration, dislodgment or infection:                             <ol style="list-style-type: none"> <li>hourly if child is on intravenous fluids /medication</li> <li>at each administration of medication</li> <li>As per Care bundle guideline OLCHC (2014)</li> </ol> </li> <li>Maintain patency of the cannula must be maintained 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'.</li> </ul> </li> <li>Record intake and output. Record and report any deviation from the norm.</li> </ul>	
	2.	<b>Central Venous Access Device (CVAD)</b> PICC <input type="checkbox"/> CVC <input type="checkbox"/> Broviac/Hickman <input type="checkbox"/> Implantofix <input type="checkbox"/> Other _____ <ul style="list-style-type: none"> <li>Change dressing as indicated and as per CVAD Guidelines (OLCHC 2013).</li> <li>Please record date of same in nursing evaluation form.</li> <li>Dressing type used: .....</li> <li>Ensure catheter is secure</li> <li>Observe site for evidence of infection and report same promptly</li> <li>Change Needle free device weekly and document date of same</li> <li>Use aseptic non-touch technique (<b>ANTT Level 3</b>) when accessing</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>Flush with Heparinised saline as prescribed following completion of infusions/medication or when line is not going to be in use</li> </ul>	
	3.	<b>Blood / Blood Components</b> <i>Follow Blood Transfusion &amp; Blood Product Policies/ Guidelines.</i> <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 PEWs chart</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 PEWs.</li> </ul>	

