

For use in Haemoncology Day unit only
 For use for 4 admissions only
 Please date, time, sign and grade all entries

Care plan 9 Problem	Intravenous Access Goal	Issue date: March 2011 Review date: March 2013
..... 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"> 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 Intravenous Guidelines OLCHC 2007)	
	1 Peripheral Intravenous Access	
	<ul style="list-style-type: none"> Check cannula is secure and 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 must be maintained by flushing with Sodium Chloride 0.9%, when: <ul style="list-style-type: none"> the cannula is not in use prior to administration of treatment between administration of different fluids or medications and post administration of treatment using the 'positive-pressure technique'. Record intake and output. Record and report any deviation from the norm. 	
	2. Central Venous Access Device (CVAD) PICC <input type="checkbox"/> CVC <input type="checkbox"/> Broviac/Hickman <input type="checkbox"/> Implantofix <input type="checkbox"/> Other ____ 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Site--- right/left Implantofix: Change Cytocan needle fortnightly when in use.	
	<ul style="list-style-type: none"> Change dressing as indicated and as per IV Guidelines (OLCHC 2007). Please record date of same in nursing evaluation form. Dressing type used: Ensure catheter is secure Observe site for evidence of infection and report same promptly Change Needlefree device 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. Flush with Heparinised saline as prescribed following completion of infusions/medication or when line is not going to be in use 	
	3 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. 	

