OUR LADY'S CHILDREN'S HOSPITAL, CRUMLIN, DUBLIN 12
Nursing care plan 9A
Intravenous access

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 ☐ Intravenous medications ☐ Blood / Blood Components or ☐ The purposes of having IV access ☐ Intravenous fluids and medications	• ..... 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)*	Discontinued Date, Time, Signature, Grade
	1.	**Peripheral Intravenous Access**	
		▪ Check cannula is secure and Check for site for signs of infiltration, dislodgment or infection: 1. hourly if child is on intravenous fluids /medication 2. at each administration of medication 3. As per Care bundle guideline OLCHC (2014) ▪ Maintain patency of the cannula must be maintained by flushing with Sodium Chloride 0.9%, when: ▯ 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 ☐ CVC ☐ Broviac/Hickman ☐ Implantofix ☐ Other ____	
		▪ Change dressing as indicated and as per CVAD Guidelines (OLCHC 2013). ▪ 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 Needle free device weekly and document date of same ▪ Use aseptic non-touch technique (***ANTT***) ***Level 3*** when accessing ▪ 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.*	
		▪ Explain the reason for transfusion to parents and child (as appropriate) and provide verbal and *written information with Blood transfusion leaflets.* ▪ 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 PEWs chart ▪ 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 PEWs.	

Patient name……..

HCR No ……..

Ward……

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Date, Time Signature	4.	Intravenous Fluids / Medications	Date, Time Signature
		▪ Administer ***intravenous fluids*** as prescribed ▪ Please check prescription sheet at each shift to verify rate and type of infusion ▪ Document and sign when cannula sited / resited / removed ▪ Consider blood sugar in infants/children fasting/vomiting	
	5.	IV Fluids Details	
	6	Chemotherapy Details	
	7	Other Needs	

Patient name……..

HCR No ……..

Ward…….