**Peripheral Vascular Cannula (PVC) Insertion & Maintenance**

**Modified VIP (Visual Infusion Phlebitis) Score**

<table>
<thead>
<tr>
<th>IV site appears healthy</th>
<th>0</th>
<th>No phlebitis: Observe cannula</th>
</tr>
</thead>
<tbody>
<tr>
<td>One of the following is evident: slight pain or redness near site</td>
<td>1</td>
<td>Possible first signs: Observe cannula</td>
</tr>
<tr>
<td>Two or more of the following are evident: pain, redness, swelling</td>
<td>2</td>
<td>Early stage of phlebitis: Remove &amp; resite cannula</td>
</tr>
<tr>
<td>All of the following are evident: pain, redness, hardening of surrounding tissue</td>
<td>3</td>
<td>Phlebitis/Thrombophlebitis: Remove &amp; resite cannula Seek further advice</td>
</tr>
<tr>
<td>As above including: palpable venous cord</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>As above including: pyrexia</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**Insertion – Tick appropriate answer**

- **Clinical indication:**
  - Diagnostics
  - Resuscitation / Chest Pain
  - IV Drugs
  - Fluids
  - Transfusion

- **PVC inserted:**
  - Date: / /  
  - Hospital: _________________________  
  - ED ☐  
  - Theatre ☐  
  - ITU/HDU ☐  
  - Ward ☐  

- **Insertion site:**
  - L Arm ☐  
  - R Arm ☐  
  - L Hand ☐  
  - R Hand ☐  
  - L Foot ☐  
  - R Foot ☐  
  - Other ☐

- **Colour of cannula:**
  - Blue ☐  
  - Pink ☐  
  - Green ☐  
  - White ☐  
  - Grey ☐  
  - Orange ☐

**PVC 1**

- Has the PVC been used in the past 24 hours? ☐  
- Absence of inflammation and or extravasation
  - Record VIP score |
- The PVC dressing is intact |  
- If answer is no to any of the criteria or if VIP 2 or more and PVC left in situ: document rationale for decision in comments |
- Initial |

**Day 1 ___ / ____ / ____**

- Yes ☐  
- No ☐  
- VIP:
  - Yes ☐  
  - No ☐  
- Left in situ ☐  
- Removed ☐

**After 24 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.**

**Day 2 ___ / ____ / ____**

- Yes ☐  
- No ☐  
- VIP:
  - Yes ☐  
  - No ☐  
- Left in situ ☐  
- Removed ☐

**Day 3 ___ / ____ / ____**

- Yes ☐  
- No ☐  
- VIP:
  - Yes ☐  
  - No ☐  
- Left in situ ☐  
- Removed ☐

**After 72 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.**

**Day 4 ___ / ____ / ____**

- Yes ☐  
- No ☐  
- VIP:
  - Yes ☐  
  - No ☐  
- Left in situ ☐  
- Removed ☐

**Day 5 ___ / ____ / ____**

- Yes ☐  
- No ☐  
- VIP:
  - Yes ☐  
  - No ☐  
- Left in situ ☐  
- Removed ☐

**Date removed___________________**

- Reason for PVC removal___________________

- Reason PVC in greater than 72 hours___________________

<table>
<thead>
<tr>
<th>Date &amp; time</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

**IVOS – consider changing from IV to oral**
### Peripheral Vascular Cannula (PVC) Insertion & Maintenance

**Modified VIP (Visual Infusion Phlebitis) Score**

<table>
<thead>
<tr>
<th>IV site appears healthy</th>
<th>Number</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>Observe cannula</td>
</tr>
<tr>
<td>IV site appears unhealthy</td>
<td>1</td>
<td>Observe cannula</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Remove &amp; resite cannula</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>Remove &amp; resite cannula</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>Remove &amp; resite cannula</td>
</tr>
</tbody>
</table>

**Insertion – Tick appropriate answer**

- Remove & resite cannula
- Left in situ

**As above including:**
- Pyrexia
- Absence of inflammation and or extravasation
- Absence of inflammation and or extravasation

**Initial decision**

- Yes
- No

**The PVC dressing is intact**

- Yes
- No

**Record VIP score and enter time**

- Yes
- No

**Has the PVC been used in the past 24 hours?**

- Yes
- No

**After 72 hours – review clinical reason and/or justify rationale for PVC to remain in situ. If not required consider removal.**

- Yes
- No

**After 48 hours – review clinical reason and/or justify rationale for PVC to remain in situ. If not required consider removal.**

- Yes
- No

**After 24 hours – review clinical reason and/or justify rationale for PVC to remain in situ. If not required consider removal.**

- Yes
- No

**Date & time**

- Signature

---

**Clinical Indications:**

- IV Drugs
- IV Pain
- IV Pain/Chest Pain
- Blood Transfusion
- Resuscitation
- Diagnostics
- Chest Pain

**Hospital & Ward:**

- Date: / /  

**PVC Inserted:**

- L Arm
- R Arm
- L Hand
- R Hand
- L Foot
- R Foot
- Other

---

**PVC 1**

**Insertion Site:**

- L Arm
- R Arm
- L Hand
- R Hand
- L Foot
- R Foot

**Hospital:**

- Date: / /  

---

**Colour of cannula:**

- Blue
- Pink
- Green
- White
- Grey
- Orange
- Other

---

**Reason for PVC Removal:**

- In situ
- Removed

---

**Reason PVC in greater than 72 hours:**

- In situ
- Removed

---

**Insertion Site: L Arm**

- Date: / /  

---

**Topical dressings:**

- Yes
- No

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**Vascular Access:**

- Yes
- No

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**PVC 1**

**Reason PVC in greater than 72 hours:**

- In situ
- Removed

---

**Initial decision**

- Yes
- No

---

**Record VIP score and enter time**

- Yes
- No

---

**Has the PVC been used in the past 24 hours?**

- Yes
- No

---

**After 72 hours – review clinical reason and/or justify rationale for PVC to remain in situ. If not required consider removal.**

- Yes
- No

---

**After 48 hours – review clinical reason and/or justify rationale for PVC to remain in situ. If not required consider removal.**

- Yes
- No

---

**After 24 hours – review clinical reason and/or justify rationale for PVC to remain in situ. If not required consider removal.**

- Yes
- No

---

**Date removed: / /  

Reason for PVC removal:**

- In situ
- Removed

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**Perioperative Vascular Cannula (PVC) Insertion & Maintenance**