

Write or affix label
 Name:
 Address:
 CHI:
 DOB:
 Hospital & Ward:

Peripheral Vascular Cannula (PVC) Insertion & Maintenance

Modified VIP (Visual Infusion Phlebitis) Score		
IV site appears healthy	0	No phlebitis: Observe cannula
One of the following is evident: slight pain or redness near site	1	Possible first signs: Observe cannula
Two or more of the following are evident: pain, redness, swelling	2	Early stage of phlebitis: Remove & resite cannula
All of the following are evident: pain, redness, hardening of surrounding tissue	3	Phlebitis/Thrombophlebitis: Remove & resite cannula Seek further advice
As above including: palpable venous cord	4	
As above including: pyrexia	5	

Insertion – Tick appropriate answer					
Clinical indication:	Diagnostics <input type="checkbox"/>	Resuscitation / Chest Pain <input type="checkbox"/>	IV Drugs <input type="checkbox"/>	Fluids <input type="checkbox"/>	Transfusion <input type="checkbox"/>
PVC inserted:	Date: / /	Hospital: _____	ED <input type="checkbox"/>	Theatre <input type="checkbox"/>	ITU/HDU <input type="checkbox"/> Ward <input type="checkbox"/> _____
Insertion site:	L Arm <input type="checkbox"/>	R Arm <input type="checkbox"/>	L Hand <input type="checkbox"/>	R Hand <input type="checkbox"/>	L Foot <input type="checkbox"/> R Foot <input type="checkbox"/> Other _____
Colour of cannula:	Blue <input type="checkbox"/>	Pink <input type="checkbox"/>	Green <input type="checkbox"/>	White <input type="checkbox"/>	Grey <input type="checkbox"/> Orange <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
After 24 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 2 ___ / ___ / ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
Day 3 ___ / ___ / ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
After 72 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 4 ___ / ___ / ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
Day 5 ___ / ___ / ___	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	

Date removed _____ Reason for PVC removal _____ Reason PVC in greater than 72 hours _____

Date & time	Comments	Signature

IVOS – consider changing from IV to oral

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Name:
Address:
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Modified VIP (Visual Infusion Phlebitis) Score	
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1	Possible first signs: Observe cannula
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4	Seek further advice
5	As above including: pyrexia

IV site appears healthy
One of the following is evident: slight pain or redness near site
Two or more of the following are evident: pain, redness, swelling
All of the following are evident: pain, redness, hardening of surrounding tissue
As above including: palpable venous cord
As above including: pyrexia

Peripheral Vascular Cannula (PVC) Insertion & Maintenance

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 <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
After 24 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 2	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
Day 3	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
After 72 hours – review clinical reason and / or justify rationale for PVC to remain in situ; if not required consider removal.					
Day 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	
Day 5	Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in situ <input type="checkbox"/> Removed <input type="checkbox"/>	

Date removed _____ Reason for PVC removal _____
Reason PVC in greater than 72 hours _____

Comments _____

Signature _____

IVOS – consider changing from IV to oral