

Adult Peripheral Vascular Cannula

Write or affix patient label

Insertion and Maintenance Continuation Sheet

Name: _____ CHI: _____

DOB: _____ Address: _____

Ward: _____ Hospital: _____



Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and bacteraemia and therefore should only be used if essential for ongoing care. To help with this decision, please use the criteria listed below (DRIFT) to justify the need for your patient to continue to have a PVC. (Please see back of care plan for further information on DRIFT)

| PVC Maintenance Check | Does the Patient require this PVC for any of the DRIFT criteria? <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <ul style="list-style-type: none"> Diagnostics Resuscitation/ Chest Pain IV Drugs Fluids Transfusion </div> | VIP score. (See Chart on back of care plan) If ≥ 2 remove PVC and record reason*. | Is the PVC dressing intact? | If PVC used for IV antibiotics can these be switched to oral? (See IVOST Flowchart on back of care plan) | Initial |
|---------------------------------------|--|---|--|--|---------|
| Day 4 Check 1 Day ___/___/___ | Yes <input type="checkbox"/> No <input type="checkbox"/> If No, remove PVC and record date and reason*. | VIP: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Day 4 Check 2 Night ___/___/___ | Yes <input type="checkbox"/> No <input type="checkbox"/> If No, remove PVC and record date and reason*. | VIP: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |

A PVC device should only be kept in if the patient needs one for any of the reasons listed in DRIFT. Please also check the IVOST guideline re switching from IV to oral antibiotics. If there is a clinical reason for requiring the PVC for longer than 3 days, please document your reason here.

Date: ___/___/___ Reason for keeping PVC in after 72 hrs/ 3 days:

| | | | | | |
|---------------------------------------|--|------------|--|--|--|
| Day 5 Check 1 Day ___/___/___ | Yes <input type="checkbox"/> No <input type="checkbox"/> If No, remove PVC and record date and reason*. | VIP: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Day 5 Check 2 Night ___/___/___ | Yes <input type="checkbox"/> No <input type="checkbox"/> If No, remove PVC and record date and reason*. | VIP: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |

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Date: ___/___/___ Reason for keeping PVC in after 72 hrs/ 3 days:

| | | | | | |
|---------------------------------------|--|------------|--|--|--|
| Day 6 Check 1 Day ___/___/___ | Yes <input type="checkbox"/> No <input type="checkbox"/> If No, remove PVC and record date and reason*. | VIP: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |
| Day 6 Check 2 Night ___/___/___ | Yes <input type="checkbox"/> No <input type="checkbox"/> If No, remove PVC and record date and reason*. | VIP: _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> | |

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Date: ___/___/___ Reason for keeping PVC in after 72 hrs/ 3 days: _____

*Date PVC Removed: ___/___/___

*Reason For Removal: _____

Modified Visual Infusion Phlebitis (VIP) Score

| Modified V.I.P (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 |
| As above including: palpable venous cord | 4 | Seek further advice |
| As above including: pyrexia | 5 | |

DRIFT

Intravascular devices are associated with an increased risk of phlebitis, thrombosis, local infection and *S. aureus* bacteraemia. It is essential that you justify the need for your patient to have a PVC daily using the DRIFT mnemonic.

- ✓ **Diagnostics:** Does the patient need the cannula for a diagnostic procedure e.g. CT scan
- ✓ **Resuscitation:** Is the patient at risk of cardiac or respiratory arrest?
- ✓ **Intravenous:** Does the patient require IV medication? Could these be switched to oral?
- ✓ **Fluids:** Does the patient require intravenous fluids ? Could this be switched to oral fluids?
- ✓ **Transfusion:** Does the patient require a transfusion of blood products?

Adult IV → Oral Antibiotic Switch Therapy (IVOST) Guideline → Can I switch my patient from IV to oral antibiotics?

Review need for IV antibiotics DAILY:
Review & document patient progress/the IVOST plan within 72 hours of antibiotic initiation

Are all of the following IVOST criteria met?

- ✓ **CLINICAL IMPROVEMENT** in signs of infection e.g. temperature $\leq 37.9^{\circ}\text{C}$, reduction in the NEWS score, improving SEPSIS
- ✓ **ORAL ROUTE is available reliably** (eating/drinking and no concerns regarding absorption)
- ✓ **UNCOMPLICATED INFECTION** (specialist advice not required prior to IVOST). Certain infections need prolonged IV e.g. CNS infection, Cystic Fibrosis, *S. aureus* bacteraemia (min. 14 days IV), Endocarditis, Vascular graft or Bone/joint infection, Undrainable deep abscess

CRP does NOT reflect severity of illness or the need for IV antibiotics & may remain elevated as the infection improves

DO NOT use CRP in isolation to assess IVOST suitability. Most infections require 7 days TOTAL (IV + oral) therapy.
Record the intended duration on the medicine kardex

YES

NO

This patient may be suitable for switch to oral antibiotics. Please discuss with medical staff and refer to the full IVOST Guideline.