

STOP & THINK

Is a peripheral venous catheter (PVC) clinically indicated for this patient?

When inserting a PVC ensure that

The environment is visibly clean, free from non-essential items and has adequate lighting and privacy

Any reusable equipment for use (e.g. procedure tray) is prepared prior to insertion and has been decontaminated appropriately as per the NIPCM

Hand hygiene is performed immediately before all PVC procedures

Hand hygiene is performed before and after palpating the insertion site, before donning and after removing gloves

A single-use skin antiseptic containing 2% chlorhexidine gluconate in 70% isopropyl alcohol is used to cleanse skin and left to dry according to manufacturer's instructions before insertion*

Aseptic technique is maintained throughout insertion, i.e. key parts and key sites are not touched

A sterile transparent, semipermeable dressing is used to cover the insertion site. The site should remain visible**

When maintaining an inserted PVC ensure that

The clinical need for the PVC is reviewed and recorded at least daily

Clinical staff review the need for IV therapy including antibiotics on a daily basis. Switch to oral if possible (IVOST)

Hand hygiene is performed immediately before accessing the line/site

Aseptic technique is used for the care and maintenance of the PVC, i.e. key parts and key sites are not touched

PVC dressing is assessed visually at least daily and prior to use of the PVC. Dressing is changed if not intact or skin integrity is compromised

A single-use skin antiseptic containing 2% chlorhexidine gluconate in 70% isopropyl alcohol is used to clean the access hub – “scrub the hub” for 15 seconds and allow to dry according to manufacturer's instructions*

The PVC site is assessed visually for complications at least daily and prior to use of the PVC. The PVC is removed when clinically indicated, i.e. there are signs of inflammation or phlebitis, or when no longer needed

*if chlorhexidine gluconate is contraindicated, then povidone-iodine in alcohol or 70% alcohol may be used. For paediatrics and neonates please follow local policies for the most appropriate antiseptic.

**if sterile gauze dressing is used because of bleeding/oozing, this must be changed every 24 hours or sooner if soiled. Gauze dressings must be replaced with a sterile, transparent semipermeable dressing as soon as possible.