

Write or affix label

Name:
Address:

Chart No.

DOB:
Hospital
Ward:

PERIPHERAL VENOUS CATHETER (PVC)

INSERTION & MAINTENANCE BUNDLE

One PVC per form- for additional PVCs use additional forms.



Antimicrobial Resistance
and Infection Control Team



Insertion Bundle – complete on PVC insertion				
Clinical indication: Diagnostics <input type="checkbox"/>	Resuscitation <input type="checkbox"/>	IV Medication <input type="checkbox"/>	IV Fluids <input type="checkbox"/>	Transfusion <input type="checkbox"/>
Chlorhexidine skin prep used	Yes/No	Transparent semi-permeable dressing	Location of insertion:	
Hand hygiene immediately before insertion	Yes/No	Yes/No	Ward	ED
Aseptic technique throughout procedure	Yes/No			Other
Date: / /		PVC inserted by: Dr/SN		
Insertion site:		Size of cannula:		

Maintenance Bundle – complete fully twice daily *All intravenous medications should be reviewed daily with a view to stopping or changing to a suitable oral preparation- IV to PO switch

PVC	Has the PVC been used in the past 24 hours?	Absence of inflammation and or extravasation Record VIP score	The pvc dressing is dry and intact	Hand hygiene before accessing PVC	Scrub the hub with 2% Chlorhexidine isopropol wipe before accessing	If answer is no to any of the criteria and VIP score is 2 or more and PVC left in place, document rationale for decision in comments.	Initial
Day 1	AM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
	PM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
After 24 hours - review clinical reason and/or justify rationale for PVC to remain in place; if not required consider removal							
Day 2	AM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
	PM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
After 48 hours - review clinical reason and/or justify rationale for PVC to remain in place; if not required consider removal							
Day 3	AM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
	PM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
After 72 hours - review clinical reason and/or justify rationale for PVC to remain in place; if not required consider removal							
Day 4	AM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
	PM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
After 96 hours - review clinical reason and/or justify rationale for PVC to remain in place; if not required consider removal							
Day 5	AM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	
	PM Yes <input type="checkbox"/> No <input type="checkbox"/>	VIP	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Left in place <input type="checkbox"/> Removed <input type="checkbox"/>	

120 hrs-review clinical reason and justify rationale for PVC to remain in place- consider removal/replacement.
If venous access is for long-term therapy (7-14 days or longer), consider if insertion of a PICC or CVC would be more appropriate.

Comments	Signature

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:
As above including: palpable venous cord	4 Remove & resite cannula Seek further advice
As above including: pyrexia	5

Date Removed:	Reason for PVC Removal:	Reason PVC in greater than 96 hours:
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