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# The broad reach of the vascular access team; A multidisciplinary approach

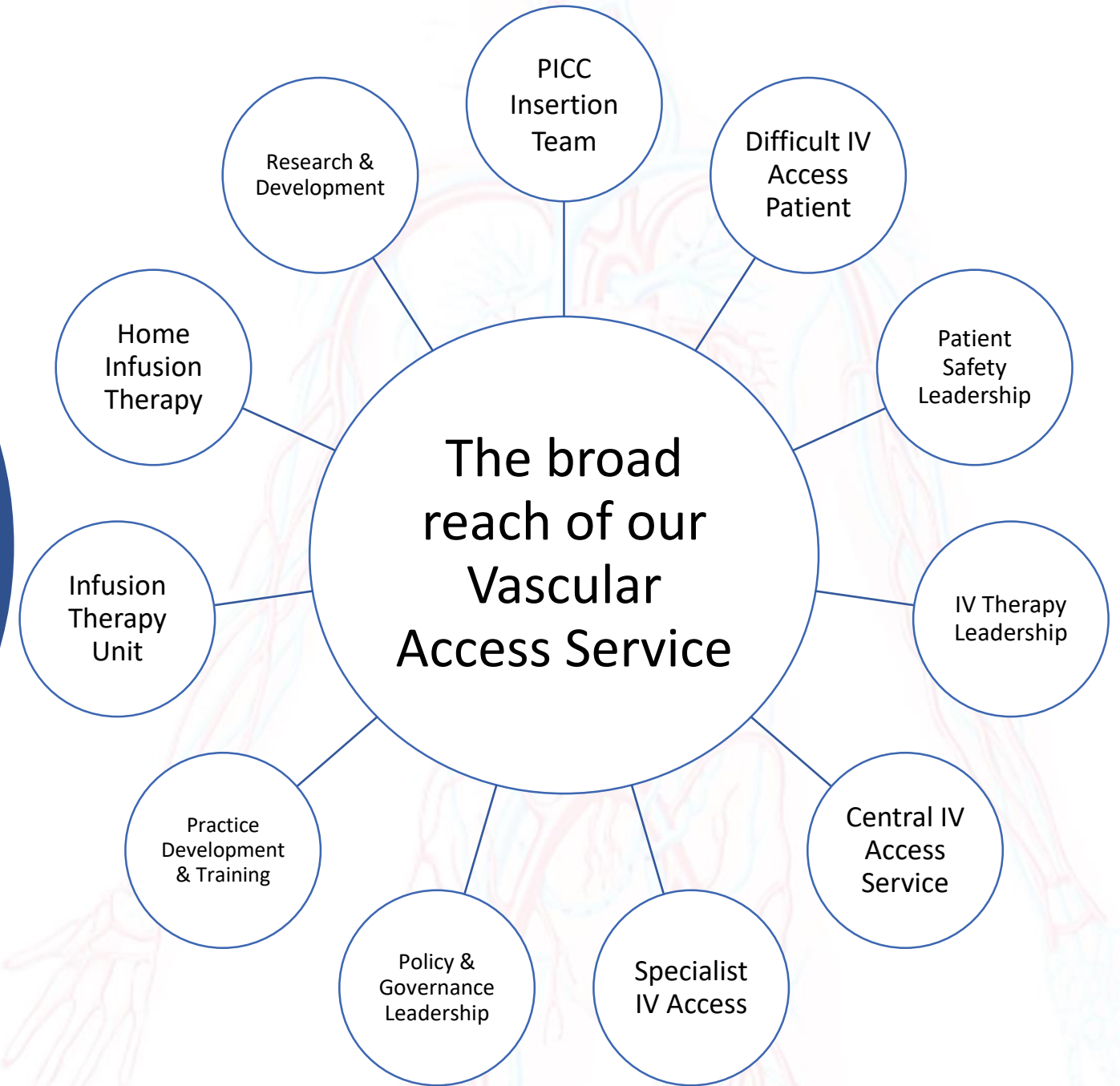
Andrew Barton  
NIVAS UK Chair  
Advanced Nurse Practitioner  
Vascular Access & IV Therapy Lead  
Frimley Health NHS Foundation Trust

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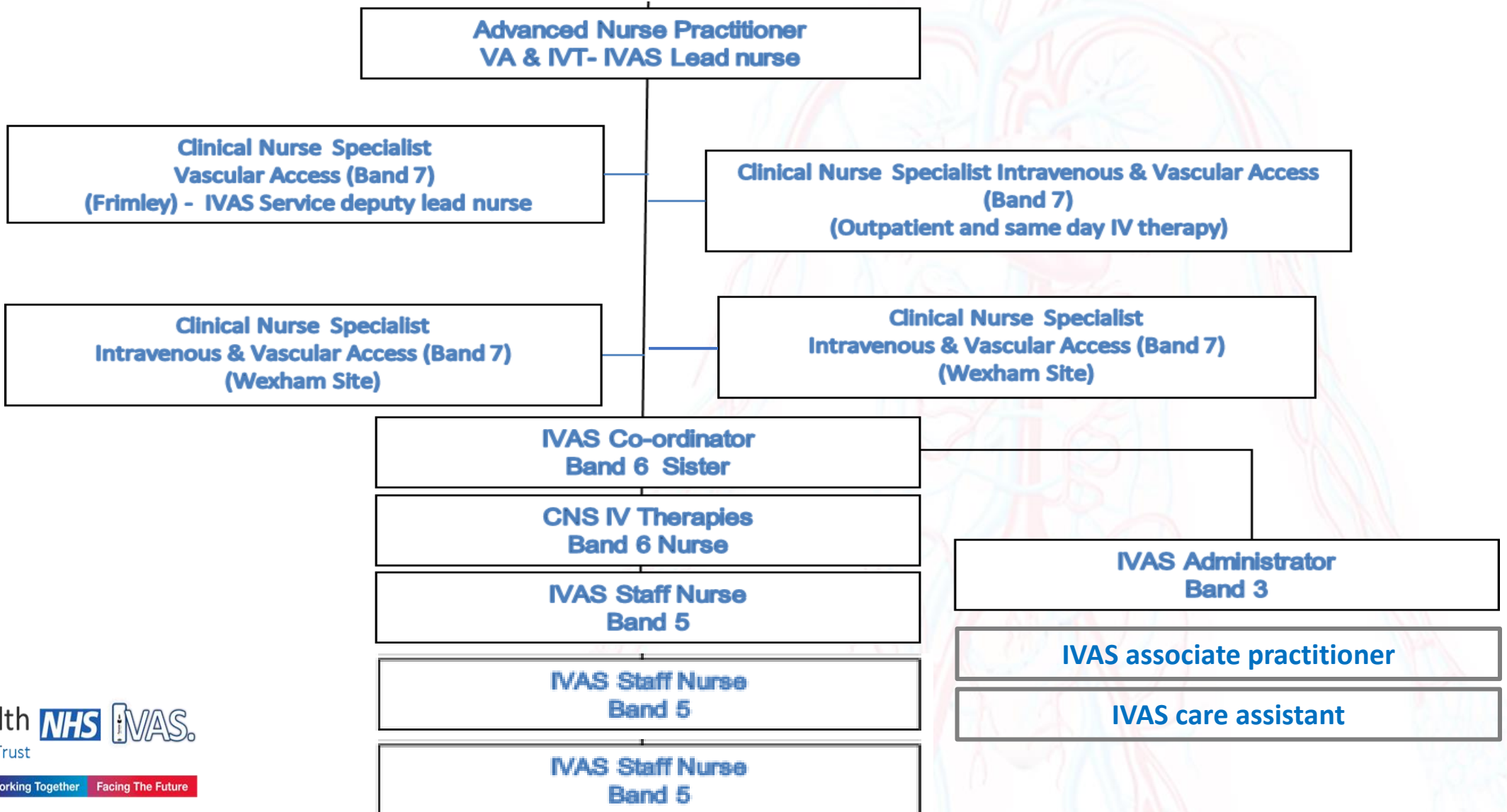
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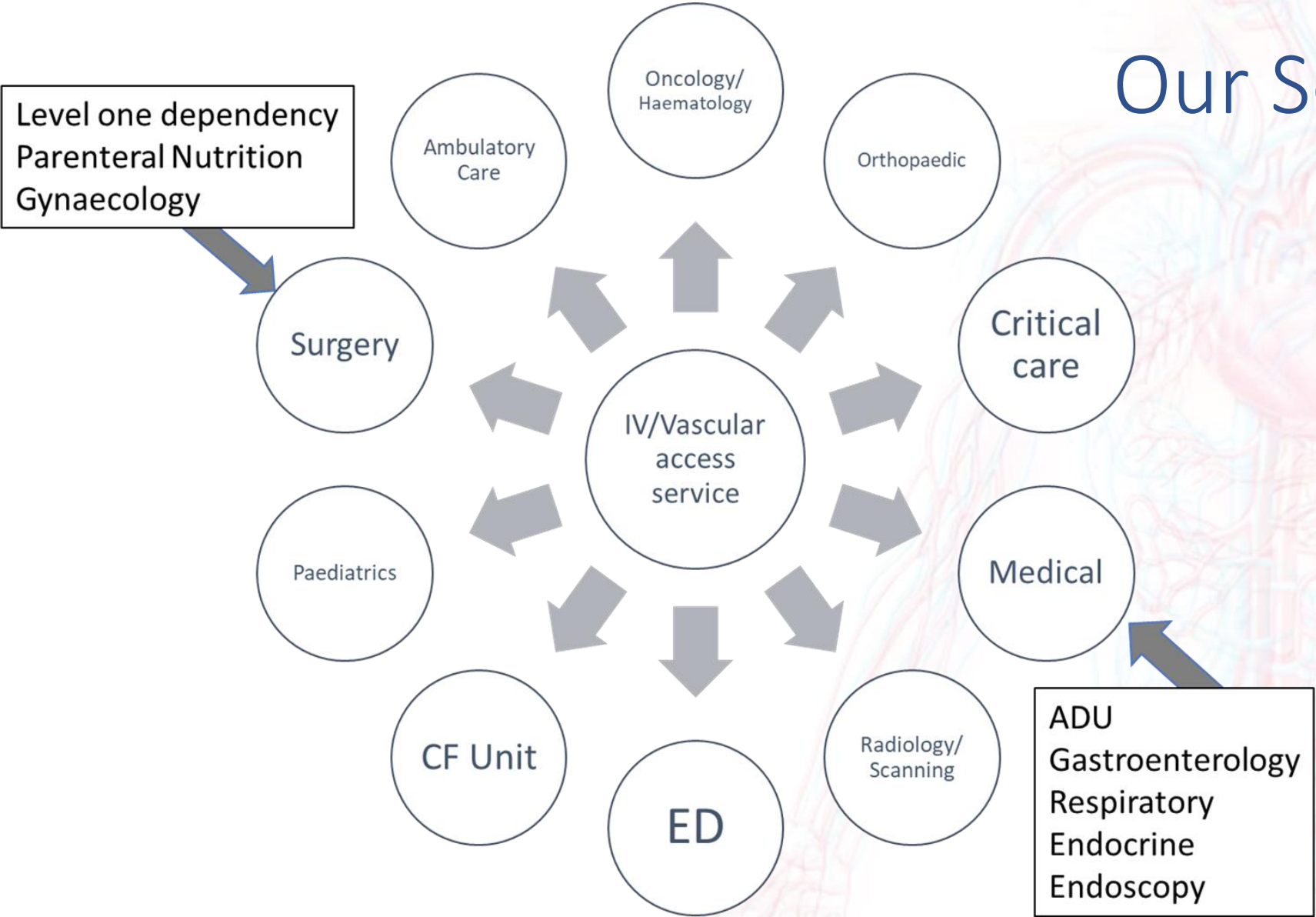
# Intravenous & Vascular Access Services Team



# Intravenous & Vascular Access Services (IVAS) Team



# Our Service Users



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# PICC Insertion Team

- 1 Advanced nurse Practitioner
- 3 Clinical Nurse Specialists
- Place 150 PICCs per month
- 2 hospital sites

# PICC insertion with navigation and ECG

## PICC Insertion (Sherlock<sub>3</sub>CG)

Receive order for PICC Insertion

Review patient/PICC Insertion

Printed documentation from Sherlock<sub>3</sub>CG

Catheter can be used

- Same day placements
- Confirmed placement in under an hour
- Suitable for 95% adult patients
- No Malposition's
- Low Waste
- Cost saving
- NICE recommended

# Difficult IV Access Patient

- Paediatric patients
- Overweight or obese patients
- Elderly patients
- Chronically ill
- Emergency / acute (i.e. skin burn, haematoma, dehydration)
- Oncology
- Needle Phobic



## 11. Vascular Access Team Referral Contacts

### Frimley Health all sites

Andrew Barton – Advanced Nurse Practitioner & IVAS Lead

- Bleep - 851
- Mobile - 07789673065
- Extension – 2868, 6775
- Cisco – 01278 522668
- Email – [andrew.barton@nhs.net](mailto:andrew.barton@nhs.net)
- Twitter- @IV\_Nurse

### Frimley / Heatherwood Site

Fiona Nadin Clinical Nurse Specialist OPAT – Frimley Site (Deputy Lead)

- Bleep – 935
- Mobile - 07467353891
- Extension – 2630, 6775
- Email- [fiona.nadin@nhs.net](mailto:fiona.nadin@nhs.net)

Angela Dennison- Clinical Nurse Specialist IVAS– Frimley Site

- Bleep – 879
- Extension – 2868, 6775
- Cisco – 01278 522668
- Email – [angela.dennison1@nhs.net](mailto:angela.dennison1@nhs.net)

Arnold Linea – IVAS Clinical Assistant – Frimley Site

- Bleep - 894
- Extension - 2630
- Email – [ivas@nhs.net](mailto:ivas@nhs.net)

### Wexham/Heatherwood Site

Giovanna Graziana – Clinical Nurse Specialist IVAS – Wexham Site

- Mobile – 07920756619
- Telephone – 01344 877904
- Email – [giovanna.graziana@nhs.net](mailto:giovanna.graziana@nhs.net)

Chris Powers- Clinical Nurse Specialist IVAS– Frimley Site

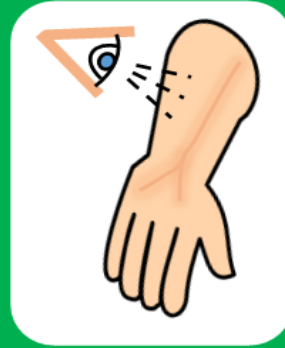
- Mobile – 07917070523
- Telephone – 01344 877904
- Email – [christopher.powers@nhs.net](mailto:christopher.powers@nhs.net)

- IVAS team is reactive to patients needs
- Can attend patients within 10mins or be booked in
- Attend emergencies
- Multiple referral portals

- Prioritise vessel health
- Reduce the number of needle sticks
- Improve patient outcomes

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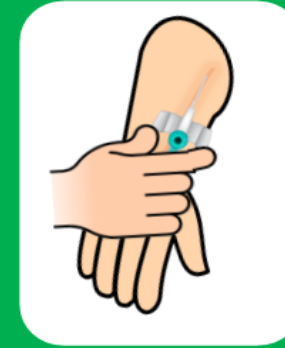
## Peripheral Cannulation Difficult Vascular Access Guidance



**Vein  
Visible**



**Vein  
Palpable**



**Attempt  
Cannulation**

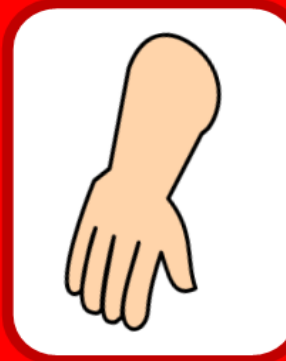
**2 Failed  
attempts**



**2nd practitioner  
2 Failed  
attempts**



**5th  
attempt  
Refer**



**No  
Veins**



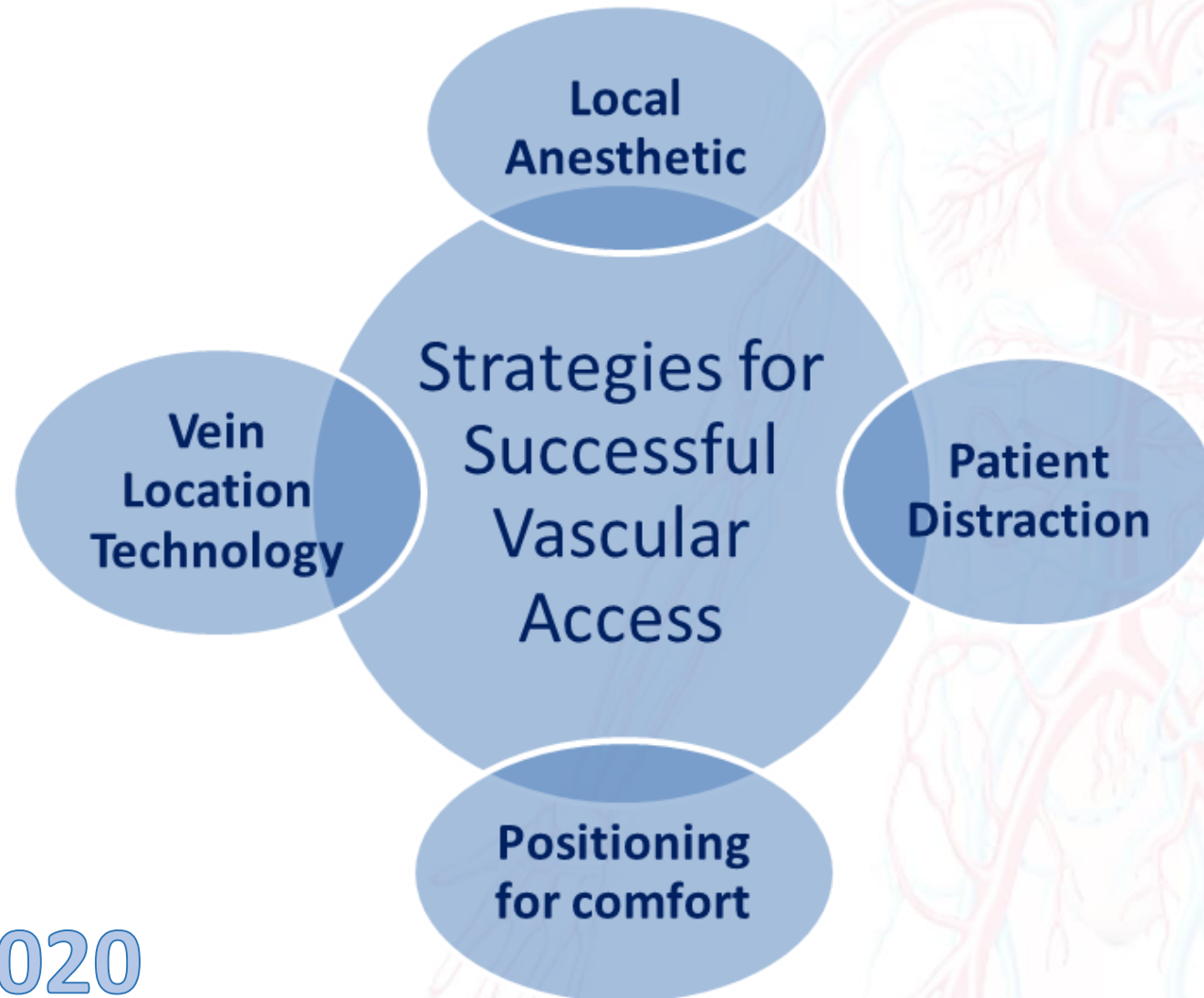
**Consider  
Vein location  
technology**

**Refer to IVAS Ext 2668  
Bleep 651, 879, 894**

**Out of Hours  
NNP Bleep 454  
On-Call Anaesthetist  
via Switch**

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# 4 Step Approach for DIVA



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# Vein Technology

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# Longer catheter PIVC



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# Patient Safety Leadership

- Work closely with patient safety team
- Lead reviewer for all clinical incidents for the Hospital
- Respond to complaints
- Co-ordinate serious incident investigations
- Respond to national alerts
- Learn from incidents and update Hospital wide practice

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# Day 6 photographs





# Day 15




# EXTRAVASATION DIAGNOSED

= 5% Dextrose 40mmol K+ Osmolarity 409, pH 4.2

Over the 8 days the patient was an inpatient he had been treated for high calcium and low potassium with 6 litres of 5% dextrose with 40mmols potassium via a peripheral cannula in the right arm.

# Learning

Name: \_\_\_\_\_  
 DoB: \_\_\_\_\_  
 Hosp No: \_\_\_\_\_  
 NHS No: \_\_\_\_\_  
 Clinical Area: \_\_\_\_\_

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**PUMP CHECKLIST FOR INTRAVENOUS INFUSIONS**  
All infusions must be checked after 1 hour of setting up and then hourly thereafter.  
 The checking nurse must print and sign their name.  
 (Not for PCA, Epidurals, Continuous Regular Analgesia...)

Date & Time		IV Therapy being infused			
Vital score		Volume to be infused (ml)		Infused over (hrs.)	
Set Up BY		CHECKED BY			
Time	Rate of infusion <small>ml/hr</small>	Volume to be infused	Volume remaining	Comments	Signature
01.00					
02.00					
03.00					
04.00					
05.00					
06.00					
07.00					
08.00					
09.00					
10.00					
11.00					
12.00					
13.00					
14.00					
15.00					
16.00					
17.00					
18.00					
19.00					
20.00					
21.00					
22.00					
23.00					
24.00					

- Implement pump checklist and fluid chart
- Double check initial starting infusion rate
- All infusions via a pump if longer than an hour or a vesicant
- Check pump infusion pressure setting
- Weekend IV and vascular access support needed
- Include incident in annual IV updates





# IV Therapy Leadership

- We work closely with infection control and attend monthly hospital infection control committee meetings
- Interventional nutrition group
- Parenteral nutrition
- Safer medication committee
- Audit IV medication errors
- Govern injectable medications policy and review fitness to practice in relation to medication safety issues

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# Patient outcomes

- No insertion infections
- 2017-19 No CVC/PICC related blood stream infections
- Low patient harms
- 1 CVC retained wire
- 1 CVC air embolism

Our programme to reduce the rates of harm across the organisation has once again shown further improvement in 2017-18. We are proud that our infection rates continue to be among the best in the country with no increase in our cases of Methicillin-Resistant Staphylococcus Aureus bacteraemia (MRSA) blood stream infection and maintenance of the low number of C-difficile occurrences.

Frimley Health NHS Foundation Trust | 2017-18 Quality Report

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# Clinical Procurement

- Have supported our IVAS team to grow and provide the most up to date technology and materials
- Gate keepers to product standardisation
- Procurement Clinical Nurse Specialists
- Values high standards of care alongside cost savings
- Clinical product evaluation co-ordination
- Supports patient safety & experience



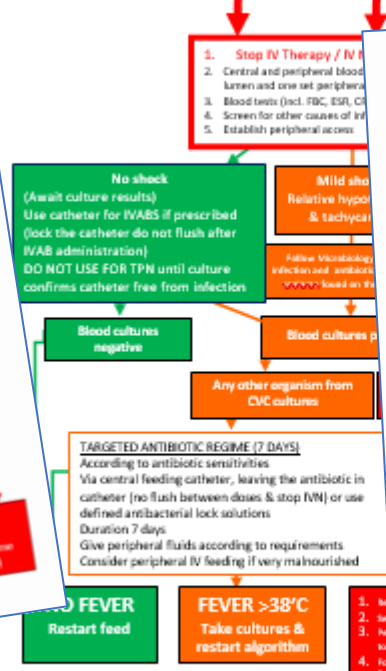
# Standardised protocol's

## Catheter Sepsis



## (Suspected and documented Infection)

**Symptoms:** chills, flu-like symptoms (especially with the IV nutrition)  
**Signs:** fever >38°C, rigors, increased CRP

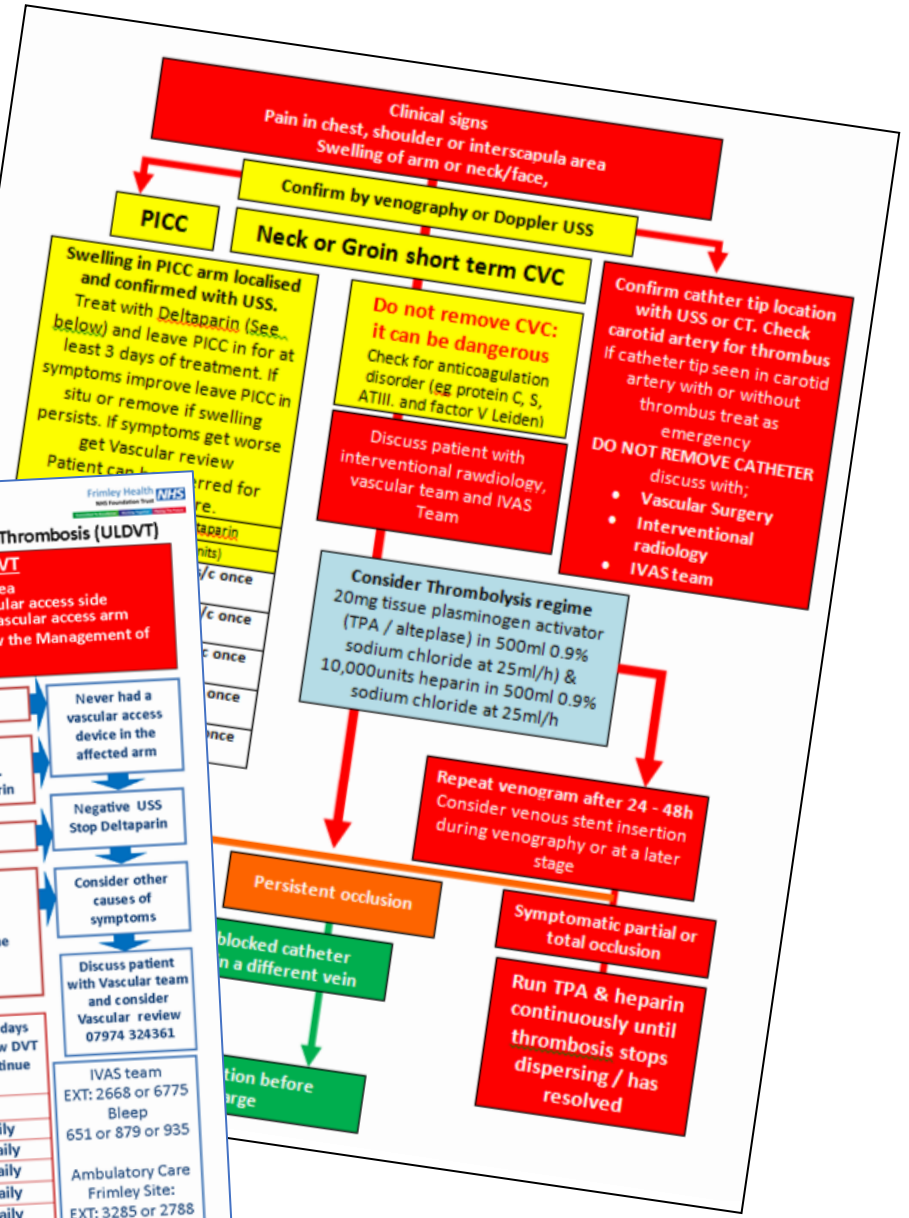
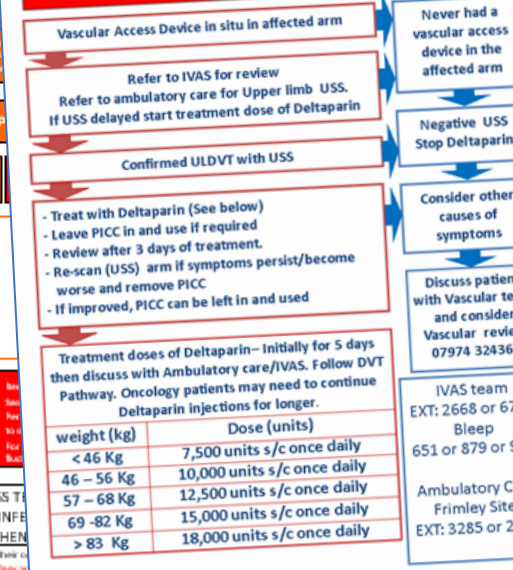


## Management for Upper Limb Deep Vein Thrombosis (ULDVT)

**Clinical signs of ULDVT**

- Pain in chest, shoulder or interscapula area
- Swelling of arm or neck/face on the vascular access side
- Skin discoloration, redness, pain in the vascular access arm

If SVC Occlusion is suspected please follow the Management of thrombosis protocol

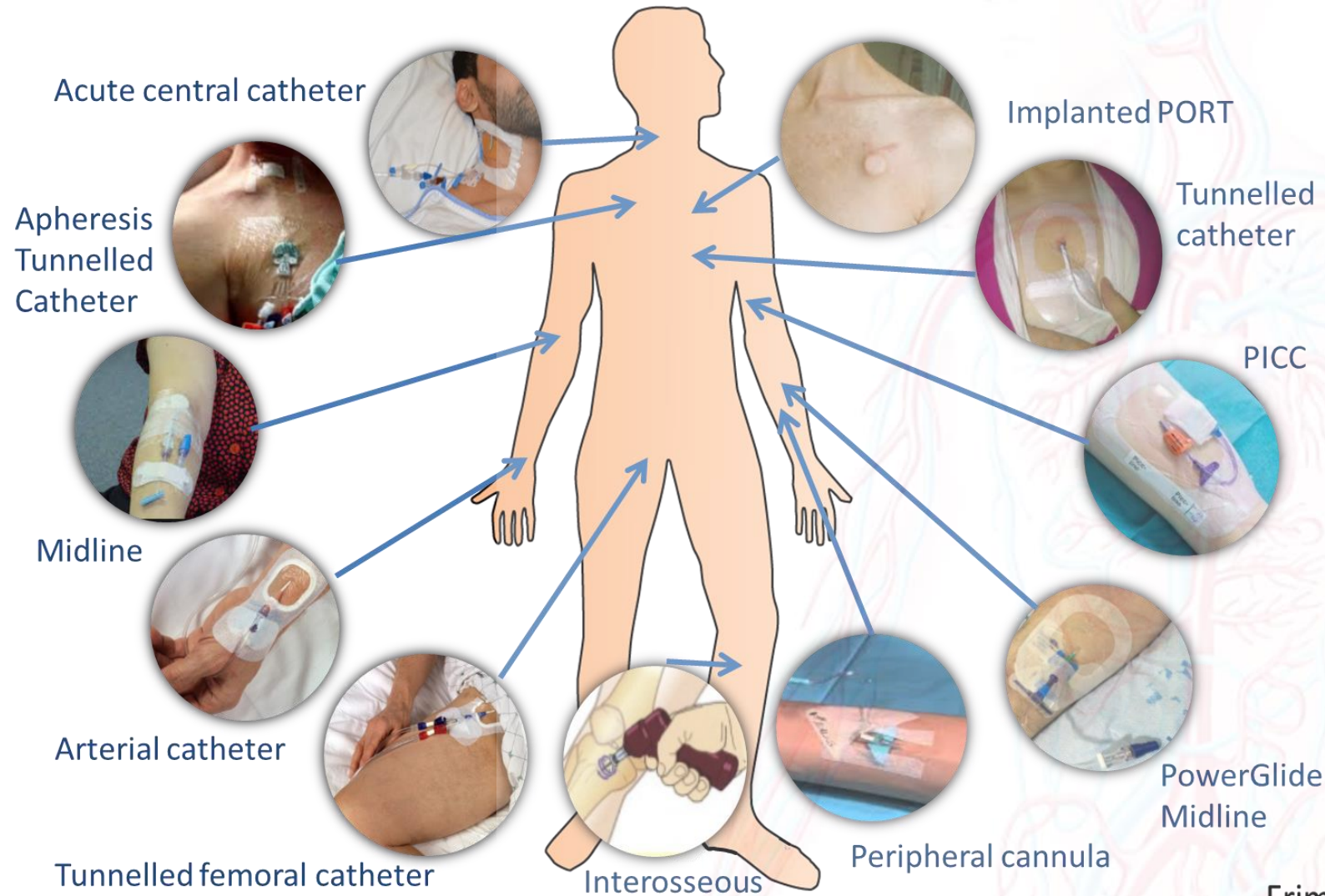


# Central IV Access Service

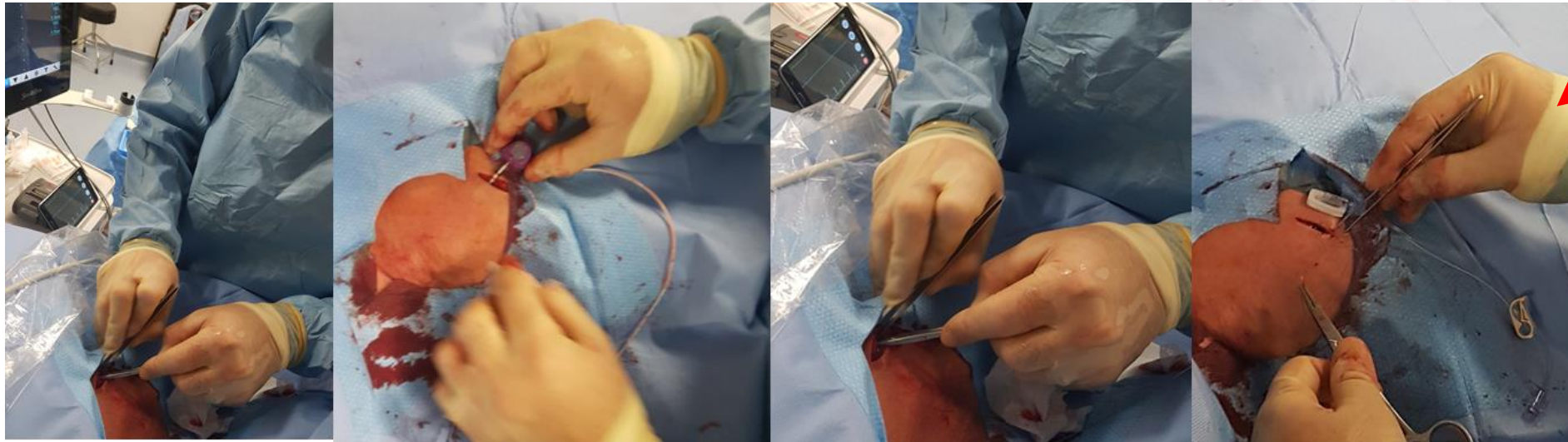
- The IVAS service can place all vascular access devices as required



# Advanced Vascular Access Services



# Nurse led PORT insertion service



ME  
↓  
!



Placing with ECG

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# Specialist IV Access

- Renal IV Access
- Paediatrics
- Satellite USS PIVC services
- Individualised IV needs

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# Paediatrics

- Device selection should be appropriate for first insertion
- Vessel health should be considered including tip location and vessel diameter
- Technology guided insertion
- 4 step approach
- Good device after care & maintenance is essential
- Paediatric nurses and doctors have been trained to use ultrasound for IV access



# Specialist IV services

- Ultrasound stations
- IVAS link nurses
- Phlebotomy USS
- Community support – GP referrals

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# Policy & Governance Leadership

- Cross site vascular access guidelines
- Injectable medicines policy
- Complications guidelines
- Fluid administration guidelines
- Extravasation policy

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# Policies

Safe. Cared for. Listened to.

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## Care of your Vascular Access Device

### MIDLINE

Peripheral Catheter and community nurses

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## Care of your Vascular Access Device

### PICC Line

Peripheral Inserted Central Catheter

A guide for patients, carers and community nurses

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## Cross Site Vascular Access and IV Therapy Clinical Guidelines: PART 1

**Key Points**

This document covers the fundamental principles of clinical practice in vascular access and IV therapy. This is Part 1 of 12 related documents which provide guidelines and clinical protocols for the insertion, care and maintenance of vascular access devices and the principles of IV therapy administration.

This set of documents also includes guidelines to recognise and treat complications associated with IV therapy and vascular access.

Power Injection of CT contrast via a power PICC

Are you sure the PICC is power injectable /compatible Injection? Check the following:

- PICC is Purple ✓
- PICC Hub states flow rate 5mls per second. ✓
- The clear lumen states Power Injectable. ✓

1. Ensure PICC hub is power injectable.

2. Remove needle free connector and clean hub

3. IMPORTANT! - If the PICC does not flush well do not use it. Position patients PICC arm to final scanning position and flush power injection hub with 10mls of normal saline.

4. Connect CT contrast directly to the power injectable hub

5. After the contrast injection manually flush the lumen with 10mls of normal saline

6. Replace new needle free connector to lumen. Flush all other lumens of the PICC with 10mls of normal saline

IMPORTANT!! If there is any doubt that the PICC lumen is power injectable do NOT use it for CT contrast injection

For help or advice contact the IVAS team on bleep 651 or Ext 2668

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## SAFETY STANDARDS FOR INSERTION OF VASCULAR ACCESS DEVICES

**Key Points**

- The standards described in this document set out the key elements necessary to deliver safe care for patients undergoing insertion of vascular access devices:
  - Peripherally Inserted Central Catheter (PICC)
  - Short-term Acute Central Venous Catheter (SA-CVC)
  - Short-term Tunnelled Central Venous Catheter (ST-CVC)
  - Long-term Tunnelled Central Venous Catheter (LT-CVC)
  - Totally Implanted Central Venous Catheter (TI-CVC)
  - Peripherally Inserted Arterial Catheter (PI-AC)
- The information included in this document provides a framework for good and safe practice when undertaking insertion of short term acute central venous catheter (STCVC)
- The standards set out are based on international, national and local guidelines which are evidence based best practice in clinical practice.
- These standards have been developed by the intravenous and vascular access team and have taken into account local conditions and circumstances while ensuring that all provisions are fulfilled.
- The processes within this document will be continually audited against compliance and reviewed against patient safety incidents, near misses and suggestions from procedure teams for ways of improving patient safety.

YELLOW BLOOD FLUIDS ONLY  
PAEDIATRIC BLOOD BOTTLES  
NG TUBE - for fluids and oral abx

For INR check contact Anti-Coag team ext 4415 - a machine is available to check INR if venepuncture difficult.

ACCESS SEEK SENIOR HELP IN THE FIRST INSTANCE  
2222 OR ACTIVATE MET IN LINE WITH TRUST POLICY  
WASTE TIME WITH NUMEROUS ATTEMPTS

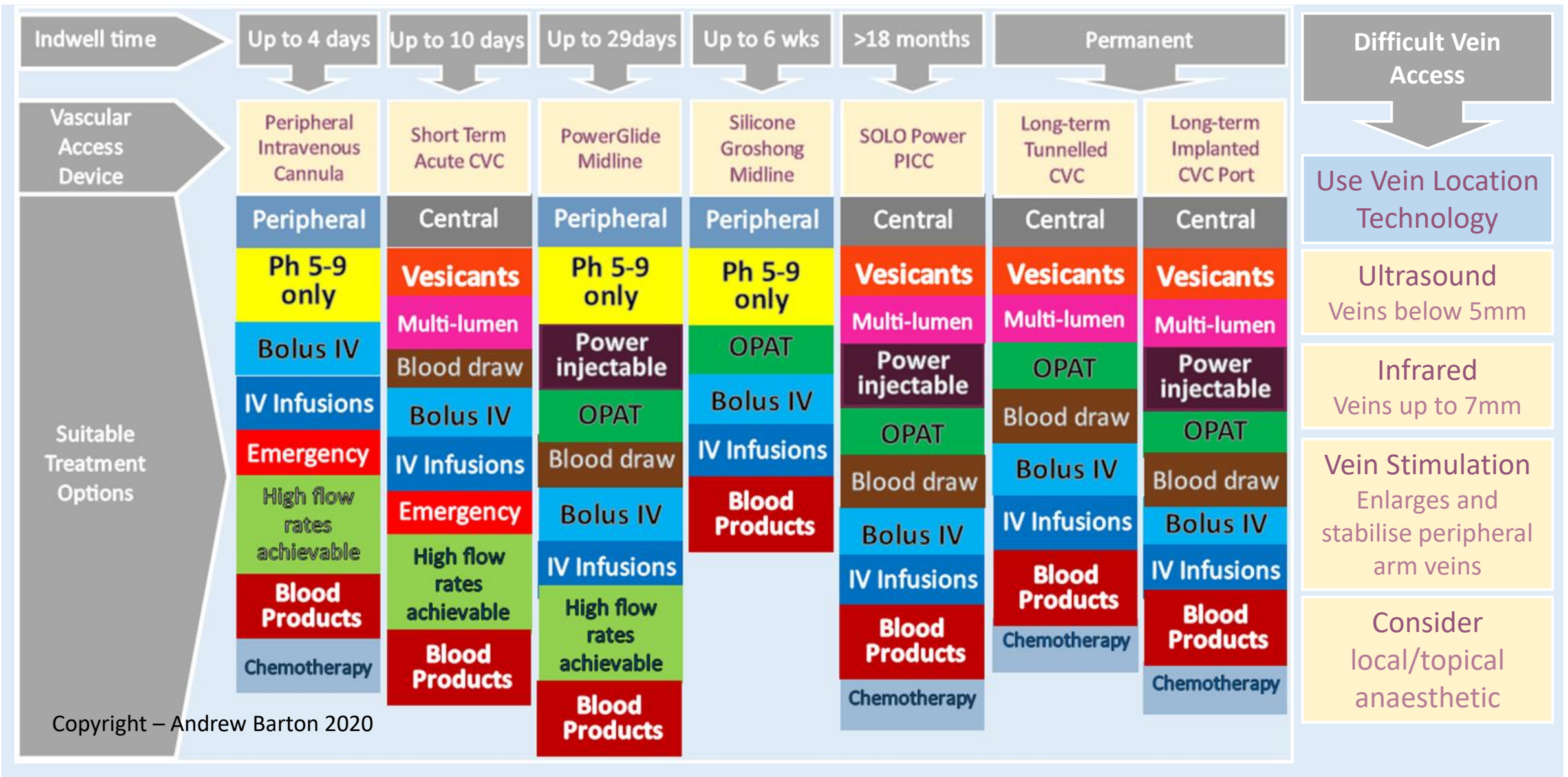
Version 24 Aug 2012 - Approved: Senior IV Nurse, Senior

# Practice Development & Training

- IV therapy administration course
- Venepuncture and cannulation course
- International vascular access academy
- Decisions making tools
- Care bundles
- Documentation

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# CHOOSING THE SAFEST VASCULAR ACCESS DEVICE



# Care bundles

**VASCATH CARE BUNDLE** Frimley Health **NHS** NHS Foundation Trust

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_

- GLOVES must be worn when handling/accessing vascular access device.
- ANTT must be observed.
- Chloraprep 1.5ml application must be used to clean the skin during dressing change
- Needle free connectors must be used on all hubs and changed every 7 days or 200 activations

**ACUTE CVC CARE BUNDLE—SHORT CVC OR ARTERIAL CATHETER** Frimley Health **NHS** NHS Foundation Trust

Name: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_

- GLOVES must be worn when handling/accessing vascular access device.
- ANTT must be observed.
- Chloraprep 1.5ml application must be used to clean the skin during dressing change
- Needle free connectors must be used on all hubs and changed every 7 days or 200 activations

**MIDLIN CATHETER CARE BUNDLE—GROSHONG OR POWERGLIDE** Frimley Health **NHS** NHS Foundation Trust

Name: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_

- GLOVES must be worn when handling/accessing vascular access device and ANTT must be observed.
- Chloraprep 1.5ml application must be used to clean the skin during dressing change
- Needle free connectors must be used on all hubs and changed every 7 days or 200 activations
- The film dressing must be changed after 24hrs and the gauze pad removed then changed every 7 days—document which day the dressing is on.

**LONG TERM CVC CARE BUNDLE—PICC/PORT/TUNNELLED CATHETER** Frimley Health **NHS** NHS Foundation Trust

Name: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_  
 Ward: \_\_\_\_\_

- GLOVES must be worn when handling/accessing vascular access device. ANTT must be observed.
- Chloraprep 1.5ml application must be used to clean the skin during dressing change
- Needle free connectors must be used on all hubs and changed every 7 days or 200 activations
- The film dressing must be changed after 24hrs and the gauze pad removed then changed every 7 days—document which day the dressing is on.
- VIP should be assessed every 6 to 8 hours.
- The device should be removed if no longer required.

DEVICE:	PICC : 4fr single	5fr double	6fr triple	Skin Tunnelled single	Skin Tunnelled double	Implanted PORT
Insertion date:	Site of device:		Length of external device after insertion:			
DATE:	E L N E L N E L N E L N E L N E L N E L N					
Assessment 6 to 8 hourly E/L/N	E L N E L N E L N E L N E L N E L N E L N					
Visual assessment—VIP score:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Dressing in situ—day number:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Dressing clean and intact—if not please change dressing and document:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Dressing dated with insertion date:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Needle free connectors present on all lumens:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Device lumens all flushing and patent:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Needle free connectors replaced every 7 days or after 200 activations:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Needle-free bungs cleaned before each use: (2% Chlorhexidine wipe)	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Microbial contamination prevention followed (see table above):	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
Discuss with team, device still required—if no please remove:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
MI lines labeled with date/time*:	DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:					
External measurement once per week on dressing day—document measurement:	cm	cm	cm	cm	cm	cm
PRINT NAME:	_____					

18G 20G 8CM 10CM

device after insertion: \_\_\_\_\_

PowerGlide catheters, MIDLINES are ONLY SUITABLE for use with PowerGlide catheters. MIDLINES are ONLY SUITABLE for use with PowerGlide catheters.

DAY 7 CHANGE DRESSING, FIXATION DEVICE AND NEEDLE FREE CONNECTORS

**DAY 7 CHANGE DRESSING, FIXATION DEVICE AND NEEDLE FREE CONNECTORS**

Catheter—catheter type: \_\_\_\_\_  
 date: \_\_\_\_\_ site of insertion: \_\_\_\_\_

E L N E L N E L N E L N

ip sent for M,C & S

DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:

cm cm cm

ids 72hrs; blood after transfusion.  
 competent professional removing device

**DAY 7 CHANGE DRESSING, FIXATION DEVICE AND NEEDLE FREE CONNECTORS**

Right jugular Left subclavian

changed every 7 days.

E L N E L N

DAY: DAY: DAY: DAY: DAY: DAY: DAY: DAY:

cm cm

competent professional removing cannula

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# Care bundles

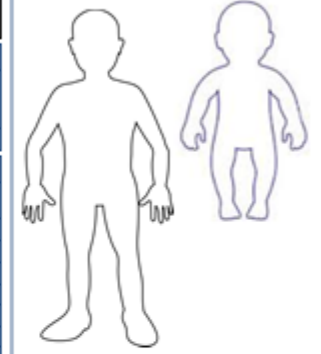
## PAEDIATRIC PERIPHERAL CANNULA CARE PATHWAY – ONE PATHWAY PER CANNULA Frimley Health NHS Foundation Trust

Name: \_\_\_\_\_  
 NHS Number: \_\_\_\_\_  
 Hospital No: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Ward: \_\_\_\_\_

- GLOVES must be worn to cannulate and ANTT must be observed
- Chloraprep 1.5ml application must be used to clean the skin prior to Cannulation (not licensed for under 2 months old).
- Disposable tourniquets must be used.
- VIP should be assessed every 6 to 8 hours.
- Indwell time is 96 hours with a VIP of 0 unless clinically indicated to extend indwell time. Is documented below.

### LOCATION OF CANNULA

COLOUR OF CANNULA: \_\_\_\_\_



**VIP SCORE ACTION**  
 All Cannula should be inspected every 6 to 8 hourly including covered cannula



Surname: Medical Records

First name: \_\_\_\_\_ Male / Female

Date of Birth: \_\_\_\_\_ Hospital No: \_\_\_\_\_  
 D M Y NHS No: \_\_\_\_\_

### PERIPHERAL CANNULA CARE PATHWAY

#### ONE PATHWAY PER CANNULA

Ward: \_\_\_\_\_

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- GLOVES must be worn for peripheral cannulation
- ANTT must be observed
- Chloraprep 1.5ml application must be used to clean the skin prior to Cannulation
- Disposable tourniquets must be used
- Cannulation of the feet is not allowed
- VIP should be assessed every 8 hours
- Indwell time is max 96 hours with a VIP of 0

INSERTION RECORD						
Date & time of insertion	Cannula No.	Hand hygiene before & after insertion	Correct PPS used & disposed of	Skin prep using 2% Chloraprep applicator	Sterile semi-permeable transparent IV dressing applied	Signature & designation of competent professional inserting cannula
		Y / N	Y / N	Y / N	Y / N	Y / N

Right

Left

MAINTENANCE RECORD								
	Date & Time	VIP Score	Connector cleaned with 2% chlorhexidine in alcohol (clinical wipe) before use	Dressing dry, intact & adherent (if No, specify actions taken)	Dressing removed	Is cannula still required	Actions taken & justification for cannula to remain in situ	Print and Sign Name
Day 1	Early		Y / N	Y / N	Y / N / NA	Y / N		
	Late		Y / N	Y / N	Y / N / NA	Y / N		
	Night		Y / N	Y / N	Y / N / NA	Y / N		
Day 2	Early		Y / N	Y / N	Y / N / NA	Y / N		
	Late		Y / N	Y / N	Y / N / NA	Y / N		
	Night		Y / N	Y / N	Y / N / NA	Y / N		
Day 3	Early		Y / N	Y / N	Y / N / NA	Y / N		
	Late		Y / N	Y / N	Y / N / NA	Y / N		
	Night		Y / N	Y / N	Y / N / NA	Y / N		
Day 4	Early		Y / N	Y / N	Y / N / NA	Y / N		
	Late		Y / N	Y / N	Y / N / NA	Y / N		
	Night		Y / N	Y / N	Y / N / NA	Y / N		

**VIP Score 0**  
continue to use cannula 96hrs

**VIP Score 1**  
Remove at once

**DO NOT COVER OR BANDAGE CANNULA**  
**DO NOT CANNULATE FEET**

**REMOVE CANNULA AFTER 96 Hours or if the VIP score is 1.** If infection suspected send tip for MC&S and swab site

Date & time of removal: \_\_\_\_\_ Signature & designation of competent professional removing cannula: \_\_\_\_\_

Site	Reason for insertion	Number of attempts (max 2)	Documented insertion on picture	Signature & designation
			Y / N	

	Dressing replaced	Cannula still required?	Actions taken/ reason for cannula	Print and Sign Name
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		
	Y / N / NA	Y / N		

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		
Y / N / NA	Y / N		

Signature & designation of competent professional removing cannula: \_\_\_\_\_

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# Documentation

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 NHS Foundation Trust  
 Intravenous Vascular Access Services  
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## PICC INSERTION RECORD

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 NHS: \_\_\_\_\_

Procedure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Operator: \_\_\_\_\_  
 Patient Location: \_\_\_\_\_ Reason for PICC: \_\_\_\_\_

Consent Obtained: Yes/Unable Action if unable: \_\_\_\_\_  
 Verbal: \_\_\_\_\_ Written: \_\_\_\_\_

Procedure explained: \_\_\_\_\_ Line Used: \_\_\_\_\_  
 Allergic: \_\_\_\_\_ POWER INJECTABLE: Yes/No Medium/Combo/Sec: \_\_\_\_\_  
 Relevant Blood Results: \_\_\_\_\_ Micro-Introducer used: Yes/No  
 MESA Status/ICP actions: \_\_\_\_\_ Ultrasound used: Yes/No  
 Local Anaesthetic used - Lidocaine 1% 2mg: Yes / No : \_\_\_\_\_ Line Aspirated w/ h blood: Yes/No  
 Sign: \_\_\_\_\_ Line Flashed with: \_\_\_\_\_

This PICC was placed with Sherlock 3ECG technology YES/NO.

**ECG PRINT OUT SHOULD BE FIXED HERE**  
 If the patient has an absent or unrecognisable P wave ECG cannot be used for confirming tip location.

Reason for Chest xray confirmation: \_\_\_\_\_  
 If TIP not confirmed with ECG the patient will require a chest xray and the TIP should sit in the lower 3rd of the SVC around the 4th intercostal space, it is the responsibility of the clinical team to review the chest xray out of hours and confirm the PICC is safe to use but completing the lower portion of this proforma.

**ECG PRINT OUT SHOULD BE FIXED HERE**

Chest X-ray required: Yes/No (if yes see below) OR Team to order CXR and review YES/NO  
**DO NOT USE PICC UNTIL TIP PLACEMENT VERIFIED AND DOCUMENTED BELOW.**  
 Chest X-ray RV - TIP location: \_\_\_\_\_ Line Pulled Back: \_\_\_\_\_  
 Documentation: \_\_\_\_\_ Sign: \_\_\_\_\_

Please remove the gauze dressing after 24 hours and apply a single large IV3000 or Tegaderm CVC dressing. Do not reapply any gauze.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Signature: \_\_\_\_\_

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## LT TUNNELLED CATHETER INSERTION RECORD

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 NHS: \_\_\_\_\_

Procedure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Operator: \_\_\_\_\_  
 Patient Location: \_\_\_\_\_ Support Nurse: \_\_\_\_\_

Reason for Long Term Tunnelled Catheter: \_\_\_\_\_  
 Is the responsible Consultant documented that a Tunnelled Catheter is required. Yes is a written request been made electronically and documented in the clinical notes. Yes procedure explained and patient given time to consider and ask questions: Yes Consent Obtained: Yes Action if unable: \_\_\_\_\_

**IF ANSWER IS NO TO ABOVE THE PROCEDURE MAY NOT CONTINUE.**

**ALLERGIES**  
 Drug/Nil Other Bloods: \_\_\_\_\_

**POWER INJECTABLE PORT:** Yes/No Maximum 5mls/Sec: \_\_\_\_\_  
**SA Status/ICP actions:**  
 Anaesthetic used - Lidocaine 1% Amount: \_\_\_\_\_ Sedation Used - Midazolam up to 2.5mg - Amount given: \_\_\_\_\_  
 Sign: \_\_\_\_\_

Site Location: \_\_\_\_\_ Safety Check List :  
 Consent  
 Full surgical drapes, gown, hat, mask  
 10mls chlorhexadine skin prep  
 Surgical Asepsis maintained  
 USS used to access vessel  
 Introducer removed  
 Wire removed  
 Sharps accounted for  
 Number of Lumens: \_\_\_\_\_  
 Vein Accessed: \_\_\_\_\_  
 Vein Aspirating Blood and flushing well: YES

Catheter tip confirmed to be in lower 3rd of the SVC by Fluoroscopy  chest x ray   
 Consent given to patient \_\_\_\_\_  
 Will the patient come back for suture removal and where: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 Tunnelled Catheter can be used: \_\_\_\_\_  
 Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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## PORT INSERTION RECORD

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 ID No: \_\_\_\_\_  
 NHS: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Operator: \_\_\_\_\_  
 Site: \_\_\_\_\_ Support Nurse: \_\_\_\_\_

Reason for Long Term Tunnelled Catheter: \_\_\_\_\_  
 Is the responsible Consultant documented that a PORT is required. Yes request been made electronically and documented in the clinical notes. Yes consent and patient given time to consider and ask questions: Yes Consent Obtained: Yes Action if unable: \_\_\_\_\_

**IF ANSWER IS NO TO ABOVE THE PROCEDURE MAY NOT CONTINUE.**

**ALLERGIES**  
 Drug/Nil Other Bloods: \_\_\_\_\_

**POWER INJECTABLE PORT:** Yes/No Maximum 5mls/Sec: \_\_\_\_\_  
**ICP actions:**  
 Anaesthetic used - Lidocaine 1% Amount: \_\_\_\_\_ Sedation Used - Midazolam up to 2.5mg - Amount given: \_\_\_\_\_  
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 Consent given to patient \_\_\_\_\_  
 Will the patient come back for suture removal and where: \_\_\_\_\_  
 Additional Comments: \_\_\_\_\_  
 Tunnelled Catheter can be used: \_\_\_\_\_  
 Name: \_\_\_\_\_ Designation: \_\_\_\_\_

MACOVA 2020

# Infusion Therapy Unit

- Same day IV therapy
- Iron Infusion
- Blood transfusion
- Venesections
- Antibiotics
- Frusemide
- IV fluids
- MS
- Immunology -IVIG
- Drop in cannulation and venepuncture
- Outpatient vascular access



# IVAS unit

- Infusion unit
- 10 chairs
- 9 infusion nurses
- Specialist IV infusions
- OPAT
- Nurse led
- Non-medical prescribers



# Home Infusion Therapy

- Nurse led with support from microbiology
- Home IV antibiotics
- Weekly nurse led clinic
- Patient self administration
- GP referrals
- Pathway practice
- Integrated care systems

# Research & Development

- Veinsite – infrared vein location technology
- SecurAcath
- SyrEase
- Sherlock 3CG
- CHG Dressings
- Portocator
- Veinplicity
- PORT placement with ECG
- Community IVAS
- New catheter securement device  
Cath Latch

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# Building a vascular access team

- How will a team benefit your organisation
- What will the team offer
- Who will help make it happen
- How will it be funded
- What will the service offer
- How will outcomes be measured



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# Current focus in IVAS clinical practice



- Partnership working, taking care out of the acute hospital bed
- IV therapy delivered in hubs and day units
- Reliable IV devices that are cost effective, safe and robust
- Reduce the risk of catheter related blood stream infections
- Reduce the risk of exit site catheter related infections
- Reduce the risk of thrombosis
- Vessel health preservation

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Thank you MACOVA