

Intravenous Catheter/ PICC/Implanted Vascular Device

ALL PROCEDURES MUST HAVE A CORRESPONDING ORDER DOCUMENTED IN THE INMATES EHR. IF THERE IS NO DOCUMENTED ORDER, WRITE A VERBAL ORDER AND ASSIGN TO THE HEALTH CARE PROVIDER FOR SIGNATURE.

Chief complaint: _____ **Allergies:** _____

Materials:

Intravenous Catheter	Peripherally Inserted Central Catheter	Implanted Vascular Access Device
<input type="checkbox"/> Safety needle <input type="checkbox"/> Syringes <input type="checkbox"/> Normal Saline flush (2 ml) <input type="checkbox"/> 1:10 /units/ml Heparin solution (0.5ml) <input type="checkbox"/> Angiocatheter <input type="checkbox"/> Tourniquet <input type="checkbox"/> Povidone-iodine swabs (3) <input type="checkbox"/> Alcohol Swabs (3) <input type="checkbox"/> Gloves <input type="checkbox"/> Absorbent towel or drape <input type="checkbox"/> Gauze dressing, scissors, tape <input type="checkbox"/> IV Tubing and solution <p>Note: Many institutions do not use heparin solutions to keep short peripheral catheters open. A saline flush (2 ml) is administered and clamped.</p>	<input type="checkbox"/> Safety needle <input type="checkbox"/> Syringes (do not use anything smaller than a 10 ml syringe) <input type="checkbox"/> Normal Saline (10 ml) <input type="checkbox"/> 1:100 /units/ml Heparin solution (3 ml) <input type="checkbox"/> Chloraprep <input type="checkbox"/> Alcohol wipes and swabs <input type="checkbox"/> Povidone-iodine swabs <input type="checkbox"/> Sterile Gloves <input type="checkbox"/> Gauze dressing, scissors, tape <p>(Note-not all PICC's require heparin) A valve PICC line (one that is closed – Groshong) does not have clamps and does not need to be heparinized. A non-valve PICC line (one that is open) has clamps and needs to be heparinized. Blood draw: Flush with 5 ml NS, aspirate 5 ml and discard, draw blood for lab sample, then flush with 10 ml of NS and if not non-valve flush with 3 ml of 1:100 units/ml heparin.</p>	<input type="checkbox"/> Safety needle <input type="checkbox"/> Syringes (do not use anything smaller than a 10 ml syringe) <input type="checkbox"/> Normal Saline (10 ml) <input type="checkbox"/> 1:100 /units/ml Heparin solution (5 ml) <input type="checkbox"/> Chloraprep <input type="checkbox"/> Povidone-iodine swabs (3) <input type="checkbox"/> Alcohol Swabs (3) <input type="checkbox"/> Huber Needle <input type="checkbox"/> Gauze dressing, scissors, tape <input type="checkbox"/> Sterile Gloves <p>Blood Draw: Flush with 5 ml NS, aspirate blood, discard, draw blood for lab sample, then flush with 10 ml NS and 5 ml of 1:100/units/ml heparin.</p>

CONTACT HEALTH CARE PROVIDER IF: *Health care provider must be called if not on site or if after clinic hours.*

Intravenous Catheter	Peripherally Inserted Central Catheter	Implanted Vascular Access Device
<input type="checkbox"/> Redness, tenderness, warmth or swelling. <input type="checkbox"/> Unable to access vein.	<input type="checkbox"/> Pain, swelling, pus, leaking fluid, torn skin, redness. <input type="checkbox"/> Bleeding from insertion site <input type="checkbox"/> Protruding tube <p>NOTE: If the catheter appears to be slipping out of the exit site, because you notice that the tubing seems longer, DO NOT push the catheter back in. Contact the health care provider.</p>	<input type="checkbox"/> Port is occluded. DO NOT FORCE IRRIGATION. <input type="checkbox"/> Fluid palpable under skin. <input type="checkbox"/> Stinging, burning and pain at insertion site. <p>DO NOT ACCESS PORT IF: <input type="checkbox"/> Redness, tenderness, warmth or swelling.</p>

Interventions: (Check all that apply)

Intravenous Catheter	Peripherally Inserted Central Catheter	Implanted Vascular Access Device
<input type="checkbox"/> Provided privacy and explained procedure to inmate. <input type="checkbox"/> Hands washed with soap and water. <input type="checkbox"/> Using clean technique, equipment organized and prepared at bedside. <input type="checkbox"/> Arm inspected and positioned, protective pad placed, IV site identified and cleansed with alcohol swabs and then povidone-iodine swabs, tourniquet applied. <input type="checkbox"/> Angiocatheter stylet inserted with bevel up, blood return noted. # attempts: ___ Size of catheter: ____ <input type="checkbox"/> Applied pressure over vein, Stylet removed, and tourniquet removed. <input type="checkbox"/> IV tubing attached and opened to allow flow of IV solution _____. (If IV Fluids) <input type="checkbox"/> Angiocatheter flushed with ___ml NS. (If heparin) OR <input type="checkbox"/> Angiocatheter flushed with ___ml heparin. <input type="checkbox"/> Catheter secured with tape. <input type="checkbox"/> Dressing applied/dated <input type="checkbox"/> Stylet disposed in biohazard container. <input type="checkbox"/> No signs and symptoms of infiltration. <input type="checkbox"/> Disposed of used material, removed gloves and hands washed <input type="checkbox"/> Inmate tolerated procedure well.	<input type="checkbox"/> Provided privacy and explained procedure to inmate. <input type="checkbox"/> Hands washed with soap and water and equipment placed at bedside. <input type="checkbox"/> Implement Infection Precautions (masks) <input type="checkbox"/> Instructed inmate to turn head away from PICC line. Using sterile technique, old dressing removed while ensuring no displacement of hub. <input type="checkbox"/> No signs and symptoms of infection noted. <input type="checkbox"/> Gloves removed, hands rewashed. <input type="checkbox"/> Using sterile technique, pre-package equipment prepared. <input type="checkbox"/> Skin cleansed with Chloraprep stick. Area allowed to dry x 30 seconds. OR <input type="checkbox"/> Skin cleansed with alcohol and povidone- iodine swabs. Area allowed to dry x 30 seconds. <input type="checkbox"/> Transparent dressing applied/dated <input type="checkbox"/> Injection caps cleansed with alcohol wipes prior to changing. (connectors should be change with each dressing change and as needed) <input type="checkbox"/> New injection caps primed with NS to remove air, attached and flushed with remaining ___ml of NS. <input type="checkbox"/> Flushed with ___ ml of heparin (if open port) <input type="checkbox"/> Disposed of used material, removed gloves and hands washed <input type="checkbox"/> Inmate tolerated procedure well.	<input type="checkbox"/> Provided privacy and explained procedure to inmate. <input type="checkbox"/> Hands washed with soap and water. <input type="checkbox"/> Implement Infection Precautions (masks) <input type="checkbox"/> Using sterile technique, dressing removed and discarded in biohazard container. <input type="checkbox"/> Skin assessed at IVAD site for signs/symptoms of infection. <input type="checkbox"/> Skin cleansed with Chloraprep stick. Area allowed to dry x 30 seconds. OR <input type="checkbox"/> Skin cleansed with alcohol and povidone- iodine swabs. Area allowed to dry x 30 seconds. <input type="checkbox"/> Gloves removed and disposed, hands washed. <input type="checkbox"/> Sterile field prepared and supplies laid out. <input type="checkbox"/> Two syringes prepared with ___ ml of normal saline and one syringe with ___ ml of heparin solution. Huber needle prepare <input type="checkbox"/> Flushed Huber needle and extension with saline to prevent infusion of air. <input type="checkbox"/> Port palpated and stabilized, Huber needle inserted without difficulty, port flushed with ___ ml of normal saline and flushed with ___ml heparin. <input type="checkbox"/> Huber needle removed without difficulty and discarded in biohazard container. <input type="checkbox"/> Dressing applied and dated. <input type="checkbox"/> Disposed of used material, removed gloves and hands washed <input type="checkbox"/> Inmate tolerated procedure well.

Education/Intervention: Instructed patient to follow-up sick call if experiencing any signs and symptoms that warrant treatment. Inmate verbalizes understanding of instructions.

Progress Note: _____

Health Care Provider Signature/Credentials: _____ **Date:** _____ **Time:** _____

RN/LPN Signature/Credentials: _____ **Date:** _____ **Time:** _____

Inmate Name
(Last, First)

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