

NURSING PRACTICE MANUAL

CATEGORY: PVAD, CVAD & SUBCUTANEOUS
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PERIPHERAL VASCULAR ACCESS DEVICE (PVAD) – Insertion, Care & Maintenance

POLICY

It is the policy of Northumberland Hills Hospital that:

- Regulated healthcare professionals (RHP) who possess the knowledge, skill and judgment can insert and maintain PVADs.
- To keep the vein open (TKVO/TKO/KVO) is not an accepted order. The infusion rate must be specified by the ordering practitioner.
- Patients going to the operating room **must** have 3 port IV tubing.
- Maximum attempts – 2 providers, 2 attempts each then contact ordering practitioner to discuss alternatives (i.e. PICC, anesthesia)
- Patients receiving continuous medication infusion (ie. insulin, heparin, TPN, pantoprazole) must have IV tubing with **NO** ports to avoid accidental incompatibilities with other solutions and medications.
- All admitted patients must have non-NHH IV tubings and/or accessories replaced with NHH products.
- Infusion pumps are used for all pediatric patients and must be programmed to deliver a 2 hour supply only.
- A maximum 250 mL solution container will be hung for children 5 years and younger.

Section A – Insertion of PVAD

- Pediatric (greater than 2 years) & patients with low pain tolerance or fear of needles may require topical anesthetic. A practitioner's order is required.
- When selecting a catheter gauge/site, consider purpose of PVAD. For example, if it is known/anticipated that the patient will require a CT with contrast, select at least an 18G BD Nexiva catheter or any size BD Diffusics catheter. For optimal site locations and rationale, See Appendix A.
- Please see Clinical Skills: Intravenous Therapy Initiation and BD Nexiva Points to Practice and Video (Appendix B) for procedural information on insertion practices.

- Following insertion, ensure PVAD is secured with appropriate dressing that is signed and dated. Document details of insertion in patient's record.

Section B – Maintenance of PVAD

1. Assess the IV site, patency and rate at a minimum of every 4 hours and PRN as well as prior to administering medications.
2. The clinical need for the PVAD should be assessed on a daily basis.
3. PVADs are not to be removed based solely on length of dwell time, rather, when clinically indicated based on findings from site assessment and/or clinical signs and symptoms of systemic complications such as: any level of pain/tenderness with or without palpation, changing in color (erythema or blanching), changes in skin temperature (hot or cold), edema, induration, leakage of fluid or purulent draining from the puncture site, or other signs of dysfunction (i.e. resistance when flushing, absence of a blood return).
4. PVADs are removed upon unresolved complication, discontinuation of infusion therapy, or when deemed no longer necessary for the plan of care
5. PVAD dressings should be replaced if they are visibly soiled, if you are unable to assess the IV catheter insertion site, or if it is no longer intact. Ensure area is cleaned with chlorhexidine swap and allowed to completely dry before applying a new dressing.
6. Continuous infusion tubing must be changed every 96 hours unless medication stability is compromised requiring tubing change more frequently.
7. Intermittent infusion tubing must be changed every 24 hours after last evening medication.
8. Ensure to label tubing with the date.
9. The IV fluid container will be changed every 24 hours. Secondary lines must be changed every 24 hours after the last medication infusion of the evening shift.
10. Document assessment every shift.

Section C – Maintenance of Saline Lock

1. Flush saline lock with a minimum of 3 mL of 0.9% NaCl at least every 12 hours (this can include pre/post medication flushes).

REFERENCES

Clinical Skills: Intravenous Therapy Initiation and BD Nexiva Points to Practice and Video (May 2019)

"Infusion Therapy Standards of Practice," Journal of Intravenous Nursing (44) 2016.

O'Grady, N. P., Alexander, M., Burns, L. A., Dellinger, P., Garland, J., Heard, S. O.,...Healthcare Infection Control Practices Advisory Committee. (2011). Guidelines for the prevention of intravascular catheter-related infections. Centre for Disease Control and Prevention.

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Potter, P.A. & Perry, A.G., Ostendorf, W. (2018). Clinical Nursing Skills & Techniques. (7th ed.). St. Louis, Mo.: Mosby Elsevier.

Registered Nurses Association of Ontario (2008). Assessment and Device Selection for Vascular Access. Toronto, Canada: Registered Nurses Association of Ontario.

Registered Nurses' Association of Ontario. (2008). Care and Maintenance to Reduce Vascular Access Complications. Toronto, Canada: Registered Nurses' Association of Ontario.

REVIEWED (r) or REVISED (R): Sept 2019

Appendix A: Peripheral IV Optimal Site Locations



PIV best
practices.pdf

Appendix B: BD Nexiva Points to Practice



BD-2750 Nexiva with
Max Points to Practice



BD Nexiva SP with
MaxZero V3.mp4



BD Nexiva
Advancement Tips Po

If you are experiencing difficulties accessing the icons above, please see link here:

<http://infoweb.nhh.local/Learning/Documents/Forms/AllItems.aspx?RootFolder=%2FLearning%2FDocuments%2FBD%20Nexiva%20IV%20Catheters&FolderCTID=0x012000AD6D83E86597FF44A95BC10E9E561D8C&View={484D274D-9505-4837-A1CE-45806449524D}>

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