

PERIPHERAL VASCULAR CATHETER (PVC) CARE BUNDLE

AFFIX PATIENT LABEL HERE

Insertion Bundle – complete on PVC insertion		
Clinical indication:	Hand hygiene immediately before insertion	Yes/No
Diagnostics <input type="checkbox"/>	*Chlorhexidine skin prep used	Yes/No
Resuscitation <input type="checkbox"/>	Aseptic technique throughout procedure	Yes/No
IV medication <input type="checkbox"/>	Transparent semi-permeable dressing	Yes/No
IV fluids <input type="checkbox"/>	Location of insertion: Pre-hospital	E.D.
Transfusion <input type="checkbox"/>	Ward Theatre	Other
Date: / /		Time:
PVC inserted by: Name		Dr/Nurse/Midwife
Insertion site: R / L		Size of cannula:

INSERTION & MAINTENANCE BUNDLE

If patient has multiple PVCs a separate form should be used for each site

Maintenance bundle: complete fully at AM and PM shifts

All intravenous medications should be reviewed daily and stopped or changed to suitable oral preparation as soon as possible - IV to PO switch

PVC Date/Day	Date: Day:			Date: Day:			Date: Day:			Date: Day:		
	AM	PM		AM	PM		AM	PM		AM	PM	
Assess the need for PVC on each shift? <i>(consider IV to PO switch)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Record Visual infusion Score (VIP) score	VIP 01 2 3 4 5	VIP 01 2 3 4 5		VIP 01 2 3 4 5	VIP 01 2 3 4 5		VIP 01 2 3 4 5	VIP 01 2 3 4 5		VIP 01 2 3 4 5	VIP 01 2 3 4 5	
PVC dressing is dry and intact	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	24 hours - review**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	48 hours - review**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	72 hours - review**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	96 hours - review**
Hand hygiene is performed <i>(before and after contact with device or insertion site).</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Aseptic technique for all access and care	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Scrub the hub and connector with an appropriate disinfectant (for example chlorhexidine in alcohol*) for the recommended duration and allow to dry before each access	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
PVC flushed and patent	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Initial												

**Review clinical reason and/or justify rationale for PVC to remain in place; remove PVC if not required.

If venous access is for long-term therapy (7-14 days or longer), consider if insertion of a midline catheter (MC) or peripherally inserted central catheter (PICC) may be appropriate

Actions taken and additional comments	Date & Time	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: Remove and resite cannula at another location if still needed. Seek further advice
As above including: palpable venous cord	4	
As above including: pyrexia	5	

Date Removed:	Time Removed:
Reason for PVC Removal:	

* No recommendation can be made for the safety or efficacy of chlorhexidine in infants aged less than 2 months. Healthcare workers should be aware of the risk of chlorhexidine allergy and question patients on any known allergies prior to use.