### Peripheral Cannula Ongoing CARE BUNDLE

**What is a Care Bundle?**
- A care bundle is a structured way of improving processes of care and patient outcomes. It is a small straightforward set of practices that, when performed collectively, reliably and continuously, have demonstrated improvement in patient outcomes.

**Aim:**
- To reduce the incidence of peripheral intravenous cannula infections.

**Ongoing Care Actions:**

**Hand hygiene:**
- Decontaminate hands before and after each patient contact and before applying and after removing gloves.
- Use correct hand hygiene procedure.

**Continuing clinical indication:**
- Assess daily if all intravenous cannulae are still indicated.
- Document assessment on the ‘Peripheral IV Cannula Record Sheet’.
- If there is no clinical indication then the IV cannula should be removed.

**Site inspection:**
- Regular (hourly when in use) inspection for signs of infection.
- Document site inspection using the VIP score on the ‘Peripheral IV Cannula Record Sheet’.
- If accessed infrequently, the cannula should be inspected, assessed and flushed with 0.9% NaCl every 8 hours. Document the assessment/flush on the ‘Peripheral IV Cannula Record Sheet’.

**Cannula access:**
- Use aseptic/non-touch technique.
- Firmly wipe port or hub using friction with 2% chlorhexidine/70% isopropyl alcohol (Clinell® wipe) for 30 seconds and allow to dry prior to access.

**Administration set replacement:**
- Following administration of blood, blood products – immediately.
- Following total parenteral nutrition/ fluids with additives – after 24 hrs.
- Following other fluids without additives - after 72 hrs.
- Label administration set with date and time.

**Routine cannula replacement:**
- Replace cannula in a new site after 72-96 hours or earlier if clinically indicated.
- If venous access is limited, the cannula can remain in situ if there are no signs of infection.

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Always obtain the latest version of this poster from the GOSH intranet infection control webpage.

**References:**