



Infection Prevention & Control

Intravenous (IV) peripheral cannula

A patient's guide



Clinical staff should remove the cannula:

- If it is not being used and there is no reason to think it may be used in the near future.
- When the treatment or procedure is finished.
- If the insertion site is red or sore or no longer functioning.
- If the cannula becomes dislodged.
- If after four days the cannula is still needed, it should be replaced.
- Before you are discharged from hospital (except in exceptional cases where treatment will continue at home).

If you have any questions about your cannula, please ask the staff looking after you.

Any further information

If you have any further questions please feel free to contact the Infection Prevention & Control Team, on 0207 288 3261, or you can ask the ward manager to contact us.

Public Health England website also provides additional information www.gov.uk/government/organisations/public-health-england

Patient advice and liaison service (PALS)

If you have a compliment, complaint or concern please contact our PALS team on 020 7288 5551 or

whh-tr.whitthealthPALS@nhs.net

If you need a large print, audio or translated copy of this leaflet please contact us on 020 7288 3182. We will try our best to meet your needs.

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What is an intravenous line?

An intravenous device or cannula is a small plastic tube that is inserted through the skin into one of the veins, usually in your hand or arm. This allows nurses and doctors to give fluids and medication as required.

Why do I need it?

- Your doctor may have prescribed into the vein (intravenous) treatment, which may be the best or only way your treatment can be given. The treatment may be given as a 'drip' or injected using a syringe.
- The doctor or nurse should explain your treatment and tell you about the side effects so that you know what to expect and can report any symptoms or concerns.

How will it be put in?

The person putting in the cannula will take precautions to help prevent infection. They do this by:

- Washing their hands.
- Using sterile equipment and a 'non-touch' technique.
- Decontaminating your skin at the insertion site with a single-use application of 2 % Chlorhexidine gluconate in 70% isopropyl alcohol wipe, allowing this to dry prior to insertion.

The cannula is inserted into the vein using a fine needle this is then removed leaving the cannula in the vein. You may feel a sharp pain as the needle goes in but this discomfort should then stop. If it continues to hurt, tell the person who is inserting the cannula. A dated dressing will be applied and the cannula flushed with saline to check that it is in the vein. You may feel a cool sensation when the fluid goes in.

How will the staff look after the cannula?

- They will write the time and date of insertion on the dressing.
- Make sure the dressing covering the cannula is clean and secure; replacing it as necessary.
- Check before giving any treatment that the cannula is working properly, that it flushes easily and the area around it is not red or painful.
- Inspected at a minimum during each shift, recording a Visual Infusion Phlebitis (VIP) score.
- Ensure all paper work is completed
- If the cannula is no longer needed they will remove it.

The cannula should be re-sited if clinically indicated after 96 hours (4 days) or removed if no longer required.

How should I look after my cannula?

- By keeping it clean and dry and not touching it. Tell the nurse if it becomes wet, dirty, loose, falls out or if there is any blood.
- By protecting it from knocks; wear watches and other jewellery on the opposite side to prevent them catching on the cannula
- Taking extra care when dressing and undressing. It is advisable to wear clean loose fitting sleeves.
- Report to the medical staff if you have any of the following symptoms around the site or feel hot, cold or shivering:
 - Pain
 - Redness
 - Swelling