PERIPHERAL INTRAVENOUS CATHETER INSERTION

To gain intravenous access in the infant needing:
- Intravenous fluids and medications, and parenteral nutrition.

EQUIPMENT
- Dressing pack & sterile gloves
- Chlorhexidine 1% Swab / Povidone-iodine 10% Swab (weight/age criteria)
- 1ml & 2ml syringe and drawing up needles
- Normal saline or prefilled normal saline syringe
- 24G cannula
- Needleless system/short extension & 3-way tap (if applicable)
- Tegaderm – transparent occlusive dressing (not <1200g)
- Steri-strips / leucostrips
- Arm-board & leukoplast tape (backed with cotton wool)

Taping for infants ≤27 weeks +/or ≤ 1200gms
- 3 small Leukostrips 6.4mm x 76mm
- Appropriately sized splint
- 3 large Leukostrips 13mm x 102mm (avoid cotton wool on the 2 large Leukostrips near the cannula)

Tegaderm and LeukoPlast Tape Should Not Be Used for ≤27 Weeks

Taping for infants >27 weeks
- 3 small Leukostrips 6.4mm x 76mm
- Appropriately sized splint
- Tegaderm
- Leukoplast tape (should be backed with cotton wool if in direct contact with skin)

IF THERE ARE ANY CONCERNS REGARDING SKIN INTEGRITY - USE THE <27 WEEK STRAPPING POLICY IRRESPECTIVE OF THE INFANT’S AGE.

PROCEDURE (STANDARD ASEPTIC TECHNIQUE)
See Infection Control Manual - Framework for Aseptic Technique

1. Clean skin as per policy.
2. Put on sterile gloves
3. Advance the catheter all the way into the vein.
4. Flush to ensure patency and attach primed extension system.
5. It is important to remember that all IV insertion sites should be checked on an hourly basis.
6. IV bungs must be flushed with 0.5ml of Normal Saline every 4-6 hours to ensure patency.
7. The person inserting the cannula must ensure all sharps are discarded immediately after the procedure. Document the date of insertion and position of cannula.