

NCVH Peripheral Venous Catheter Care -Daily Checklist

<u>Patient Name:</u>	<u>Date:</u>	<u>Time:</u>	<u>Location:</u>	<u>Catheter gauge:</u>	<u>Healthy skin prior to insertion?</u> Y____ N____	<u>Site clipped and prepared to NCVH protocol?</u> Y____ N____	<u>Initial</u>	
<u>Reason for catheter:</u>	<u>Vet/Nurse hand hygiene performed?</u> Gloves or WHO		<u>Ease of placement/ no. of attempts:</u>		<u>Patient compliance?:</u>	<u>Flushed with sterile saline to confirm placement/patency?</u> Y____ N____		
Daily catheter care checks	Hand hygiene (WHO) OR Gloves worn	Appearance of protective layer (wet, soiled, ok?)	Any patient interference?	Appearance of site and limb (heat, swelling, odour, erythema, pain etc.)	Injection ports cleaned with sterile Steret swab? <u>Do not flush if patient on IVFT and IV patent</u>	IV removed? No longer needed	IV removed? Reason 1. Pain 2. Erythema 3. Phlebitis 4. Swelling 5. Pyrexia 6. Discharge in T set	Initial
Day 1 ----/----/----								
Day 2 ----/----/----								
Day 3 ----/----/----								
Day 4 ----/----/----								
Day 5 ----/----/----								

