

COMPETENCY DOCUMENTATION

Cannulation of a Peripheral Vein

<p>AUTHOR: Royal Marsden Manual online 9th Edition 2015</p>	
<p>STAFF GROUP RELEVANT TO: All relevant registered staff , Assistant Practitioners, Band 3's as agreed by ward managers, phlebotomists in MAU and ED ONLY as agreed by ward managers</p>	<p>APPROVED DATE: May 2015 Updated August 2019 – addition of Band 3's and Phlebotomists VERSION: Royal Marsden Manual online 9th Edition 2015</p>
<p>LINKS TO CLINICAL GUIDELINE:</p>	
<p>RISK SCORE: Impact ...1..... x Likelihood...1..... = ...2..... Low</p>	<p>CLINICAL GOVERNANCE APPROVAL FOR HIGH RISK SCORING COMPETENCIES DATE: N/A</p>

This competency was produced in consultation with:

This Competency is taken directly from **The Royal Marsden Hospital Manual of Clinical Nursing Procedures** ninth edition

<http://www.rmmonline.co.uk/rmm8/procedure/11/ss16>


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Cannulation of a Peripheral Vein

Staff Name (Please print) _____

Assessors Name (Please print) _____

Date of Competency Assessment _____

Action	Rationale	
Preprocedure		
Explains and discusses the procedure with the patient.	To ensure that the patient understands the procedure and gives their valid consent.	
If the patient requires topical local anaesthetic, then applies it to chosen site for 30–60 minutes prior to cannulation.	In order to give adequate time for local anaesthetic to be effective.	
Assembles all the equipment necessary for cannulation. <u>Essential equipment</u> <ul style="list-style-type: none"> • Appropriate cleanable plastic tray (Cleaned with soap and water then dried <u>or</u> Clinell Universal wipes. Then decontaminated with a 70% isopropyl alcohol and 2% Chlorhexidine Gluconate based swab) • Disposable Tourniquet • 2% chlorhexidine based swab • Cannula • Sterile adhesive dressing • 5mls saline in 10 ml syringe or pre prepared saline flush. (*Assistant Practitioners can only use supplied pre-filled syringes of normal saline) • Non-sterile, well-fitting gloves • Plastic apron (optional) • Sharps bin 	To ensure that time is not wasted and that the procedure goes smoothly without unnecessary interruptions. The supplied pre-filled syringes of normal saline classed as a medical device not medicines and therefore a PGD or prescription is not required and can therefore be used by AP's to flush a cannula.	
Checks all packaging before opening and preparing the equipment to be used.	To ensure all equipment is in date and not contaminated	
Procedure		
Carefully washes hands using bactericidal soap and water or bactericidal alcohol hand rub before commencement, and dries.	To minimize the risk of infection.	
Checks own hands for any visibly broken skin, and covers with a waterproof dressing.	To minimize the risk of contamination of the nurse by the patient's blood.	
In inpatient and outpatient situations, the correct lighting, ventilation, privacy and position of the patient must be ascertained.	To ensure that the operator and patient are comfortable and that adequate light is available to illuminate the procedure.	
Supports the chosen limb on a pillow.	To ensure the patient's comfort and ease of access.	
Applies the tourniquet to the chosen limb.	To dilate the veins by obstructing the venous return. If necessary, use other methods to encourage venous access.	

Assesses and selects the vein.	To select a vein.	
Releases the tourniquet.	To ensure that the patient does not feel discomfort while the device is selected and equipment prepared.	
Selects the device based on the vein size.	To reduce damage or trauma to the vein. To reduce the risk of phlebitis.	
Washes hands using bactericidal soap and water or bactericidal alcohol hand rub.	To minimize risk of infection.	
Primes any extension set with a syringe of 0.9% sodium chloride (unless taking blood samples immediately after cannulation).	To remove air from the set prior to connection. If taking blood then the sodium chloride will contaminate the sample.	
Cleans the patient's skin and the selected vein for at least 30 seconds using 2% chlorhexidine using back and forth strokes with friction and allow drying. Does not repalpate the vein or touch the skin.	To maintain asepsis and remove skin flora.	
Washes hands using bactericidal soap and water or bactericidal alcohol hand rub.	To minimize risk of infection.	
Puts on gloves.	To prevent contamination of the nurse from any blood spill.	
Reapplies the tourniquet.	To promote venous filling .	
Removes needle guard and inspect the device for any faults	To detect faulty equipment, for example bent or barbed needles. If these are present, do not use and report to company as faulty equipment.	
Anchors the vein with the non-dominant hand by applying manual traction on the skin a few centimetres below the proposed site of insertion.	To immobilize the vein. To provide counter tension, this will facilitate a smooth needle entry.	
Holding the cannula in the dominant hand, ensures that it is in the bevel-up position and places the device directly over the vein; inserts the cannula through the skin at the selected angle according to the depth of the vein.	To ensure a successful, pain-free cannulation.	
Waits for the first flashback of blood in the flashback chamber of the cannula.	To indicate that the needle has entered the vein.	
Levels the device by decreasing the angle between the cannula and the skin. Advances the cannula slightly to ensure entry into the lumen of the vein.	To avoid advancing too far and causing damage to the vein wall. To stabilize the device.	
Withdraws the stylet slightly with the dominant hand and a second flashback of blood will be seen.	To ensure that the cannula is still in a patent vein. This is called the hooded technique.	
Maintains skin traction with the non-dominant hand and using the dominant hand, slowly advances the cannula off the stylet and into the vein.	To ensure the vein remains immobilized, thus reducing the risk of a 'through puncture' .	
Releases the tourniquet.	To decrease the pressure within the vein.	
Applies digital pressure to the vein above the cannula tip and remove the stylet.	To prevent blood spillage.	
Immediately disposes of the stylet into an appropriate sharps container.	To reduce the risk of accidental needlestick injury.	
Attaches a primed extension set, as required.	To enable flushing of cannula.	
Tapes/secures the cannula.	To ensure the device will remain stable and secure.	
Aspirate to check for blood flashback then flush the cannula with 0.9% sodium chloride using a pulsatile flush ending with positive pressure.	To ascertain and maintain patency.	
Observe the site for signs of swelling or leakage and ask	To check that the device is positioned correctly and is	

the patient if any discomfort or pain.	stable and secure.	
Covers with appropriate dressing. Records date of insertion on dressing.	To ensure patient comfort and security of device.	
Post Procedure		
Discards waste, making sure it is placed in appropriate containers.	To ensure safe disposal in the correct containers and avoid laceration or injury of other staff. To prevent reuse of equipment (NHS Employers 2007)	
Commences Vascular Access Device recording sheet.	LHTR Trust policy	

Competency Assessment Sign Off Form

Cannulation of a Peripheral Vein

Name of Staff & Band (Please ensure that you are in the relevant staff group on the competency; if not, you should not be undertaking this assessment)	Name (Please Print)									
	Band									
Staff / ESR Number (This is the number you use to login to Blended learning and is the 8 digit number on your payslip)	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> (This is used to store your competencies on a trust database and is how we will search for your competency)									
Signature of Staff										
Ward										
Name of Assessor & Band (Please ensure that they are appropriate for the competency and that the assessor has the appropriate competence to sign off)	Name (Please Print)									
	Band									
Signature of Assessor										
Ward										
Date										

Please ensure that you keep a copy of the completed competency and this form for your own records, it is your responsibility to maintain your own records.
 Please forward completed competencies and / or this form;

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