

**Appendix F: Safer peripheral intravenous cannula care bundle**

Place an insertion label into the patient's healthcare record each time a peripheral cannula is inserted.

Example - please circle/tick as indicated:

Salisbury **NHS**  
NHS Foundation Trust

**Peripheral intravenous (IV) cannula insertion  
documentation record**

**Date:** 18/08/2013      **Time:** 10.30am

**Gauge:** 24 .22 20 **18** 16 14

**Number of attempts:** 1

**Reason for insertion:** IV fluids  Blood   
IV antibiotics  Chemotherapy   
Surgery  other.....

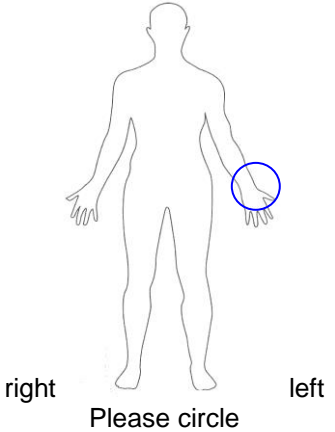
**Adhered to:**

Aseptic technique	<input checked="" type="checkbox"/>
Hand hygiene	<input checked="" type="checkbox"/>
Wearing of disposable apron and gloves	<input checked="" type="checkbox"/>
Skin prep 2% chlorhexidine in 70% alcohol	<input checked="" type="checkbox"/>
Clean for 30 seconds and allow to dry	<input checked="" type="checkbox"/>
Sterile semi permeable transparent IV dressing	<input checked="" type="checkbox"/>
Successful post insertion flush using 0.9% sodium chloride for injection (3 – 5mls)	<input checked="" type="checkbox"/>

**Print name:** A. Other

**Signature:** A. Other

Please indicate insertion site



right      left  
Please circle

IV Peripheral Cannula Insertion Record labels (Order code: OF10361).