

HOW TO ADMINISTER IV THERAPY VIA PERIPHERAL VENOUS CANNULATION

Hospitals commonly use peripheral venous catheters to deliver intravenous (IV) therapy. A small flexible catheter is inserted into a peripheral vein via a needle which is removed, leaving the catheter in place. This is used in many clinical situations including the administration of IV fluids and drug therapy, and transfusions of blood and blood products.

CANNULA TYPES AND SIZES

Cannulae come in different lengths and diameters. Choose a cannula size that takes into account the patient's age, the administration site, and how fast the medication needs to be administered. An 18-gauge cannula may be the smallest gauge and shortest length cannula that will meet the needs of the IV therapy.

Age	18-gauge	20-gauge	22-gauge	24-gauge	26-gauge	28-gauge
Adult	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0
Child	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0
Infant	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0
Neonate	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0

DIFFICULTIES AND COMPLICATIONS

Complications of cannula insertion include hematoma at the cannula insertion site, possible dislodgement of the cannula during administration, transient catheter-related thrombosing, venous wall irritation. An infection related to cannula insertion can lead to cellulitis like infection or catheter related bloodstream infections.



CANNULATION SITES

Choosing sites to obtain perfusions can be challenging due to factors like obesity, low venous tone, or dehydration, and older adults or those with chronic illness or drug use history. Try to choose a straight, healthy, well-filled vein. Starting distal to the wrist and the dorsal veins are the best, ending next to the radial or ulnar veins of the lower arm, followed by the antecubital fossa (ACF) vein if needed.

EQUIPMENT

- Cannula pack with extension tube
- Gauze
- Clean antiseptic line or disinfectant swab
- Cannula dressing
- Sterilizing wipe for new tray
- 40% alcohol swab
- Alcohol swab or applicator to clean site
- Sterile adhesive tape (ATF)
- Sterile adhesive tape (ATF)
- Sterile adhesive tape (ATF)

PROCEDURE

Each step has slightly different equipment and variable methods of cannula insertion. Administration time based on procedure.



1. Wash hands and don gloves. If you require new disinfection procedure. Prepare the white field, saline flush, prime the cannula set, and flush the IV line. Place the white dressing under the patient's arm. Prepare the area for an appropriate cannulation site.
2. Apply the tourniquet 1-2 inches (1-2 finger widths) above the cannulation site. For the vein or vein the patient is requesting, locate a flat vein (superficial vein) (1000-10).
3. Identify a suitable vein for cannulation and palpate (confirm) the location of the hand and feeling up the vein, avoiding veins where there is damage (1000-10).
4. Clean the insertion site per protocol (at least 10 seconds, working from the center outward) and let it dry completely (1000-10).
5. Prepare the cannula by removing the sheath, wiping the stop, slightly withdrawing and replacing the handle to ensure a glass cannula. Remove or loosen the outer cap and hang it in the tray.
6. Break the cannula. Advance the vein with your non-dominant hand gently pulling on the vein below the insertion site. Hold the patient's arm in a "palm up" position. Bend the cannula handle at a 90-120° angle with the bevel facing upwards. Look for feedback in the handle (1000-14, 15).
7. After the first feedback, from the cannula, advance the catheter 2 mm. Then slightly withdraw the handle to confirm the catheter is in the vein. Fully advance the cannula forward (1000-10).
8. Advance the cannula, sliding space under the pad and apply pressure above the cannula tip to confirm blood flow (1000-10).
9. Remove the cannula handle while holding the cannula in place (1000-10) and dispose of it in the sharps bin.
10. Connect the patient's extension to the port (1000-10, 101) and flush with saline (1000-10). Remove the patient's extension. If connecting to a port access, the cannula may have blood in it at the time of connection and will require to be flushed. Follow local policies, but generally, flush for one attempt before connecting to your blood line.
11. Remove the cannula with the dressing (1000-10). The cannula may require to be placed above insertion site to ensure the vein is not irritated. Always maintain a clean, change the dressing after each use. The cannula can remain in the vein for up to 72 hours.
12. Record the procedure in the patient's notes and use any filled appropriate on the record sheet.

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