Review **Basic Safety and Infection Prevention** and **National Patient Safety Goals**

Review **safety and infection prevention** measures, such as:

- Safety Pause (time out) before insertion: verify patient identity, site, procedure
- Replace possibly contaminated equipment
- Recommended time limit for IV tubing to remain in place, 72 hours maximum
- Chlorhexidine preferred skin prep for central line/PICC line
- Allow skin prep to dry before venipuncture
- CLABSI bundle, reassess need for central line
- Use of transparent dressing for infection prevention and to facilitate assessment

Review IV therapy **technique**, such as:

- Site selection, site selection in special situations such as one-sided paralysis, and veins to avoid (point of flexion)
- Method for distending vein, tourniquet
- Skin preparation

Review care related to **Central Lines**, such as:

- Central line-associated Bloodstream Infection (CLABSI) prevention, reassess need for central line
- Proper location of catheter tip, superior vena cava (SVC)
- Recommended disinfectant, chlorhexidine
- Site selection, most distal vein suitable for ordered fluids or medications; central line only for TPN
- Safety Pause (time out) before insertion: verify patient identity, site, procedure
- Lethal complication, air embolism
- Contraindication: piggybacking antibiotics in TPN line
- TPN requires central line
- Position for removal of central line: lying flat or Trendelenburg

Review management of **Peripherally-inserted Central Catheters (PICC)** lines, such as:

- Use a large diameter vein, avoid side of previous mastectomy, newly placed pacemaker, dominant hand
- Resistance to flushing: stop attempting, obtain order for alteplase (Activase®, Cathflo Activase®)
- Procedure for instilling alteplase: inject slowly, reassess after 30 minutes

Review **medication-related precautions and actions**, such as:
• Use of large vein for potassium and vancomycin
• Procedure for instilling alteplase: inject slowly, reassess after 30 minutes

Review detection and management of **Complications**, such as:

• Nonvesicant infiltration: running slowly, skin blanching and cool, swelling at site. Discontinue IV and elevate extremity. Consult pharmacy re: use of heat or cold or antidote
• Infiltration of vesicant: stop the infusion, aspirate remaining medication

Identify situations in which to **consult primary nurse**, such as:

• Patient refuses IV
• PICC ordered for potential dialysis patient, request primary nurse to verify order with nephrologist
• Request primary nurse to recommend to provider that central line placed in internal jugular 10 days ago be replaced with a PICC line

Review principles of **priority setting**, such as:

• Start IV on patient who has blood infusing
• Restart IV on patient who is using a PCA pump
• Pediatric IV insertion: if possible involve family