

Patient
 Information

Peripheral intravenous (IV) cannula

Introduction

This leaflet gives you information about having a peripheral intravenous (IV) cannula tube inserted into a vein. This is usually into the back of your hand or your arm (see Figure 1 and 2).

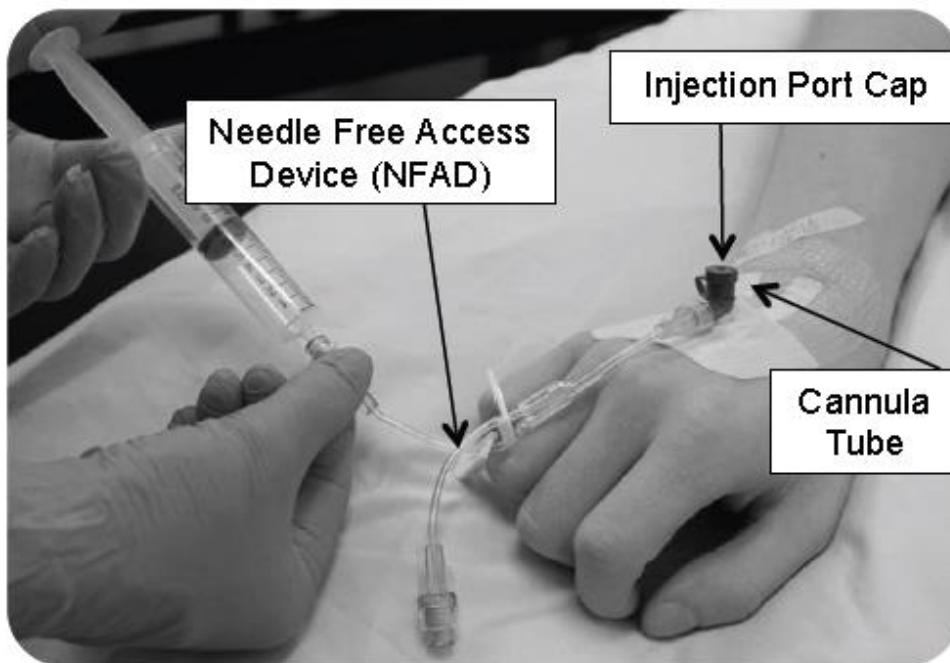


Figure 1: Cannula being flushed through

The procedure to insert the cannula tube will be carried out by a member of the healthcare team trained to perform cannulation. A member of staff will explain the procedure to you and answer any questions you may have. You will then be asked for your consent to go ahead with the procedure.

Gloucestershire Hospitals NHS Foundation Trust provide training placements for medical, nursing and other health professions. A student may be present when your cannula tube is inserted or they may carry out your cannulation under supervision. If you **do not** wish students to be present or insert your cannula, please let the member of staff looking after you know.

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What is a cannula?

A cannula is a small hollow flexible plastic tube, which is inserted into a vein using the tip of a fine safety needle.

Why do I need a cannula?

You have been prescribed medication, fluids or blood products to be given intravenously (directly into your bloodstream) for either:

- short term treatment such as diagnostic tests where a dye or other substance needs to be injected or you require an anaesthetic
- long term treatment where you may require several days of intravenous medication such as antibiotics for an infection

Your treatment may be given as an infusion (drip) or in a syringe (bolus) usually through a Needle Free Access Device (NFAD) (see Figure 1).

Cannula preparation

Your veins will be examined in order to select the most suitable vein for your treatment. A tight band (tourniquet) will be used on your arm; this will make the veins more visible.

If there is a need to use local anaesthetic (cream or injection) this will be discussed with you.

If the area of skin where the cannula tube is to be inserted is hairy, it will be trimmed using sterile scissors.

You may be asked to wash the wider area with soap and water.

How will the cannula be inserted?

Once the cannula tube has been inserted, the tourniquet and safety needle will be removed. The needle will be placed immediately into a sharps container.

The cannula tube will remain in your vein to provide access for your treatment.

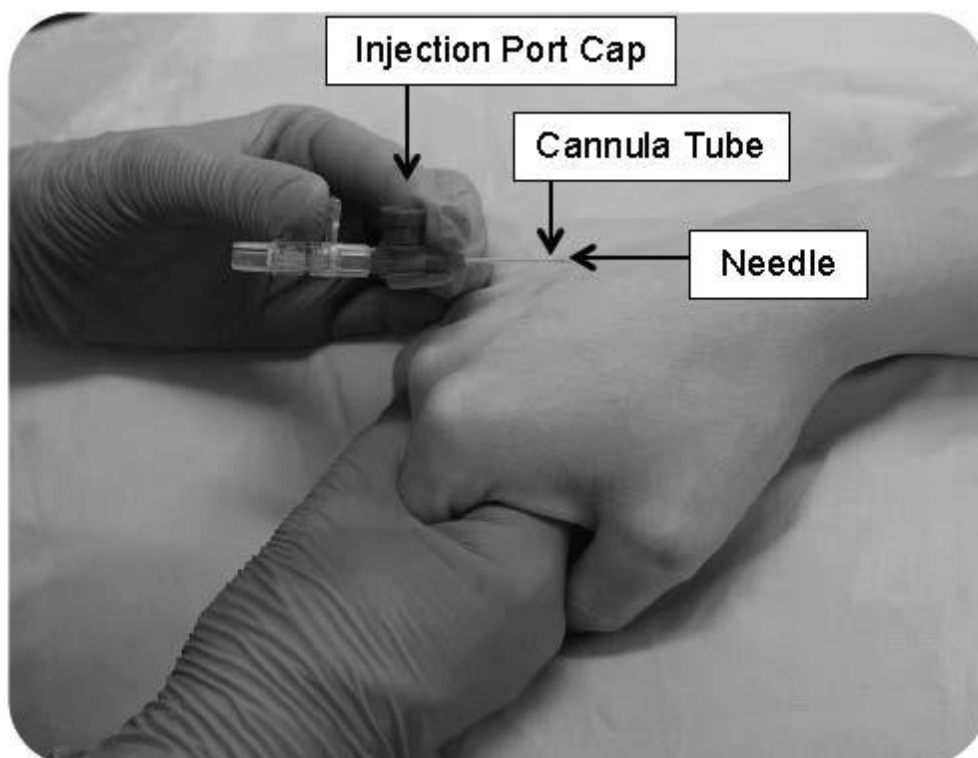
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Figure 2: A peripheral intravenous (IV) cannula about to be inserted

You may feel a brief pain or discomfort as the safety needle is inserted. Once the safety needle has been removed the pain will go. If you feel pain during or after the procedure, please tell the member of staff looking after you.

How the staff will take care of your cannula

The member of staff who inserts the cannula or gives your treatment will take care to help prevent any infection by following an aseptic procedure. They will also inspect the site at least twice a day to check that it is healthy and can still be used.

Before cannulation staff will:

- clean their hands
- wear an apron and gloves
- clean your skin with a disinfectant wipe and allow to air dry
- apply a sterile dressing to keep the cannula in place and add a date and time sticker to the clear part of your dressing
- check that the cannula is working by flushing the cannula with saline fluid after insertion. This fluid may feel cool when it goes in, but should not be painful

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At every access staff will:

- clean their hands
- wear an apron and gloves
- clean the NFAD hub or port cap with a disinfectant wipe and allow to air dry
- check that the cannula is working by flushing the cannula with saline fluid before and after giving your IV bolus or infusion
- check your cannula site and the dressing regularly and record and act on any changes

How you can take care of your cannula

- Keep your dressing clean and dry and do not touch it
- Try not to knock the cannula, particularly when dressing and undressing. To avoid this wear loose fitting clothing or short sleeved tops
- Wear watches and other jewellery on the opposite hand or arm
- Do not dip the cannula in water or allow it to become wet. Please ask a member of staff for a waterproof cover to use when showering or washing
- While you have a cannula in place, we advise for safety reasons that you do not leave the ward on your own, particularly if you have fluids or medications running or due to be given. It is important for your care that fluids and medication are given at the prescribed times and for the correct length of time
- Take extra care not to knock or damage the cannula and report any problems as soon as possible on your return

Please tell a member of staff if you have concerns about your cannula and immediately if:

- you feel pain, notice redness, bleeding, fluid leakage or swelling of or around the cannula site
- you feel hot, cold or shivery
- your fluid bag or bottle is empty
- the cannula injection cap (port) is open
- your cannula dressing is wet, dirty or loose
- your cannula has dislodged (moved)
- your cannula is difficult or painful to flush

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A trained member of staff will remove your cannula:

- when your procedure or treatment has finished
- if the cannula is not being used and there is no future plan to use it
- if the skin around the insertion site is red or sore
- if the cannula has dislodged or is leaking
- before you are discharged from hospital (unless IV treatment is planned to continue at home)

Contact information

If you have any questions about the procedure, your treatment or cannula care, please ask a member of the healthcare team looking after you. You may be given further information or contact details from the area where you are being treated.

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