

Appendix D: Care of Patient With Peripheral Line (PIV)

Recommendations for Use	<ol style="list-style-type: none"> 1. Consider peripheral line for vascular access needs less than 6 days 2. Consider osmolarity and pH of fluids - cannot be used for continuous vesicant therapy or CPN
Insertion Considerations	<ol style="list-style-type: none"> 1. Routine PIV site changes (q96 hours) are covered by the original authorized prescriber's order 2. Multiple IVs require separate orders. 3. RN with documented competency may insert ordered peripheral lines in the upper extremities. 4. Peripheral VAD should not be inserted in the same arm that has a PICC in place. 5. VADs shall not be inserted in lower extremities unless there is clinical documentation of why all other peripheral VAD options are unacceptable. <ul style="list-style-type: none"> • MDs must insert IVs in lower extremity if all other options are unacceptable • Exception: Only Radiology staff with delineated competency can insert IVs in lower extremity for length of procedure only. 6. Individual placing line (Operator) shall avoid pre- and post-operative sites, areas that are edematous, injured or damaged, and the arm on the same side as a past or potential mastectomy or dialysis fistula (exception shall be made for specific purposes, e.g. fistulogram). 7. Twenty gauge or smaller catheters should be used for most PIVs. If a 16 gauge or larger catheter is required for a procedure or in the operating room, it shall be changed to a smaller gauge after the procedure unless an order is written for it to remain in place and clinical rationale is documented. A minimum 20-gauge catheter is recommended for infusion of PPN. 8. Review General Principles and follow antiseptic guidelines in VAD protocol. 9. Patient will be placed on "Twenty-four hour stop" by VAT if two care providers have assessed and/or are unable to gain access/ Alternative means of access should be considered by care team. Patient's nurse will notify prescriber that IV access was not obtained.
EJ (External Jugular)	<ol style="list-style-type: none"> 1. EJs are considered peripheral lines but must be inserted by MD, PA or Nurse Practitioner. 2. Patient should be in Trendelenberg for insertion and removal. Since it is a peripheral line, it should only dwell for 96 hours.
Removal	<ol style="list-style-type: none"> 1. PIV should be removed and re-sited if any of the following occur: <ol style="list-style-type: none"> 1. IV has dwelled for 96 hours 2. date of insertion is not known 3. site is painful to the pt, leaking, infiltrated or shows signs of infection or phlebitis 2. Discontinue order from authorized prescriber is required if IV access is no longer needed. 3. If PIV is intended to dwell longer than 96 hrs, authorized prescriber order must be obtained and rationale documented in medical record. 4. PIVs, including those in the forearm and EJ, may be removed by staff who have demonstrated competency to remove PIVs.

Site Care/ Dressing	<ol style="list-style-type: none"> 1. Follow General Principles in VAD Protocol for antiseptic choices. A semi-permeable polyurethane sterile transparent dressing in the appropriate size shall be used. A peripheral IV dressing and site care will be performed if dressing becomes soiled or non-occlusive, before site is rotated q 96 hrs. 2. Patients who have skin breakdown or oozing, an occlusive gauze dressing may be used, and changed when soiled or every 24 hours. Gauze dressings may also be used for patient who do not tolerate a semi-permeable transparent dressing. Routine gauze dressing is changed every 48 hours. 3. Topical antibiotic ointment or cream shall not be used as prophylaxis on PIV sites. 4. For patient showering, the site, catheter and connecting devices shall be covered with an impermeable dressing and the dressing shall be changed immediately after the shower. 	
Blood Draws	<ol style="list-style-type: none"> 1. Peripheral IVs should be avoided for blood draws. 2. If blood specimens are needed q2 hrs or more frequently, then an 18 or 20 gauge catheter can be inserted and labeled exclusively for blood drawing (e.g., Coronary Care Unit for CPK curve). 3. Withdraw and discard 2-6 ml prior to blood specimen collection 	
Flush for Peripheral IV	Frequency	Flush
	<ol style="list-style-type: none"> 1. After blood sampling 2. After administering fluids/medications when device is not in continuous use 3. Before and after administering incompatible medications or fluids 4. When converting from continuous to intermittent use. 5. At least q 8 h, if not in use 	<p>2 cc NSS Flush</p> <p>To prevent back flow of blood into catheter tip, when pushing the last bit of saline, simultaneously clamp the extension set - (unless using a positive pressure displacement connector). The blue Clave connector is NOT a positive pressure displacement connector.</p>