INTRAVENOUS CANNULA CARE IN POSTNATAL WARDS: NEONATE

This LOP is developed to guide clinical practice at the Royal Hospital for Women. Individual patient circumstances may mean that practice diverges from this LOP.

1. AIM

- To assess patency and manage the peripheral intravenous cannula (PIVC) in a neonate, ensuring safe administration of intravenous (IV) medication
- To prevent infection, extravasation, and infiltration injuries at the PIVC site

2. PATIENT

- Neonate

3. STAFF

- Medical, midwifery and nursing staff
- Student midwives

4. EQUIPMENT

- 2.5mL syringe
- Antiseptic skin swab
- Syringe driver
- Extension line

5. CLINICAL PRACTICE

- Explain procedure to parents
- Observe hand hygiene and aseptic non-touch technique (ANTT)
- Ensure that the PIVC dressing is intact, securely taped and the condition of the site is checked using the Visual Infusion Phlebitis (VIP) score every six hours (See appendix 1)
- Ensure that the PIVC access is visible at all time
- Report any concerns regarding VIP score to paediatric medical officer. **DO NOT** use cannula until reviewed
- Flush PIVC with 0.5mls of 0.9% sodium chloride:
  - every six hours
  - prior to IV infusion to ensure patency, and
  - post IV infusion to clear medication residue
- Ensure 0.9% sodium chloride flush prescribed in the paediatric medication chart
- Scrub the hub with 2% chlorhexidine gluconate in 70% isopropyl alcohol for 30 seconds and allow to dry prior to attaching appropriate device to PIVC
- Administer IV medication as per RHW Newborn Care Centre - IV Therapy and drug administration protocol
- Attach a completed drug label detailing the drug, dose, diluent, volume of diluent, date, time and signature of the nurse/midwife and the staff who double checked
- Record prescribed 0.9% sodium chloride flush on the medication chart
- Record neonatal temperature, respiration rate and heart rate every four hours on standard newborn observation chart (SNOC) chart

INTRAVENOUS CANNULA CARE IN POSTNATAL WARDS: NEONATE cont'd

6. DOCUMENTATION

- Neonatal medical record

7. EDUCATIONAL NOTES

- There is no evidence for routine replacement of PIVC unless clinically indicated. PIVC's should be maintained with regular assessment and documentation of complications[1]
- Neonatal observations should be checked and documented every four hours to alert the clinician of any signs of infection

8. RELATED POLICIES / PROCEDURES / CLINICAL PRACTICE LOP

- Medication – Administration
- RHW Neonatal Services Division LOP - Extravasation and infiltration injuries – Prevention and Management
- RHW Neonatal Services Division LOP - Intravenous Line Management
- RHW Neonatal Services Division LOP - Peripheral Intravenous Cannula Insertion and Dressing
- Aseptic Technique SESLHD/271
  https://www.seslhd.health.nsw.gov.au/sites/default/files/documents/SESLHDPD%20271.pdf

9. RISK RATING

- Low

10. NATIONAL STANDARD

- Comprehensive Care- standard 5

11. REFERENCES

1. Royal Children's Hospital Melbourne; Clinical Practice Guidelines: (2019). Intravenous access – Peripheral. https://www.rch.org.au/clinicalguide/
2. NSW Department of Health Safety Alert SN: 003/07. Extravasation of IV fluids – care of the cannula site in neonates and children. Document No. PD2007_07

REVISION & APPROVAL HISTORY
Reviewed and endorsed Maternity Services LOPs group 9/2/21
Approved Quality & Patient Safety Committee 20/6/13
Reviewed June 2013
Approved Quality & Patient Safety Committee 19/8/10
Reviewed Obstetrics Clinical Guidelines group August 2010
Approved Quality Council 14/4/03

FOR REVIEW : FEBRUARY 2026

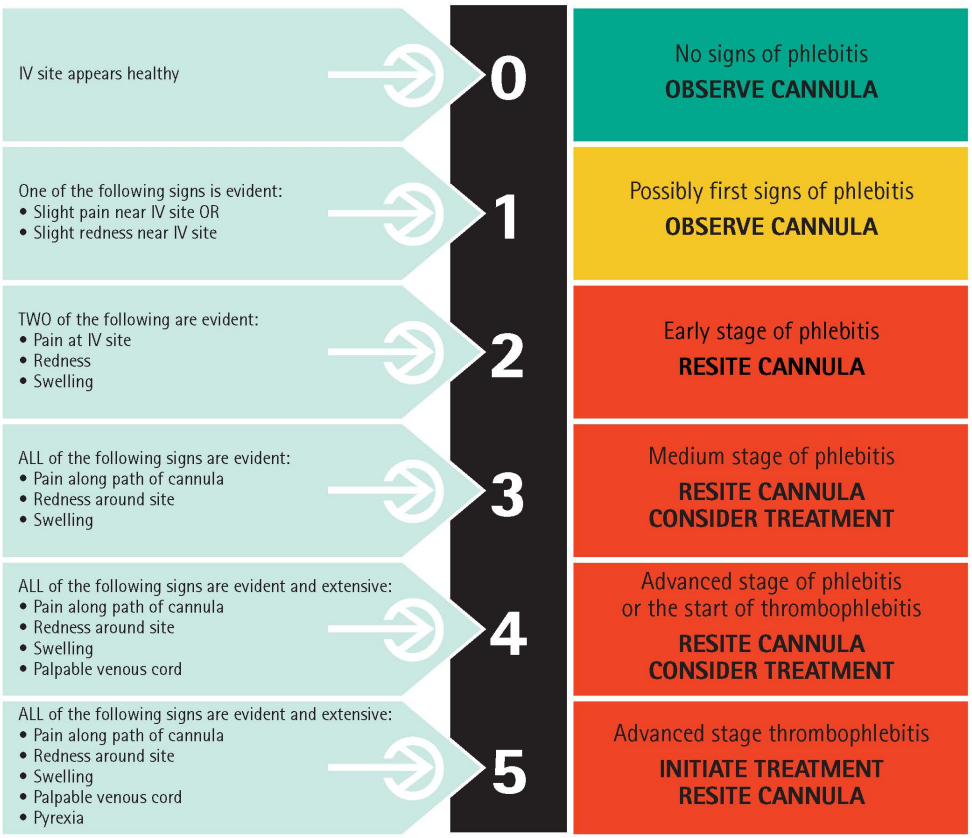
…./Appendix

Appendix 1
Visual Infusion Phlebitis

Phlebitis Score

All patients with an intravenous access device should have the IV site checked every shift for signs of infusion phlebitis. The subsequent score and action(s) taken (if any) must be documented on the cannula record form.

The cannula site must also be observed:
- When bolus injections are administered
- IV flow rates are checked or altered
- When solution containers are changed



With permission from Andrew Jackson – Consultant Nurse, Intravenous Therapy & Care, The Rotherham NHS Foundation Trust (Adapted from Jackson, 1998)

B|BRAUN
SHARING EXPERTISE