

MAY

Audit Meeting Minutes ~~June~~ 2017

4/5/17

Lecture from IV Team- Fernando

Present CR PG MY SC ES JB

Apologies AC

Cannulas – left in for up to 72 hours and monitored every 8 hours.

PICC Lines – left in for up to 6 months and the preferred method of giving long term IV drugs. Usually put in the Basilic Vein and extends around to the superior vena cava and are about 55cm in length. The lines are checked on X-Ray and should be inline with the carina where the trachea divides. US is used to image the basilic vein.

Complications include; odema below the line of insertion, pain, lack of range of movement, pins and needles in the fingers and DVT.

Mid Lines – left in for up to 6 weeks but are usually not used for more than 2 weeks. They are 20cm in length and are put in either the basilic or Cephalic Veins. They do not extend above the shoulder and any line that extends above the shoulder is classed as a central line. They are used mainly for IV antibiotics and are for short term use only.

Internal Jugular Lines- see note above about crossing the shoulder. They feed into the SVC.

Hickman Lines are long term lines left in for up to 2 years as they are considered stable lines . They are placed in the subclavian vein and extend into the SVC.

Porta Caths – a long term line from subclavian to the SVC that sits under the skin. Can be left in for 5-7 years. Special bent needles are used to access the line which requires flushing every 6 weeks.

The lecturer also had no firm ideas on the DVT in the Basilic Vein conundrum.

Syringes of 10ml or greater should only be used to flush the lines as a smaller syringe will create too much force which could damage the vein.

If there is a DVT in a patient with a line insitu it is usually treated for 24 – 48 hours then the line is removed.

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