

INTRAVENOUS MAGIC

PRESENTED BY PAT MCCUSKER

INTRODUCTION AND AIMS OF THE PRESENTATION

- Aim of the presentation is to share how we optimise the experience for the patient, parent/caregiver and the professional
 - Physically
 - emotionally
 - Psychologically
- Reduce costs by using one Jelco and a competent, skilled dripper
- Avoid litigation
- Increase efficiency by following best practice procedures
- Increase safety by making the best vein choice
- Avoid causing trauma and PTSD to the patient

WHERE AND WHEN IS BEST TO DRIP

- Designated bed or procedure room
- Area with good lighting
- Area where patient & parent/caregiver are comfortably seated
- Professional who is confident, calm, relaxed and competent in dripping
- Good timing
- Not under pressure
- Increase efficiency by taking bloods simultaneously
- Take blood from indwelling line to avoid prick if possible

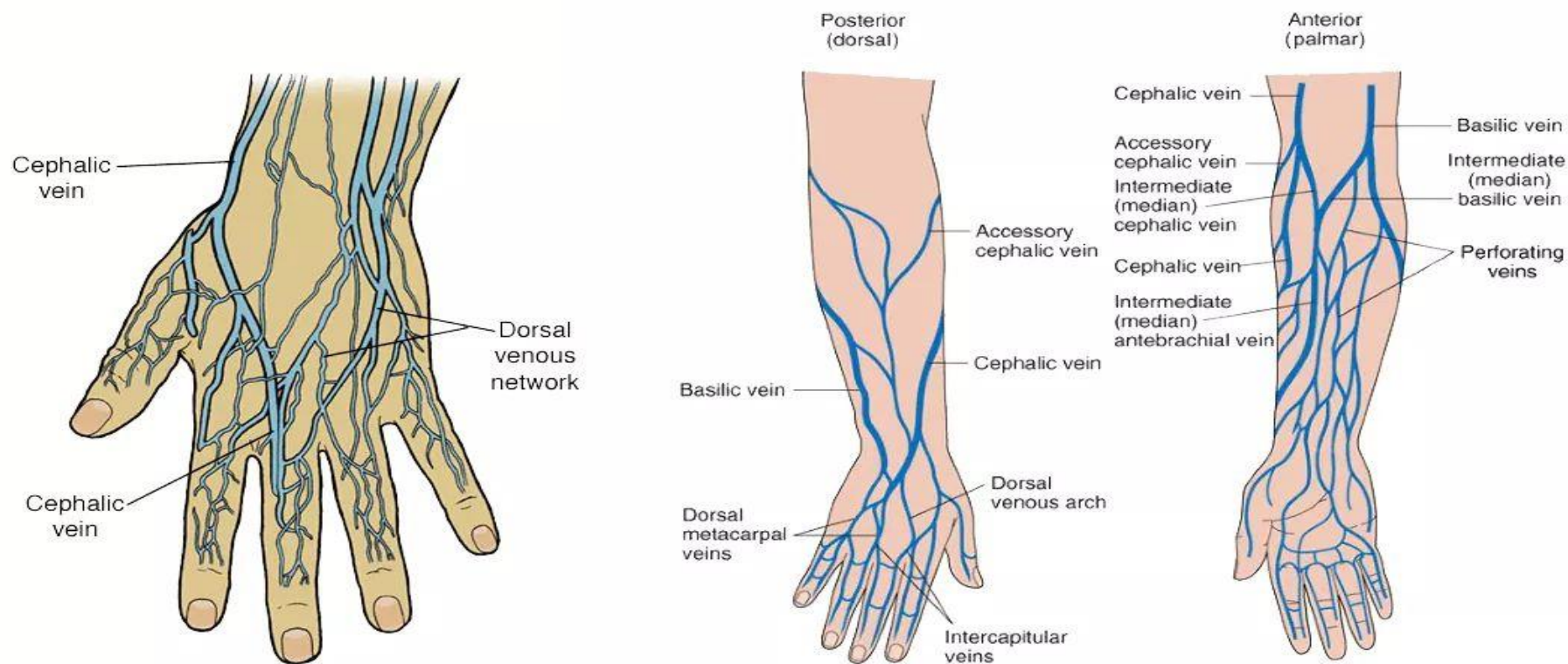


IV THERAPY TIPS & TRICKS

#11

FOR THE REST OF THE IV TIPS, VISIT [NURSESLABS.COM/IVTIPS/](https://www.nurseslabs.com/ivtips/)

Start with distal veins and work proximally. Start choosing from the lowest veins first then work upward. Starting at the most proximal point can potentially lose several sites you could have below it.



A nurse's dream!



VEIN FINDER



E MEDICAL

0917 629 6067 - GLOBE

032-273 2486 - PLDT

032-516 0546 - PLDT

TECHNIQUE OF VENOUS ACCESSING

- Prepare the patient
- Introduce yourself
- Explain what you are going to do and why
- Allay fears by checking for best veins and using EMLA cream
- Choose non-dominant hand for child's convenience
- EMLA is covered with occlusive dressing and left on for 60 minutes
- Teach the patient to breathe in through nose, out through mouth
- Parent/caregiver and child should practice breathing & relaxing while waiting
- Warm up hands well, in bactericidal soap before attempting IV access



PREPARE THE ENVIRONMENT

- Choose correct size Jelco for IV purpose (22G OR 24G)
- If indwelling for 5 – 7 days, preferably use the 22G as it lasts longer
- Prepare the IV lines and short line
- Prepare Alcohol swabs, Plasters, Micropore, Tegaderm, Cotton Wool, Bandage, Gloves, Tourniquet etc
- Wash hands according to Hospital Policy
- Ensure a safe, clean environment
- Ensure patient's hands are warm and dried properly

TRIED AND TESTED RECIPE FOR SUCCESS

- Parent/caregiver brings child to bed with good lighting
- Let the child choose whether to sit on parent/caregivers lap or next to them
- Practise breathing and relaxing together
- Explain again what you are going to do as well as how and why
- Explain that the 'Magic Cream' will help to minimize pain
- Ask for co-operation and explain if the child moves, it may have to be done more than once
- Take off dressing and wipe off EMLA cream
- Keep practising breathing and relaxing "in through the nose, out through the mouth"

IV PROCESS

- While breathing and relaxing, ask when the child is ready for the drip
- Apply the tourniquet a few centimetres above IV insertion site
- Place tourniquet over sleeve to avoid pinching skin but don't impede the arterial flow
- Wipe IV site well with alcohol swabs, 2 – 3 times for 30 seconds
- Allow alcohol to dry as it burns otherwise
- Use distraction therapy such as cartoons on the TV/Video on a phone
- Use traction to pull the skin taught and counter-traction if you have an assistant
- Ask parent/caregiver to hold elbow tightly so child cannot move away
- On the count of 3 ask for a deep breath in and with the cutting edge of needle facing upwards, prick the child's skin and insert cannula until you feel a "GIVE"

IV PROCESS CONTINUED

- Wait for a couple of seconds while child & parent/caregiver continue breathing
- Advance the needle 1 – 2 mm in until you see a flashback of blood
- Advance the cannula further into vein and with index finger push the cannula while simultaneously withdrawing needle
- Release tourniquet
- Show child the needle and discard in medical waste bin
- Take bloods with syringe or drip into vacutainer
- Ask parent/caregiver/child to put lid on & gently agitate tubes to distract child
- Compress vein above cannula to stop blood flow and attach IV/short line



**THAT GLORIOUS MOMENT
YOU GET A FLASH**

ON A HARD STICK

IV PROCESS CONTINUED

- Ensure Luer lock is screwed in properly
- Ensure that IV line is running well
- Ensure flange is horizontal to child's skin to prevent pressure injury
- Secure Jelco well by inverted cross-over strapping and reinforce
- Place "Pillow" of cotton wool under cannula to avoid pressure injury
- Loop short line over dorsum of hand and secure well
- Place transparent dressing over IV
- Bandage hand lightly if child is small to prevent removal by child
- Reward child for co-operating by giving a sticker or sweet and praising

EDUCATION OF PARENT/CAREGIVER

- Tell parent/caregiver to observe hand/site for pain, swelling or redness
- Ask parent/caregiver to call nurse if child cries for no obvious reason to check drip
- Inspect IV site as frequently as indicated
- Set volumetric pump at infusion rate according to doctors orders
- Set pressure at 400 as lower pressure causes frequent alarming
- Instruct parent/caregiver to keep machine plugged in to keep battery charged
- Instruct parent/caregiver to call nurse if machine is alarming to avoid IV clotting
- Document IV insertion site, Jelco gauge, bloods, rate A/C to policy

CHALLENGES IN ACCESSING VEINS

- Sometimes the child is too young to understand why he/she needs to be pricked
- No one enjoys being pricked or restrained
- Basic instinct is to pull away from someone about to needle you
- How do you trust a complete stranger with a needle aimed for you?
- Language and communication barriers
- Strength of child full of fear of you and your needle
- Resultant forcible restraining by more than one person
- Difficulty of getting IV in one shot with a moving, fighting patient
- Fear of blood and needles as well as nurses in uniform

MORE CHALLENGES

- Previous bad experiences often result in needle phobia
- Previous bad experiences of child being dripped away from parent/caregiver
- Parent/caregiver unable to help as they feel sorry for the child and anger at the person pricking their poor child
- A failed first attempt at getting in the IV, resulting in venous spasm and fright and flight
- Each failed attempt increases the anxiety, stress and chance of failure for the child and the person dripping
- One person continuing to prick the child after 2 failed attempts
- Trying to drip a cold, vasoconstricted hand
- No veins as a result of previous chemotherapy, drips etc
- Pressure from parent/caregiver to get it right first time



LUCK IS
A SKILL



CONCLUSION

- Good IV access skills are essential in all areas of nursing & medicine, especially in a Paediatric Haematology/Oncology Area
- Assess veins and choose an alternative if they are inadequate. For example, use a Port or Hickman line depending on child's age, disease and Treatment Plan
- Always use EMLA if possible
- Ensure skilled, adequately trained & experienced persons access veins
- Prick twice at most and then call someone more skilled to drip
- Ensure hands are warm and clean before attempting to drip
- It is essential to minimise unnecessary pain & trauma
- Always use best practise as sometimes patients are literally scarred for life

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- Thank you for allowing my OCD technique – it works!
- The biggest thanks to all our **Patients AND Parents/Caregivers** for their co-operation and love