

02. Intravenous Cannulation

Equipment Required

- Gloves
- Alcohol swabs
- Tourniquet
- A Cannula of Appropriate size
- 5ml syringe
- Saline for injection
- Sticky Tape
- Gauze/Cotton wool

Indication

- Administration of intravenous(IV) Fluids, medications and blood products

Contraindication

- Localized skin infection
- Limbs post local/regional lymph node dissection

Procedure

- Introduce yourself, confirm patient's identity, explain the procedure, and obtain verbal consent.
- The Patient should be lying or sitting comfortably with the arm resting on a pillow.
- An aseptic non-touch technique should be used
- Apply tourniquet and identify suitable vein

- Put on gloves and ask the patient to clench their fist for few times.
- Prepare skin with alcohol swab, clean in spirals-inside to out.
- Remove the cannula from its packaging and ensure that the cannula is functioning properly by withdrawing the needle and replacing it. Fold down the wings and open the port on the top.
- Warn patients of a sharp scratch and not move their arm
- Insert cannula at a 10-15° angle into vein (bevel upwards), always pointing away from yourself.
- When flashback is observed flatten the cannula
- Advance cannula further into vein, whilst slowly withdrawing needle
- Remove Tourniquet
- Depress vein at tip of the cannula, remove the needle, and dispose of its safely in a sharps bin.
- Place cap on to end of cannula and fix it in place with the sticky dressing.
- Flush with 5-10ml normal saline through the cannula using the port on the top.
(if the cannula is misplaced, the saline will enter the subcutaneous tissues causing swelling)
- Label date of insertion on cannula dressing
- Document the procedure in patient's medical notes

Complication

- Bleeding, bruising, haematoma
- Infection-Cellulitis, bacteraemia and septicaemia
- Damage to local structures, including nerves