TASMANIAN HEALTH SERVICE

Tasmanian Government

INVASIVE DEVICES MONITORING CHART

FACILITY: _____

PT ID							

SURNAME.. D.O.B. ....

OTHER NAMES ....

ADDRESS...

Attach Patient Sticker Label

(Tick ☑ as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

Vascular Access Device (VAD) Monitoring – Observe and record TDS

Peripheral Intravascular Devices (PIV)

PIV 1	Day 0	Day + 1	Day + 2 72 hours	Day + 3 96 hours	Day + 4	Day + 5	Day + 6

Insertion date and time: DD / MM / YYYY 00:00   Insertion Site: ____   Catheter Size: ____

Date:																					
Complete TDS	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
VIP score																					
Patent Yes / No																					
Initial																					

PIV 2	Day 0	Day + 1	Day + 2 72 hours	Day + 3 96 hours	Day + 4	Day + 5	Day + 6

Insertion date and time: DD / MM / YYYY 00:00   Insertion Site: ____   Catheter Size: ____

Date:																					
Complete TDS	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
VIP score																					
Patent Yes / No																					
Initial																					

Central or Implanted Vascular Devices

☐ **PICC**   ☐ **Midline**   ☐ **PORT**   ☐ **CVC**   ☑ *tick relevant device*

Type of Device: ____   Insertion Site: ____   PICC Length: ____

Needle type (Port): ____   Needle size (Port): ____   Arm Circumference: ____

Date:																					
Complete TDS	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time	Time
VIP score																					
PICC length																					
Arm Circumference																					
Patent	Y = Yes P = Partial N = No				*For variances (P or N) record in patient notes and review*																
Initial																					

Visual Infusion Phlebitis (VIP) Score   *For score 1 – 5 document in patient notes*

Observation	Score	Stage	Action
Intravenous (IV) site appears healthy	0	No signs of phlebitis	• Observe catheter
One of the following is evident: • Slight pain near IV site • Slight redness near IV site	1	Possible first signs of phlebitis	• Observe catheter
Two of the following are evident: • Pain near IV site • Erythema • Swelling	2	Early signs of phlebitis CVAD will need assessment by MO prior to removal	• Re-site catheter
All of the following are evident: • Pain along path of cannula • Erythema • Swelling	3	Medium stage of phlebitis CVAD will need assessment by MO prior to removal	• Re-site catheter **Consider treatment *** ** If treatment instituted lodge SRLS*
All of the following are evident and extensive: • Pain along path of catheter • Erythema • Induration • Palpable venous cord	4	Advanced stage of phlebitis or start of thrombophlebitis CVAD will need assessment by MO prior to removal	• Re-site catheter **Consider treatment *** ** If treatment instituted lodge SRLS*
All of the following are evident and extensive: • Pain along path of catheter • Erythema • Induration • Palpable venous cord • Pyrexia	5	Advanced stage of thrombophlebitis CVAD will need assessment by MO prior to removal	• Re-site catheter **Initiate treatment.** *Lodge SRLS*

Document sourced from Nursing Standard 2008: NS458

Patient *(print name)*: _____ D.O.B.: DD / MM / YYYY

PT ID									

(Tick ☑ as appropriate, format time as 00:00 (24 hour) and date as DD/MM/YYYY)

Indwelling Device Insertion and Management Log – *Document All Invasive Devices Inserted*

Device	Insertion Site	Date and Time	Inserted by	Date Change Due	Date of Actual Change	Removed by *(Print Name)*	Signature
			☐ MO ☐ Nurse ☐ Other *Specify other:*				
			☐ MO ☐ Nurse ☐ Other *Specify other:*				
			☐ MO ☐ Nurse ☐ Other *Specify other:*				
			☐ MO ☐ Nurse ☐ Other *Specify other:*				
			☐ MO ☐ Nurse ☐ Other *Specify other:*				
			☐ MO ☐ Nurse ☐ Other *Specify other:*				

Line and Dressing Change Record

Device	Insertion Site	Date	Dressing or Line Change	Date Change Due	Date of Actual Change	Print Name	Signature
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				
			☐ Dressing ☐ Line Change				

Sample Initial	Print Name	Signature	Designation	Date
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY
				DD / MM / YYYY

Abbreviation key: **ART Line** Arterial catheter | **CVAD** Central venous access device (includes *CVC, JVC, NT-CVC, PICC, T-CVC & Vas Cath*) |

CVC Central venous catheter | **EVD** Extraventricular drain | **FCD** Faecal Containment Device | **ICC** Inter-costal catheter | **IDC** Indwelling urinary catheter |

JVC Central venous catheter inserted in the jugular vein | **mm** millimetres | **MO** Medical Officer | **NT-CVC** Non-tunnelled central venous catheter |

N/G Nasogastric | **PEG** Percutaneous endoscopic gastroscopy | **PICC** Peripherally inserted central catheter includes power PICC | **PIV** Peripherally inserted venous catheter |

PORT Implanted port (includes power port) | **SC** Subcutaneous cannula | **SRLS** Safety Reporting and Learning System | **SPC** Supra pubic catheter |

T-CVC Tunnelled central venous catheter (includes *Hickman's Catheter*) | **TDS** 3 times a day | **Vas Cath** Short term non-tunnelled CVC | **Wound Drain** If multiple specify