

# HOW TO ADMINISTER IV THERAPY VIA PERIPHERAL VENOUS CANNULATION

Hospitals commonly use peripheral venous catheters to deliver intravenous (IV) therapy. A small flexible catheter is inserted into a peripheral vein via a needle which is removed, leaving the catheter in place. This is used in many clinical situations including the administration of IV fluids and drug therapy, and transfusions of blood and blood products.

## CANNULA TYPES AND SIZES

Cannulae come in different lengths and diameters. Choose a cannula size that takes into account the patient's age, the administration site, and how fast the medication needs to be administered. An 18-gauge cannula can be used for the smallest gauge and shortest length cannula that will meet the needs of the IV therapy.

Age	18-gauge	20-gauge	22-gauge	24-gauge	26-gauge	28-gauge
Adult	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0
Child	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0
Infant	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0
Neonate	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0	1.5-2.0

## DIFFICULTIES AND COMPLICATIONS

Complications of cannula insertion include hematoma at the cannula insertion site, possible dislodgement of the cannula during administration, transient catheter-related thrombosing, venous wall irritation. An infection related to cannula insertion can lead to infections like cellulitis or catheter related bloodstream infections.



## CANNULATION SITES

Choosing sites to obtain perfusions can be challenging due to factors like obesity, low venous tone, or dehydration, and older adults or those with chronic illness or drug use history. Try to choose a straight, healthy, well-filled vein. Starting distal to the wrist and the dorsal veins are the best, ending next to the cephalic or basilic veins of the lower arm, followed by the antecubital veins (ACEV) vein if needed.

## EQUIPMENT

- Cannula pack with extension tube
- Gauze
- Clean antiseptic line or disinfectant swab
- Cannula dressing
- Sterilizing wipe for new tray
- 40% alcohol swab
- Alcohol swab or applicator to clean site
- Sterile adhesive tape (ATF)

## PROCEDURE

Each step has slightly different equipment and variable methods of cannula insertion. Administration time based on gauge.

1. Wash hands and don gloves (15) or gown (single use) and disinfection procedure. Prepare the sterile field, saline flush, prime the cannulation set, and flush the IV line. Place the sterile dressing under the patient's arm. Prepare the area for an appropriate cannulation site.
2. Apply the tourniquet (1-10min) to help with site cannulation. For the vein or vein the patient is requesting, locate a flat vein (superficial vein) (1000-10).
3. Identify a suitable vein for cannulation and palpate (confirm) the location and marking up the vein, marking vein where vein (1000-10).
4. Clean the insertion site per protocol (at least 10 seconds, working from the center outward) and let it dry completely (1000-10).
5. Prepare the cannula by removing the sheath, wiping the stop, slightly withdrawing and replacing the handle to ensure a glass cannula. Remove or loosen the outer cap and hang it in the tray.
6. Break the cannula. Advance the vein with your non-dominant hand gently pulling on the vein below the insertion site. Hold the patient's arm "like a pencil," bend the cannula handle at a 90-120° angle with the bevel facing upwards. Load the cannula in the sheath (1000-10, 5).
7. After the first flashback, from the cannula advance the catheter (2 way, then slightly withdraw the handle to confirm the catheter is in the vein. Fully advance the cannula forward (1000-10).
8. Advance the cannulation, sliding space under the pad and apply pressure above the cannula tip to confirm blood flow (1000-10).
9. Remove the cannula handle while holding the cannula in place (1000-10) and dispose of it in the sharps bin.
10. Connect the patient's extension to the pump (1000-10, 10) and flush with saline (1000-10). Remove there is a standard procedure if connecting to pump system, the cannula may have blood in it or there may be air in it and only remove it for infusion. Follow local policies, but generally, flush for one attempt before connecting to pump (1000-10).
11. Remove the cannula with the dressing (1000-10). The caregiver who inserts needs to be placed above insertion site to assess for any signs of phlebitis, allergic reactions or skin changes. Document date time of insertion, the cannula information for the site for up to 12 hours.
12. Record the procedure in the patient's notes and use any filled appropriate on record sheet.

# Therapy Made Easy With Computer Assistan

**Daniel F McAuley**



## **Therapy Made Easy With Computer Assistan:**

**Private Practice Made Simple** Randy Paterson,2011-06-02 Running your own private practice takes more than an advanced degree memberships in professional psychology organizations and the ability to be a good therapist And while your continuing education and training may be useful setting up and managing a successful practice is a matter of business and organizational know how as much as professional proficiency If you re opening your own private practice or want to run your existing practice more efficiently Private Practice Made Simple is your detailed guide This book offers tips on everything from getting client referrals and creating a positive and comfortable office atmosphere to building a strong and thriving therapy practice that can serve both you and your clients You ll learn how to attract clients as a new therapist and how to manage your practice as it grows This complete tool kit will help you Find an office and set up a treatment room Establish headache free routines for organizing client information and forms Decide on a fee and manage your finances Prevent burnout by maintaining a healthy work life balance *Subject Guide to Books in Print* ,1993 *Understanding the Behavioral Healthcare Crisis* Nicholas A. Cummings,William T. O'Donohue,2012-03-29 Understanding the Behavioral Healthcare Crisis is a necessary book edited and contributed to by a great variety of authors from academia government and industry The book takes a bold look at what reforms are needed in healthcare and provides specific recommendations Some of the serious concerns about the healthcare system that Cummings O Donohue and their contributors address include access problems safety problems costs problems the uninsured and problems with efficacy When students practitioners researchers and policy makers finish reading this book they will have not just a greater idea of what problems still exist in healthcare but more importantly a clearer idea of how to tackle them and provide much needed reform **Physical Therapy** ,1987-07 *Special Educational Provision in the Context of Inclusion* Janice Wearmouth,2013-05-13 This text traces the development of special educational provision and goes on to concentrate on some of the key issues relevant to professionals currently working in the field It looks at the recent drive towards inclusion and the implication this has for schools In the present market oriented context in education there are a number of dilemmas facing schools that attempt to include all pupils and at the same time respond to the current focus on academic achievement in a national climate of competition and accountability The book offers practical examples of ways to resolve these dilemmas at the level of the LEA the school the classroom and the individual child Part One gives an overview of special and inclusive education current thinking around issues related to equal opportunities and how this affects schools It also illustrates how one Local Education Authority has tried to promote a policy of inclusion in its schools Part Two includes a discussion of the challenges facing teachers in schools who attempt to put current national policies related to inclusion into practice and provides practical examples of whole school and classroom initiatives to support the learning of groups of pupils and individuals within them Included are chapters on professional development for teachers of special educational needs classroom strategies for teacher

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**Forthcoming Books** Rose Army,1997 **Official Gazette of the United States Patent and Trademark Office** ,1998

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### **Table of Contents Therapy Made Easy With Computer Assistan**

1. Understanding the eBook Therapy Made Easy With Computer Assistan
  - The Rise of Digital Reading Therapy Made Easy With Computer Assistan
  - Advantages of eBooks Over Traditional Books
2. Identifying Therapy Made Easy With Computer Assistan
  - Exploring Different Genres
  - Considering Fiction vs. Non-Fiction
  - Determining Your Reading Goals
3. Choosing the Right eBook Platform
  - Popular eBook Platforms
  - Features to Look for in an Therapy Made Easy With Computer Assistan
  - User-Friendly Interface
4. Exploring eBook Recommendations from Therapy Made Easy With Computer Assistan
  - Personalized Recommendations
  - Therapy Made Easy With Computer Assistan User Reviews and Ratings
  - Therapy Made Easy With Computer Assistan and Bestseller Lists

5. Accessing Therapy Made Easy With Computer Assistan Free and Paid eBooks
  - Therapy Made Easy With Computer Assistan Public Domain eBooks
  - Therapy Made Easy With Computer Assistan eBook Subscription Services
  - Therapy Made Easy With Computer Assistan Budget-Friendly Options
6. Navigating Therapy Made Easy With Computer Assistan eBook Formats
  - ePub, PDF, MOBI, and More
  - Therapy Made Easy With Computer Assistan Compatibility with Devices
  - Therapy Made Easy With Computer Assistan Enhanced eBook Features
7. Enhancing Your Reading Experience
  - Adjustable Fonts and Text Sizes of Therapy Made Easy With Computer Assistan
  - Highlighting and Note-Taking Therapy Made Easy With Computer Assistan
  - Interactive Elements Therapy Made Easy With Computer Assistan
8. Staying Engaged with Therapy Made Easy With Computer Assistan
  - Joining Online Reading Communities
  - Participating in Virtual Book Clubs
  - Following Authors and Publishers Therapy Made Easy With Computer Assistan
9. Balancing eBooks and Physical Books Therapy Made Easy With Computer Assistan
  - Benefits of a Digital Library
  - Creating a Diverse Reading Collection Therapy Made Easy With Computer Assistan
10. Overcoming Reading Challenges
  - Dealing with Digital Eye Strain
  - Minimizing Distractions
  - Managing Screen Time
11. Cultivating a Reading Routine Therapy Made Easy With Computer Assistan
  - Setting Reading Goals Therapy Made Easy With Computer Assistan
  - Carving Out Dedicated Reading Time
12. Sourcing Reliable Information of Therapy Made Easy With Computer Assistan
  - Fact-Checking eBook Content of Therapy Made Easy With Computer Assistan
  - Distinguishing Credible Sources
13. Promoting Lifelong Learning

- Utilizing eBooks for Skill Development
  - Exploring Educational eBooks
14. Embracing eBook Trends
- Integration of Multimedia Elements
  - Interactive and Gamified eBooks

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