





Prevention in practice: PIV care and maintenance guidelines.

Help reduce the risk of PIV complications through evidence-based practice. We believe having the right standards of care, combined with the latest technology can help improve outcomes for every patient. Review these care and maintenance recommendations from the Infusion Nurses Society (INS) and the Centers for Disease Control and Prevention (CDC):

	Recommendation	INS 2016 ¹	CDC 2011 ²
Prepare & Assess 	Choose upper extremity for insertion	Forearm preferred	●
	Avoid areas of flexion	●	
	Designate personnel with IV therapy education, training and competency	●	●
	Smallest gauge indicated	●	
Insertion 	Prepare skin with antiseptic, allow site to dry	●	●
	Practice aseptic technique	Do not palpate insertion site after skin antiseptics	Do not palpate insertion site after skin antiseptics
Secure & Protect 	Consider a securement device or securement dressing	●	●
	Use a sterile, transparent, semi-permeable polyurethane dressing	●	●
	Change dressing at least every 7 days or sooner if compromised	●	●
	Visually inspect insertion site at regular intervals	●	
	Evaluate adverse events regularly	●	
	Disinfect injection port/access site	●	●
	Consider use of disinfecting caps on access sites	●	
Remove 	Remove PIV catheters when clinically indicated	●	
	Remove emergently placed catheters asap, within 24–48 hours	●	●

1. Infusion Nurses Society (INS): Gorski L, Hadaway L, Hagle ME, McGoldrick M, Orr M, Doellman D. Infusion Therapy Standards of Practice. J Infus Nurs. 2016;39(suppl 1):S1-S59.

2. Centers for Disease Control and Prevention (CDC): O'Grady NP, Alexander M, Burns LA, et al. Guidelines for the prevention of intravascular catheter-related infections. Clin Infect Dis. 2011;52(9):e162-e193.