





# 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 Australian National Health and Medical Research Council (NHMRC), Infusion Nurses Society (INS) and the Centers for Disease Control and Prevention (CDC):

|  | Recommendation   | NHMRC 2019 <sup>1</sup>             | INS 2016 <sup>2</sup>                               | CDC 2011 <sup>3</sup>                               |  |
|--|--|-------------------------------------|---|---|--|
| <br><b>Prepare and Assess</b>   | Choose upper extremity for insertion                                   | non-dominant forearm where possible | Forearm preferred                                   | ●   |  |
|  | Avoid areas of flexion   | ●                                   | ●   |   |  |
|  | Designate personnel with IV therapy education, training and competency | ●                                   | ●   | ●   |  |
|  | Smallest gauge indicated   | ●                                   | ●   |   |  |
| <br><b>Insertion</b>          | Prepare skin with antiseptic, allow site to dry                        | ●                                   | ●   | ●   |  |
|  | Practice aseptic technique   | ●                                   | Do not palpate insertion site after skin antisepsis | Do not palpate insertion site after skin antisepsis |  |
| <br><b>Secure and Protect</b> | 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                                      | Educate patients on adverse events  |   | ●   |  |
|  | Disinfect injection port/access site                                   |                                     | ●   | ●   |  |
|  | Consider use of disinfecting caps on access sites                      |                                     | ●   |   |  |
| <br><b>Remove</b>             | Remove PIV catheters when clinically indicated                         | ●                                   | ●   |   |  |
|  | Remove emergency placed catheters asap, within 24–48 hours             | ●                                   | ●   | ●   |  |

1. Australian Guidelines for the Prevention and Control of Infection in Healthcare. Canberra: National Health and Medical Research Council, 2019.

2. 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.

3. 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.