Inserting a Peripheral IV.m4v

Today we're going to be demonstrating initiating a peripheral IV.

Good morning, my name is Jennifer, and I'm your registered nurse today. I'm going to go ahead and wash my hands, and while I'm doing that can you please state your full name and date of birth? OK, great. Thank you, Mr. Jones.

As you can see, for demonstration purposes in this video we just have a very partial mannequin, we just have a hand. However, we want to demonstrate all of the procedures that you will be doing such as introduction and hand hygiene.

I'm going to go ahead and raise the bed up to a proper working height. So the doctor has ordered that we start an IV on you, he would like you to get some IV solution since you're dehydrated. Have you ever had an IV before? You have? OK. Do you have any questions about me starting the IV, or you receiving the IV at all? No? OK. On a scale of zero to 10, zero being no pain at all, 10 being the worst pain you've ever had, can you tell me your pain level rate now? A two. Is that acceptable to you? OK. So again, no questions or anything like that?

So I've gathered my supplies, and from the supply room I got an IV start kit. IV start kits are pretty standard in most facilities. They might vary a little bit, but they usually contain various things. The contents are listed on the outside of the package. I also have an IV extension kit, and that's going to vary depending upon the type of IV tubing that you have in your facility. I have gathered an angiocath. We will talk about the different gauges of angiocaths in the lab. For this demonstration, we use small gauge needles for our mannequins. And lastly, I have a normal saline flush.

So I'm going to go ahead and I am going to first open up my kit so I can get my tourniquet. There are gloves in here, they are not sterile gloves. I'm going to set those aside right now because the first thing I want to do is go ahead and place the tourniquet on and locate a vein on my patient.
I'm not at risk for any blood or body fluids at this point, so I'm going to apply the tourniquet without gloves. And when I apply the tourniquet, I want it about four to six inches above the site I'm going to use. So I always want to try and use the most distal site possible when I can.

So when you apply the tourniquet, you're going to criss-cross the ties, applying a little bit of pressure resistance, and go ahead and push the loop through so you have a quick release. Various techniques you can use if your patients don't have very visible veins. You also want to palpate and do some light tapping. If you have any difficulty, you can place a warm wrap-- a warm moist towel-- that helps to raise the vessels towards the skin as well.

So I'm going to use this vessel right here. So I'm going to go ahead, release my tourniquet right now for my patient. I'm going to wash my hands, and I'm going to go ahead and I'm going to put on some clean gloves after I get my supplies ready.

So the next thing I can actually go ahead and get set up is my IV extension set. So I can go ahead and open this up. The IV extension set is in a sterile package, so both ends are considered sterile. There is a T-clamp right here. There's a cap on the end that I'm going to connect to the patient's angiocath. I just like to loosen this cap a little bit. This end is called a buff cap. If you don't touch the ends of the buff cap, you can connect your normal saline right to it. If you do happen to touch the end it's OK, you can go ahead and clean it off with an alcohol swab.

Go ahead, take off your cap on your flush, and this just Luer-Loks together. And when I go ahead to flush this, I want to make sure that my saline solution flushes all the way through it. And the cap actually fell off, which is OK. We'll run our saline through. And we'll just pick up our cap, not touching the end of it, and we'll lightly put it back on. And I'm going to place this close to my patient.

I place a chucks pad under my patient, or a towel, that in case if I have any blood, or fluids, or anything like that, that that would go ahead and the towel would be there to protect the linens and things like that. So I'm going to go ahead and put my gloves on now. Again, this is just a clean procedure. And I'm going to go ahead and clean the skin with what we call Chloraprep. This comes in the IV start kits, in a small packet. And it's got a small ampule here with the solution in there. It's plastic. You're going to go ahead and squeeze it. When you squeeze it, it almost feels like broken glass. So I want you guys to get used to that feeling in the lab.
So you're going to squeeze the solution down into the gauze pad here on the bottom. And you're going to cleanse the IV site. So again, we're using this vein here. You want to use a circular motion moving outward. And to a pretty good sized site so that your area is clean. While that's drying, you can go ahead reapply your tourniquet. So again, a little bit tension. Pierce this through.

Now the other thing I can go ahead and get ready is my chevron tape. So I can go ahead and tear that off. I'm going to take a piece of tape, tearing it lengthwise. And I'm going to place it on the side of my clean package. I don't ever want to put tape on the bedside table, because there's a lot of microbes that are growing on the bedside table. So this is a clean package, there should be no microbes there. The other thing I want to do is go ahead and open up my angiocath. I can discard that, and I can release this a little bit from the cath.

Now my Chloraprep is dry, so I can go ahead and do my insertion. I want to hold the skin taught below the insertion site where I'm going. I want to have my bevel up. Bevel up is on these type of angiocaths, wherever the release button is-- this right here is the release button-- the bevel is always in line and up with these. So again, holding the skin taught, I'm going to go at a 20 to 30 degree angle. Mr. Jones, you're going to feel a slight stick.

As you go through the patient and pierce their skin, what you're looking for is what we call flashback. And that is where you get a small amount of blood return. And I'm trying to angle so that you guys can see this. And sometimes you just have to keep pulling back and repositioning. And now we have what's called flashback. You can see the blood in here.

So now I'm going to run parallel to the skin, and I'm going to go a little bit further. And once I get close in I'm going to go ahead and retract my needle. And I need to press my retractor. Actually, before I do that, I'm going to continue to thread my catheter right to the skin. Now I'm going to retract my needle. I'm going to apply pressure above the IV site so that I macerate the vein so I'm not dripping all over. Press the button, this releases that. I'm going to place that into my sharps container-- normally patients do not bleed this much-- and I'm going to connect this cap. The mannequins have a lot of pressure running behind them. Most patients you will not get that much blood return coming back.

I want to hold that securely in place, release my tourniquet, and now gather my chevron tape. And what I need with my chevron tape is I need to apply this sticky side up underneath the hub, and I want to make what's called a football goal post. And that, not criss-crossing over the IV
site, take my other tape, and then I need a Tegaderm, which I have on the bedside table next to me. I'm securing this in place.

Now I can continue to check, I can pull back, and I want to check for blood return. I have blood return, so I'm still in the vessel. I can go ahead and flush my IV site. You can use the full amount of flush, or just a cc or two is perfectly fine. And flush it slowly. And what you're looking for is any type of infiltration. So do you see the vessel blowing up? Do you see the fluid? Is the patient complaining of pain?

I can now disconnect my flush. And I'm going to go ahead and place my Tegaderm on. My Tegaderm is going to go right over the site. Tegaderms are a little bit different, but they're pretty close to the same, the way they work, in most facilities. This one happens to have a small place to place initials. You can also go ahead and secure this in place with another piece of tape. And actually, I'm free and clear of any blood or body fluids at this point. I'm going to remove my gloves to make my tape a little bit easier, if I can find the ends. And we'll just go ahead and secure this in place.

I'll go ahead and place my time, and date, initials. The gauge of the angiocath that I used. And then I would go ahead, perform hand hygiene, clean out my area, place my sharps in a sharps container, and I would complete documentation. I would note the number of attempts that I tried, the insertion site that I used, the size and the type of catheter, the time and date, and how well the patient tolerated the procedure. Lower the bed to the low and locked position and make sure the patient's call bell is within reach. And that's it.