The Royal Berkshire NHS Foundation Trust experience of implementing the Peripheral Cannulation training project

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Peripheral cannulation training project

Starting point

- Dedicated IV training team since 1998 – trainers, assessors, doers
- Involved with a network of other Trusts who worked together to develop a structure learning programme with an aim of standardizing practice
How did we use the project?

- To include junior doctors in training
- To implement use of sterile pack and gloves aseptic non-touch technique as opposed to ANTT alone
- To introduce use of Chloraprep
- To revisit cannulation technique with all nurses and AHPs who had already been trained
- To introduce new cannula care plan
Junior doctors training

- Project gave us a foot in the door and the ‘authority’ to train doctors
- Supported by Medical Director and Chief Exec
- Dedicated slot on junior doctors induction
- Found some medical champions who were respected by their peers

Challenge
125 doctors to be trained in two days in August
Utilised circuit training which included assessment of hand washing, blood culture training and resuscitation
Peripheral cannulation training project
Junior Doctors evaluation

- “It’s a completely different technique to the previous way I was taught”
- “The aseptic technique is new to me!”
- “haven’t previously filled in any forms when putting in a peripheral line”
- “More vigilant re infection and taking out unnecessary cannulas”
- “Will try to monitor cannula in days after insertion although this may be hard with time pressures of ward”
- “Now aware of VIP scores”
- “Be more aware of complication e.g. cellulitis, signs of infection.”
Introduction of sterile packs and Chloraprep

Challenge
Cost implications
Unable to show empirical evidence for use of sterile pack
Resistance from areas such as X-ray and endoscopy

Achieved by
Support from the Chief Exec and the Executive committee
Support from some medical champions
Revisiting those who already performed IV cannulation

– All nurses and AHPs who were already performing peripheral cannulation were revisited and taught to use Chloraprep and sterile packs and gloves.

– Training delivered on the wards/departments using the manikin
Peripheral cannulation training project

Staff Reassessed using sterile gloves to cannulate

<table>
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<th>OCTOBER</th>
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<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
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Cannula Care plan

- Pathway to address ongoing peripheral cannula care
- Incorporates Intravenous care bundle
- Ensure peripheral cannula are not left in situ if no longer required
- Raise awareness of poor peripheral access
- To enable peripheral cannula to safely remain in place for longer periods for patients with depleted venous access
- Enables enhanced audit trail for peripheral cannula care
Peripheral cannulation training project

Cannula Care plan

VLP Score (Visual Infusion Phlebitis Score)

**OBSERVATION**

1. No signs of phlebitis
   - Pen site appears healthy
   - Site temperature normal

2. Moderate signs of phlebitis
   - Increase in diameter
   - Erythema
   - Mild swelling
   - Hardening of tissue

3. Severe signs of phlebitis
   - Increased diameter
   - Intense erythema
   - Oedema
   - Marked swelling
   - Pain on palpation
   - Tender

**ACTION**

1. No signs of phlebitis
   - OBSERVE CANNULA

2. Moderate signs of phlebitis
   - CLEAN, CANNULA AND RESIST IF NECESSARY
   -ographed treatment

3. Severe signs of phlebitis
   - REMOVE CANNULA AND RESIST IF NECESSARY
   - Change treatment

**Intravenous cannula care**

1. Follow all procedures per Patient Care plan
2. Cannula insertion using sterile technique
3. Document cannulation site, time, site, site, and number
4. Document the timing and frequency of the site and document
5. Assess the cannula site on every shift
6. Inspect the cannula site on every shift and record the score using the VIP scale
7. Inspect the cannula site whenever signs or symptoms are indicated and when intravenous therapy is changed.
Outcomes

MRSA Bacteraemia cases, 2007/08, 2008/09, 2009/10
Outcomes

Number of MSSA Bacteraemia by month, pre and post 48hr admission

<table>
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<tr>
<th>Month</th>
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<th>Post 48</th>
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Totals:
- Pre 48: 43
- Post 48: 45
- Total: 93
Outcomes

- The Trust has recently been ranked in the top 10% of large acute trusts for successfully reducing rates of MRSA bacteraemia by the Health Protection Agency.
Outcomes – SC SHA adapting and supporting use of structured learning programme

Peripheral cannulation training project

Venepuncture and Cannulation
STRUCTURED LEARNING PROGRAMME

Sponsorship statement
The printing of this educational resource has been sponsored by NHS Education South Central.
Continued challenges

- 170 new doctors to train in August with less trainers
- Keeping cannulation high on the agenda and embedded in practice
Thank you