

Complications of Intravenous Access Devices

VIP score of 1 or higher

If there is any redness or pain remove device – discuss this with the responsible medical team if it is a central line or further venous access is going to be problematic

Line movement

If central line appears to have moved check external length recorded on insertion form and any subsequent repositions. If there is any change in external length of the line consider chest x-ray to confirm tip position, if tip is incorrectly placed refer to IV Team for line exchange or replacement

Bleeding from insertion site

If bleeding from insertion site; Apply firm digital pressure to insertion site until haemostasis is achieved, clean and redress with gauze if required, monitor bleeding and report to medical team to check coagulation status of patient
Consider if line needs to be re-sited

Thrombosis

Swelling, pain, reduced movement in shoulder/arm, distended veins in chest/neck/arm, discolouration of the skin of affected limb, non-palpable or reduced distal pulses, bleeding, unable to aspirate or flush line
If limb circulation appears compromised escalate immediately to senior medical team

Refer to medical team for assessment
Do not remove line until assessment has been made and it is deemed safe to do so

Remember to always clearly document your actions

**Never forcefully remove a line, if a line appears to be stuck x-ray all areas where the line is present (Chest/Arm/Shoulder) and check for signs of damage, if no damage seen attempt to remove line
If still unable to remove, refer to senior medical team as surgical intervention may be required**

If you suspect part of a vascular device has been damaged and migrated into the venous system refer to senior medical team immediately for vascular surgeon referral

Signs of infection

Local infection: Exudate around insertion site, redness, pain, swelling

Systemic infection: Temperature spikes, sweating, rigors, tachycardia, hypotension, fatigue

Swab any exudate present and thoroughly clean the insertion site

Discuss central line removal with responsible medical team as line infection may be treatable

Suspected dressing reaction

If minimal redness then use barrier cream (Cavillon) under dressing and surrounding areas during dressing changes

If severe redness with pain or blistering change dressing

Use an appropriate dressing such as IV3000, duoderm or allevyn; area must be visible when administering IV therapy. If reaction persists than consider dressing with gauze and a bandage
Consider using antihistamines or line may need removing if severe and persistent

Unable to aspirate or flush line

PVC: Remove and re-site if still required

CVAD

Follow suspected blocked central line pathway

Always reposition patient, perform a full dressing change and check for damage to line before escalating to medical team or IV team