

Recommended Dwell Times for Intravenous Cannulae

Objective

This purpose of this document is to provide guidance to practitioners administering intravenous therapy under POAC funding, by way of recommending appropriate dwell times for cannulae.

Background

An IV cannula violates the skins normal defence mechanisms when inserted allowing microorganisms to enter. All actions must ensure that risk of infection is minimised. **These risks need to be clearly explained to the patient and consent for this process documented in the clinical notes.**

When to remove

A cannula **should be removed**:

- Immediately if the cannula site shows signs of infection, phlebitis or infiltration
- Within **24 hours** if the cannula was inserted in an emergency and is not covered with an occlusive dressing
- There is no further use for the cannula

Recommended dwell times

Current best practice recommends a **maximum dwell time of 72hrs** provided that:

- The cannula site is clean, dry and patent AND
- The cannula is checked and flushed with 5-10mls of normal saline before each dose AND
- There is no history of previous or current IV drug use AND
- The cannula is still required for intravenous therapy

POAC supports indwelling IV lines between IV doses in the primary care setting within the scope detailed above.

For further information, refer ADHB Peripheral Intravenous Catheter Management document

http://www.primaryoptions.co.nz/sites/site_files/1265/upload_files/Peripheral_In15.pdf

References

Infection Control Standards, Waitemata District Health Board Administration and Medication management -3 Procedures
Wheat bags and other heating devices - Clinical practices

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Lavery, I. & Ingram, P. (2006). Prevention of infection in peripheral intravenous devices. *Nursing standard*, 20 (49), 49-56.