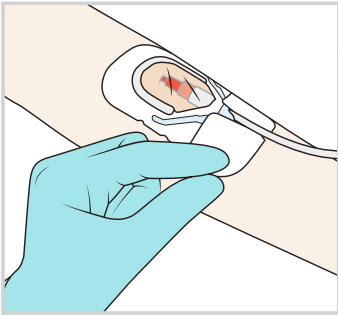


WHY YOU ARE GETTING A PIV



An order has been placed to add medication directly into your blood. Some medications work better if they don't have to go through your stomach like with a pill. The nurse will place a tube called a peripheral intravenous catheter, we usually call this a "PIV".

What will happen and permission to place device

In order to do this, the nurse will place a small plastic tube through your skin into a vein and release the medication into your bloodstream. The nurse will need your permission to do this.

Where it should go and how the procedure is performed

The nurse will decide with you where the PIV should be placed. If possible, we will try not to place it in the back of the hand, your wrist, or the bend of the elbow. It is best not to use the arm or hand you use to eat, groom, or clean yourself so the PIV can stay clean and dry. If you have kidney disease or if you have had surgery with lymph nodes removed, please tell the nurse placing your PIV as these require special precautions.

A PIV is placed with a needle, then the needle is taken out and the small tube is left in place. The nurse will add something to hold the PIV in place and a dressing will cover it. There might also be something added to help prevent infection where the PIV goes through the skin.

The nurse should only try twice to get your PIV in place, and only two nurses should be allowed to try. After that, a light or a machine should be used to find your veins. Make sure the nurse washes their hands, and cleans your skin very well then let it dry before using the needle.

What you can do to help prevent infection

We don't want you to get an infection from the PIV, so we have to be extra careful to take care of it. Anytime a nurse uses your PIV, they should wash their hands. Before anything is attached to the PIV or the tubing, the access point it connects to will need to be cleaned very well.

The dressing protects your PIV and helps hold it in place. The dressing should be clean and stay on your skin all the way around. If the dressing is loose, wet or been on for longer than three days, it needs to be changed. If it comes off your skin the nurse should not add tape. The dressing needs to be replaced.

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What you should inform your nurses of

If the pump is alarming, the medicine is not going into your blood in the vein as it should. The nurse might not hear the pump alarming. Use your call light to get help to fix the alarm.

Sometimes connections are loose and your PIV might leak. Sometimes, a PIV will leak where it goes into the skin. If your PIV is leaking, tell the nurse so it can be fixed.

If you see blood in the tubing, this is not a problem at all, but it will need to be flushed back into the vein. The nurse can do this with a syringe of fluids called a “flush syringe”.

If your PIV does not flush or the nurse cannot pull blood from your vein, the PIV is not working correctly and you will need a new one.

The very first sign your PIV is starting to have problems is pain. If you have pain at the PIV site, the PIV will need to be removed immediately. If it is red, swollen, warm to the touch or if the skin is tight, your PIV will need to be removed.

After the PIV is out, here's how to care for the site, what to watch for and report

When the medicine is finished, the PIV should be removed. There is no reason to keep it in because it can get infected if left in place. After the PIV is out, there might be a little soreness at the site. A warm compress applied on and off for 20 minutes at a time may feel good. If the pain is severe, the site is hard, or if you begin to have a fever it is important for you to tell the nurse or your doctor.

Where to find accurate information

If you have any questions or concerns it's best to ask your doctor. We want to be certain the information you have is accurate. On the internet there are places for good information and incorrect information. Some of your friends and family have probably had PIVs and may share their experience.

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