PIVA Preventing Infections in Vascular Access

Central Venous Access Documentation

Patient's name:

Date of birth:

Hospital:

Insertion Record

Date: Time: Ward:

Size: Lot No:

Number of attempts:

Inserted by *(PRINT)*:

Designation:

Comments:

Removal Record

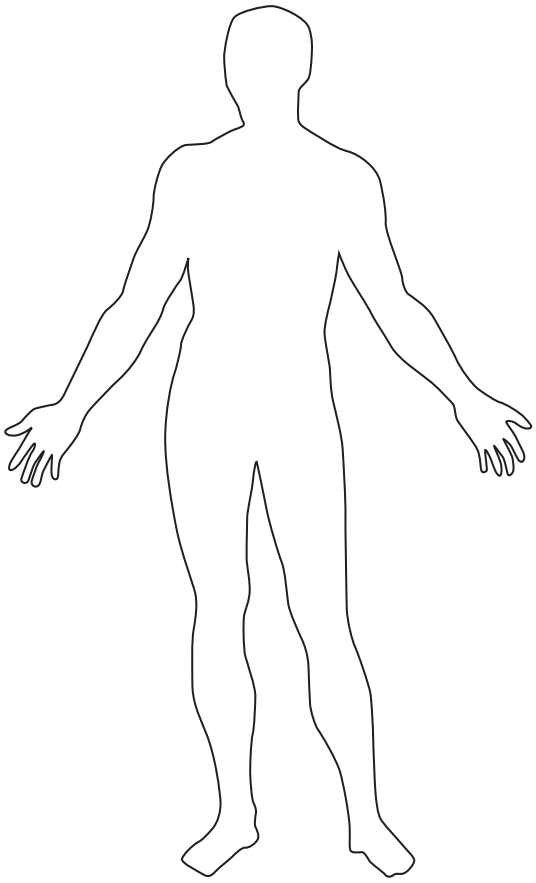
Date:

Reason for removal:

Removed by *(PRINT)*:

Designation:

Please indicate insertion site



Signs of infection

- Pain near insertion site
- Slight redness near insertion site
- Erythema *(A diffused inflammation forming rose-coloured patches on the skin)*
- Swelling
- Induration *(Tissue feeling firm and swollen)*
- Pus at site
- Pyrexia *(Fever, temperature higher than 38ºC degree)*

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Date: Time:

Designation: Signed:

Please tick appropriate box	*Yes*	*No*		*Yes*	*No*
Appropriate dressing			Site assessed		
Dressing intact, dry, clean			Line secure		
No pyrexia			No sign of phlebitis or site infection		

Date: Time:

Designation: Signed:

Please tick appropriate box	*Yes*	*No*		*Yes*	*No*
Appropriate dressing			Site assessed		
Dressing intact, dry, clean			Line secure		
No pyrexia			No sign of phlebitis or site infection		

Date: Time:

Designation: Signed:

Please tick appropriate box	*Yes*	*No*		*Yes*	*No*
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Please tick appropriate box	*Yes*	*No*		*Yes*	*No*
Appropriate dressing			Site assessed		
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If you tick No in any boxes please refer to local policy