Visual Infusion Phlebitis Score

V 3000°

Moisture Responsive Catheter Dressing

Policy Statement

All patients with an intravenous access device in Place must have the IV site checked at least daily for signs of infusion phlebitis. The subsequent score And action(s) taken (if any) must be documented. The cannula site must also be observed when:

- Bolus injections are administered
- IV flow rates are checked or altered
- Solution containers are changed

The incidence of infusion phlebitis varies. The Following 'Good Practice Points' may assist in Reducing the incidence of infusion phlebitis:

- 1 Observe cannula site at least daily
- 2 Secure cannula with a proven intravenous dressing
- 3 Replace loose, contaminated dressings
- 4 Cannula must be inserted away from the joints whenever possible
- 5 Aseptic technique must be followed
- 6 Consider your policy position on resiting of the cannulae
- 7 Plan and document continuing care
- 8 Use the smallest gauge cannula most suitable for the patients' needs
- 9 Replace the cannula at the first indication of infusion phlebitis (Stage 2 on the VIP score)

Wound Management

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IV site appears healthy	0	>	No signs of phlebitis	OBSERVE CANNULA	
One of the following is evident: • Slight pain near IV site or • Slight redness near IV site	1	>	Possible first signs	OBSERVE CANNULA	
Two of the following are evident:Pain at IV siteErythemaSwelling	2	>	Early stage of phlebitis	RESITE CANNULA	
All of the following signs are evident:Pain along path of cannulaErythemaInduration	3	>	Mid-stage of phlebitis	RESITE CANNULA CONSIDER TREATMENT	
 All of the following signs are evident and extensive: Pain along path of cannula Erythema Induration Palpable venous cord 	4	>	Advanced stage of phlebitis or start of thrombophlebitis	RESITE CANNULA CONSIDER TREATMENT	
All of the following signs are evident and extensive: • Pain along path of cannula • Erythema • Induration • Palpable venous cord • Pyrexia	5	>	Advanced stage of thrombophlebitis	INITIATE TREATMENT	

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