Appendiks til Lise Husby Høvik, Kari Hanne Gjeilo, Stian Lydersen, Erik Solligård, Jan Kristian Damås, Lise Tuset Gustad. Bruk av perifere venekatetre ved to norske sykehus. Tidsskr Nor Legeforen 2020; 140. doi: 10.4045/tidsskr.19.0653. Dette appendikset er et tillegg til artikkelen og er ikke bearbeidet redaksjonelt.

OMG PIVC Study

Data Collection Form

Hospital/Site	
Ward/Unit	
Room/Bed number	
Screening log number	
Age of patient	
Gender of patient	☐ Male ☐ Female
Date and time of review	/ / 2014 ____:____ am/pm

Please obtain verbal consent and complete a separate survey for each PIVC. Thank-you!

PIVC: short peripheral intravenous catheter

This form should contain no identifying patient information.

Date of PIVC insertion (Ask patient if not documented)	**Time of insertion** (Ask patient if not documented)
_______/_______/ 2014 ☐ Not documented day month	_____:_____ am/pm ☐ Not documented
Reason for PIVC insertion (check all that apply)	
☐ IV fluids ☐ IV medications ☐ Taking blood ☐ Patient unstable / Requiring resuscitation	☐ Blood product transfusion ☐ Parenteral nutrition ☐ Chemotherapy ☐ Unknown
Catheter brand (See list)	**Catheter product (See list)**
Who inserted the catheter? (Ask patient if not documented)	**Where was catheter inserted?** (Ask patient if not documented)
☐ IV team ☐ Nurse ☐ Doctor ☐ Technician ☐ Other _________________________ ☐ Unknown/Not documented	☐ Emergency department ☐ Operating room ☐ ICU/CCU ☐ General ward/unit/clinic ☐ Radiology/Procedure room ☐ Ambulance/EMS ☐ Unknown/Not documented
PIVC position/site	**Catheter gauge/size**
☐ Hand ☐ Upper arm ☐ Wrist ☐ Foot ☐ Forearm ☐ Head ☐ Antecubital fossa ☐ Other _________________________	☐ 14 G (orange) ☐ 22 G (blue) ☐ 16 G (grey) ☐ 24 G (yellow) ☐ 18 G (green) ☐ 26 G (purple) ☐ 20 G (pink) ☐ Not visible ☐ Other ___________________________
PIVC site assessment (check all that apply)	* Advise patient's nurse of these findings
☐ No clinical symptoms ☐ Pain/tenderness on palpation * ☐ Redness > 1 cm from insertion site* ☐ Swelling > 1 cm from insertion site * ☐ Purulence * ☐ Itch / rash under dressing * ☐ Blistering/skin tears under dressing * ☐ Bruising/dried blood around PIVC	☐ Palpable hard vein cord beyond IV tip * ☐ Streak/red line along vein * ☐ Induration/hardness of tissues > 1 cm * ☐ Leaking PIVC * ☐ Extravasation/infiltration * ☐ Blood in line ☐ Partial/complete dislodgement of PIVC * ☐ Other ___________________________
Has a PIVC site assessment been documented in the patient chart in last 24 hours?	☐ Yes ☐ No

Ward/Unit ____________________	Room/Bed number ____________________
IV dressing type (refer to dressing guide)	**IV dressing assessment**
☐ Borderless transparent polyurethane dressing [1] ☐ Window transparent polyurethane dressing [2] ☐ Sterile gauze and tape dressing [3] ☐ Chlorhexidine-impregnated dressing [4] ☐ Tape only ☐ Other _________________________ ☐ No dressing	☐ Clean, dry and intact ☐ Moist and soiled with blood/discharge ☐ Dry and soiled with blood/discharge ☐ Loose or lifting edges ☐ Other ___________________________
PIVC & administration set securement (check all that apply) (see guide)	**IV connectors (check all that apply) (see guide)**
☐ Sutureless securement device [5] ☐ Sterile tape strips around PIVC ☐ Non-sterile tape around PIVC ☐ Non-sterile tape over PIVC dressing ☐ Non-sterile tape around administration set ☐ IV administration set securement device [6] ☐ Splint/bandage/tubular net ☐ Site dressing only ☐ Other __________________________ ☐ No securement	☐ Extension tubing [7] ☐ Stopcock/3-way tap [8] ☐ Needleless connector/IV bung [9] ☐ IV end cap [10] ☐ Direct connection to IV administration set ☐ Other _________________________ ☐ None
IV fluids today (check all that apply)	
☐ Crystalloid (e.g. normal saline, 5% dextrose) ☐ Colloid or blood products ☐ Parenteral nutrition ☐ None ☐ Not documented / chart unavailable	☐ Continuous infusion ☐ Intermittent infusion ☐ Bolus injection ☐ Combination of intermittent and bolus
If the patient receives an IV flush bolus to keep PIVC patent, what is the flush solution used?	**If the patient receives an IV flush bolus to keep PIVC patent, how often is the PIVC flushed?**
☐ 0.9% sodium chloride ☐ Heparin/heparinized saline solution __________ units/mL ☐ Other ___________________________ ☐ No order	☐ Every 4 hours ☐ Every 8 hours ☐ Every 12 hours ☐ Once daily ☐ Not documented ☐ Other ___________________________
IV medications today (via PIVC) (check all that apply)	
☐ Electrolytes (KCl, Mg, etc.) ☐ Antibiotics *List*___________________________ ☐ Analgesia/PCA ☐ Sedation ☐ Diuretic ☐ Anti-emetic	☐ Heparin infusion ☐ Insulin ☐ Gastric protection ☐ Anti-convulsant ☐ Chemotherapy ☐ Other ___________________________ ☐ None
Please ask the patient the following question: What has been your experience with this IV catheter? 0 = Worst possible 10 = Best possible __________ ☐ Patient cannot verbalise/understand	

Please enter your completed data on the on-line survey link provided via email, or contact us for postage details, or scan and email completed form to omgstudy-group@griffith.edu.au

Thank you!