

Termination of a Peripheral-Short IV Catheter

PURPOSE

To safely remove a peripheral –short IV catheter.

POLICY

1. Aseptic technique shall be used for this procedure.
2. Removal of a peripheral-short IV catheter shall be performed by an RN on the order of the physician. If appropriate, the patient or caregiver may be instructed on the removal of the peripheral IV catheter.
3. The nurse shall be competent in the process of the peripheral-short IV catheter removal, including identification of potential complications, appropriate nursing interventions and/or emergency measures as needed, and patient and caregiver education.
4. The frequency of peripheral-short IV catheter removal for the purpose of site rotation shall be established in organizational policies. Removal/replacement of the peripheral-short IV catheter should be based on assessment of the patient's condition; access site; skin and vein integrity; length and type of prescribed therapy; venue of care; integrity and patency of the IV; dressing ; and stabilization device. Peripheral-short IV catheters should not routinely be replaced in pediatric patients.
5. Peripheral-short IV catheters shall be removed upon unresolved complication, therapy discontinuation, or if deemed unnecessary.
6. If a catheter-related bloodstream infection is suspected, it may be appropriate to obtain a culture of the insertion site, with a physician's order.
7. Peripheral-short IV catheters placed in an emergency situation shall be replaced as soon as possible and not later than 48 hours.
8. If a vesicant medication has extravasated, treatment should be determined prior to catheter removal.
9. Phlebitis rates should be routinely tracked as part of the Performance Improvement program. The acceptable peripheral-short catheter rate is 5% or less in any patient population. The phlebitis rate can be calculated by using the following formula:

$$\frac{\text{Number of Phlebitis Incidents}}{\text{Total Number of IV Peripheral Catheters}}$$

$$\times 100 = \% \text{ Peripheral Phlebitis}$$

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EQUIPMENT

Liquid soap and sanitizing gel

1 pair of gloves

Sterile 2x2" gauze

1-inch tape or Band-Aid®

PROCEDURE

1. Verify physician order. Explain procedure to patient.
2. Wash hands thoroughly with soap and water. Dry with clean paper towel.
3. Arrange supplies on a clean surface.
4. Put on gloves. Remove tape and dressing.
5. Place 2x2 over IV site and pull catheter out as flush to the skin as possible to minimize trauma. Apply pressure on site until bleeding has stopped.
6. If resistance is encountered when the catheter is being removed, the catheter should not be forcibly removed and the physician should be notified.
7. Observe the catheter upon removal to ascertain integrity.
8. Any catheter defects should be documented on a QAR and reported to the manufacturer and appropriate regulatory agencies (FDA Product Watch).
9. Cover site with dry sterile dressing or Band-Aid® for 24 hours following catheter removal.
10. Document procedure and condition of the catheter in the patient's medical record.

RESPONSIBILITY

The Clinical Specialist has the responsibility for approval of, compliance with, and revisions to this policy.

MODIFICATION/REVISION

This policy is subject to modification or revision in part or its entirety to reflect changes in conditions subsequent to the effective date of this policy.

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REFERENCES

1. Infusion Nursing Standards of Practice – Revised 2016; Journal of Infusion Nursing, Supplement to January/February 2016, Volume 39, Number 1S.
2. Infusion Nursing: An Evidence-Based Approach, Third Edition edited by Mary Alexander, Ann Corrigan, Lisa Gorski, Judy Hankins, and Roxanne Perucca.
3. INS (Infusion Nurses Society) Policies and Procedures for Infusion Nursing, 3rd Edition.

