

Introcan Safety[®] Deep Access – Cannula Assessment Record

Introcan Safety[®] Deep Access is an extended length peripheral IV catheter intended to be sited under **ultrasound**. It is indicated for use up to **30 days** but in accordance with local policy guidelines, should be removed when **clinically indicated**. Introcan Safety[®] Deep Access is suitable for use with pressure injectors up to **300psi**.

The personal data provided on this form is for patient care record purposes only and will be stored in accordance with the NHS Trust Privacy Policy. No personal data will be transmitted to B. Braun Medical Ltd or any other third party.

Patient Details:

Patient: _____
 Hospital Number: _____
 NHS Number: _____
 Ward: _____
 DOB: _____

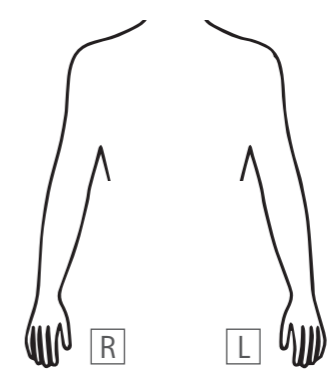
Introcan Safety[®] Deep Access inserted by:

Name: _____
 Job Title: _____
 Signature: _____
 Date: _____
 Time: _____

Insertion:

Gauge: 24 22 20 18
 Consent: Informed Implied Unable
 Insertion using ultrasound: Yes No
 Reason for insertion: _____
 Number of attempts: _____

Please mark successful cannulation with an X and failed cannulation with an F.



Hold your smart phone camera over the QR code to view the visual infusion phlebitis score.



	Day 1 Date:			Day 2 Date:			Day 3 Date:			Day 4 Date:			Day 5 Date:		
	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night
Time															
PIVC still required (if no, remove)															
Dressing day number															
Dressing clean and intact (tick) if not, remove (R)															
Needlefree extension present															
Flushed and patent															
VIP															
Print name															

	Day 6 Date:			Day 7 Date:			Day 8 Date:			Day 9 Date:			Day 10 Date:		
	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night
Time															
PIVC still required (if no, remove)															
Dressing day number															
Dressing clean and intact (tick) if not, remove (R)															
Needlefree extension present															
Flushed and patent															
VIP															
Print name															

CHANGE DRESSING, FIXATION DEVICE AND NEEDLEFREE CONNECTOR **DAY 7**

Removal:

Date: _____ VIP: _____ Removal Reason: _____ Print Name: _____

	Day 11 Date:			Day 12 Date:			Day 13 Date:			Day 14 Date:			Day 15 Date:		
	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night
Time															
PIVC still required (if no, remove)															
Dressing day number															
Dressing clean and intact (tick if not, remove (R))															
Needlefree extension present															
Flushed and patent															
VIP															
Print name															

	Day 16 Date:			Day 17 Date:			Day 18 Date:			Day 19 Date:			Day 20 Date:		
	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night
Time															
PIVC still required (if no, remove)															
Dressing day number															
Dressing clean and intact (tick if not, remove (R))															
Needlefree extension present															
Flushed and patent															
VIP															
Print name															

	Day 21 Date:			Day 22 Date:			Day 23 Date:			Day 24 Date:			Day 25 Date:		
	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night
Time															
PIVC still required (if no, remove)															
Dressing day number															
Dressing clean and intact (tick if not, remove (R))															
Needlefree extension present															
Flushed and patent															
VIP															
Print name															

	Day 26 Date:			Day 27 Date:			Day 28 Date:			Day 29 Date:			Day 30 Date:		
	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night	AM	PM	Night
Time															
PIVC still required (if no, remove)															
Dressing day number															
Dressing clean and intact (tick if not, remove (R))															
Needlefree extension present															
Flushed and patent															
VIP															
Print name															

Removal:

Date:

VIP:

Removal Reason:

Print Name: