Risk Assessment Form HS 9 (1)

Wirral Community NHS
NHS Trust

Location/Activity: **Flushing, Care and Administration via Peripheral and Central Venous Access Device Assessment** Date: _____

Assessor Name:_____Signature:_____Designation_____ Review date_____

Patient's Full Name:	**Date of Birth:**	**NHS Number**

Ref	Hazards	Risks	People at risk	Current Control Measures	L x C = R	Is further action required (Y/N)
1	Catheter occlusion unable to flush catheter	Blocked catheter, patient unable to receive prescribed medication	Patient	Where blood return is absent 1a. Ask patient to cough, deep breathe, change position, stand up or lie down 1b. If blood return remains absent – ask patient to return to referring ward / hospital. 1c. If blood return is obtained – use central catheter as usual		
2	Local site infection or systemic blood stream infection	Bacteraemia Septicaemia	Patient	2a. Nurses to be aware of the signs and symptoms of local infection at skin site and systemic blood stream infections 2b. Community nurses must follow Aseptic non-Touch Technique (ANTT) When caring for catheter 2c. Patient to be educated how to inspect site daily to observe for signs of infection 2d. Nurse to complete Intravenous access phlebitis checklist each visit		
3	Medication error when flushing or administering medicines via Central Catheters and Peripherally Inserted Central catheters (PICC):	Adverse reaction Bleeding Medication error Admission to hospital Potential for formal complaint	Patient	3a. Two members of staff must check medication when carrying out this procedure; one being a registered nurse 3b. Ensure the correct flush has been authorised by the prescriber on Patient's Medicines Administration Chart. Follow SOP for the Safe Administration of Medicines. 3c If more than one medication is to be administered (only one medicine must be handled at any one time), follow Procedure for the Care and Maintenance of Central Intravenous Access Devices. 3d. Community nurses to follow SOP for Administration of heparin flushes via Central Intravenous Access Devices 3e. Community nurses follow procedure for managing an anaphylactic emergency		

TL = Team Leader CM = Community Matron SNP = Senior Nurse Practitioner SN = Staff Nurse AP = Assistant Practitioner AN = Auxiliary Nurse SOP = Standard Operating Procedure L = Likelihood of reoccurrence C = Consequence and Weighting R = Results COSHH = Control of Substances Hazardous to Health

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4	Type of catheter inserted e.g. open ended or closed	Determining correct flush in relation to type of catheter inserted	Patient	4a. 4b.	Always follow manufacturer's instructions for flushing catheter to maintain patency and when administering medication (If available) Community nurses to follow Procedure for the Care and Maintenance of Central Intravenous access devices				
5	Catheter damage	Catheter breakage Leakage of fluid	Patient	5a. 5b 5c. 5d. 5e. 5f. 5g. 5h.	Use 10ml luer lock syringe and never force the solution into the catheter, if forced may cause damage to the catheter Monitor catheter for any pinholes, cuts, leaks or tears Check dressing for moisture or leaking at insertion site Always follow manufacturer's instructions for the care and maintenance of the catheter (If available) or request it from discharging hospital or health care provider Educate patient of signs and symptoms to observe for and when to report Refer to trouble shooting section in the procedure for care and Maintenance of Central Intravenous Access devices Refer patient back to hospital or referring ward Report concerns regarding medical products to Medicines and Healthcare Products Regulatory Agency				
6.	Use of sharps	Potential for Inoculation injury	Patient staff	6.	Follow procedure for inoculation injury, report any inoculation injuries following Trust Incident Reporting System.				

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Risk Assessment Form HS 9 (2)

Wirral Community NHS
NHS Trust

Patient's Full Name:	Date of Birth:	NHS Number

Location/Activity:_____ **Assessment date:**_____ **Review date**: _____

Assessor Name:_____ **Signature:**_____ **Designation:** _____

Ref	Further Action Implemented			Responsible Person	Revised Risk rating L x C = R			Are further assessments required if so list. e.g. COSHH
	Short Term	Medium Term	Long Term					
1	Review risk assessment on a three monthly basis			Team Leader/Senior practitioner				

To ensure control measures are in place to maintain patient safety all nurses must follow Trust policies, procedures and standing operating procedures relating to care and maintenance of central intravenous catheters

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