

Risk Assessment Form HS 9 (1)

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
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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	1. Blood return is absent 1a. Ask patient to cough, deep breathe, change position, stand up or lie down 1b. Blood return obtained – use central catheter as usual 1c. Blood return absent – ask patient to return to referring ward / hospital.		
2	Local site infection or systemic blood stream infection	Bacteraemia Septicaemia	Patient	2. Nurses to be aware of the signs and symptoms of local infection at skin site and systemic blood stream infections 2a. Community nurses <u>must</u> follow aseptic non-touch technique when caring for catheter 2b. Patient to be educated how to inspect site daily to observe for signs of infection 2c. 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	3. Two members of staff must check medication when carrying out this procedure; one being a registered nurse 3a. Ensure the correct flush has been authorised by the prescriber on Patient's Medicines Administration Chart. Follow SOP for the Safe Administration of Medicines. 3b. 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. 3c. Community nurses to follow SOP for Administration of heparin flushes via Central Intravenous Access Devices 3d. Community nurses follow procedure for managing an anaphylactic emergency		

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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	<p>4. Always follow manufacturer's instructions for flushing catheter to maintain patency and when administering medication (If available)</p> <p>4a. Community nurses to follow Procedure for the Care and Maintenance of Central Intravenous access devices</p>				
5	Catheter damage	Catheter breakage Leakage of fluid	Patient	<p>5. Use 10ml luer lock syringe and never force the solution into the catheter, if forced may cause damage to the catheter</p> <p>5a. Monitor catheter for any pinholes, cuts, leaks or tears</p> <p>5b. Check dressing for moisture or leaking at insertion site</p> <p>5c. 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</p> <p>5d. Educate patient of signs and symptoms to observe for and when to report</p> <p>5e. Refer to trouble shooting section procedure for care and maintenance of Central Intravenous Access devices</p> <p>5f. Refer patient back to hospital or referring ward</p> <p>5g. Report concerns regarding medical products to Medicines and Healthcare Products Regulatory Agency</p>				
6.	Use of sharps	Potential for needle stick injury	Patient staff	<p>6. Follow procedure for the sharps safety and management of contamination injuries e.g. needle stick injuries. Any needle stick injuries complete incident form and ensure a copy is forwarded to Occupational Health.</p>				

