

**VASCULAR ACCESS
SERVICE POLICY**

Approved by: **Trust Executive Committee**

On: **29 June 2016**

Review Date: **May 2019**

Corporate / Directorate **Corporate**

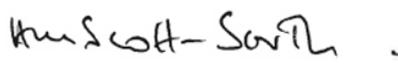
Clinical / Non Clinical **Clinical**

Department Responsible
for Review: **Anaesthetics**

Distribution:
• Essential Reading for: **All Clinical Staff**
• Information for:

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Signature: 
**Helen Scott-South
Chief Executive**

Date: **29 June 2016**

Burton Hospitals NHS Foundation Trust

POLICY INDEX SHEET

Title:	Vascular Access Service Policy
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Date of Last Review:	May 2016
Reason for amendment:	Review of Policy
Responsibility:	Anaesthetic Department
Stored:	Intranet Main Theatre Office Ext 4024
Linked Trust Policies:	Intravenous Therapy Policy for Adults Cannulation Procedure Infection Prevention & Control Policy Royal Marsden Clinical Nursing Procedures
E & D Impact Assessed	EIA 223
Consulted	Lead Consultant Practice Development Anaesthetic Department

REVIEW AND AMENDMENT LOG

Version	Type of change	Date	Description of Change
2	New paragraph included	16/05/13	Connection of TKO device to midline
3	New paragraph included	27/05/16	GP referrals for community midlines. Minor change of contact times and team availability

THE VASCULAR ACCESS SERVICE POLICY

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Burton Hospitals NHS Foundation Trust
THE VASCULAR ACCESS SERVICE POLICY

1. INTRODUCTION

A vascular access device (VAD) is a device that is inserted into either a vein or an artery, via the peripheral or central vessels, to provide for either diagnostic or therapeutic purposes. There is now a comprehensive range of VADs available which allow for patients' device, therapy and quality of life needs (Royal Marsden 2008).

The Midline team was formed in the mid 1990's when it was recognised there was a need within the Trust for IV access for in-patients requiring IV therapy over a period of more than 3 days.

A midline provides vascular access in a larger peripheral vein without entering the central venous circulation. It is inserted into an antecubital vein and the tip is extended into the vein of the upper arm up to 20 cm, but is not extended past the axilla (Hadaway 2000; Perucca 2001; Frey 2001; Springhouse 2002; RCN 2003). Because of the advances in feeds and antibiotic therapy (drugs which are often irritant to peripheral veins) the lines required need to be placed in deeper veins and to be in position for a longer time period.

The team is made up of 8 specially trained Operating Department Practitioners (ODP's) in IV access, cannulation, IV therapy and the use of ultra sound equipment. Competency assessment in all these areas is a requisite of the role. The team assesses the patient for IV access and can either insert an IV cannula or midline depending on the care needs of the patient.

An anaesthetic consultant based in the Intensive Care Unit (ICU) leads the team and oversees the team's activity, giving advice when required on various issues.

2. AIMS OF THE SERVICE

To promote optimum IV access for patients who require either the short, or short to mid term IV therapy.

- Short = 0-3 days
- Short to mid = 3 days-3 weeks

To work and communicate professionally across all directorates.

Enhance clinical staff confidence, competence and experience through training and sharing of skills.

Improve organisational agility by delivering good quality IV access across organisational boundaries.

3. OBJECTIVES

Identify the type of IV access required for the individual patient.

Provide informed consent prior to cannula/midline insertion.

Insertion of cannula/midline using aseptic techniques in accordance with the Trust's Infection Prevention & Control Policy.

Support the patient and monitor the cannula/midline for the duration of its use with the assistance of the patient's care team.

Share skills of cannula, midline and IV line care with staff caring for patients. Educate and assist these staff members on a regular basis.

Audit and evaluation of the service is done by individual team members completing a data sheet for every individual patient where it is then stored in the midline team folder for later database entry.

The Midline database is a tool by which the performance and utilisation of the service can be observed along with presenting audit figures for staff education and training.

The audit process is therefore continuous and the results are presented and discussed at one of the anaesthetic audit meetings.

Lines can either be removed by a member of the midline team or a member of the patient's care team. It is a requirement that all midline tips be sent off for pathology investigations to monitor for any colonisations of the line.

It is a requirement that documentation be completed in the patient's notes according to Trust policy (legible, black ink, signed, dated). The team also insert a midline assessment record into the patient's notes to help the patient's care team monitor and record daily observations of the midline and enter the phlebitis score.

4. HOW DO MIDLINES HELP?

Following a patient referral, a member of the midline team will discuss the patient's IV needs with the doctors/nurses caring for the patient. The midline team member will then assess the patient and decide what will be the best course of action, either cannula, midline or seek further advice from either Critical Care or the on-call anaesthetist.

A midline will provide a patient with IV access for a much longer period of time than a cannula and will allow a patient to have TPN/feed, IV fluids and antibiotics with a lower risk of complications such as vein irritation, discomfort or phlebitis.

As there has always been a chance a midline can block off, all midlines are now fitted with a Bionector TKO device. A Bionector TKO device is a modified bionector (needle free device) with a non return valve inside. It is designed to

prevent blood from entering the tip of the line causing it to block off (due to clotting). The Bionector TKO device must be present on the midline at all times.

5. WHICH PATIENTS BENEFIT FROM MIDLINES?

Any in-patient whose IV access is compromised or cannot be maintained and therefore has a detrimental effect on the planned care of that patient.

The type of patient may include:-

- A patient who presents with few accessible veins
- A patient who has symptoms which make IV access difficult to achieve and/or maintain i.e. Obese, Oedema, drug therapy which may cause the veins to collapse
- A patient who needs IV fluids for the mid to long term
- A patient who needs TPN/feed for the mid to long term
- A patient who needs a mid to long term course of antibiotic therapy

6. WHO CAN REFER PATIENTS FOR MIDLINES?

Any member of an in-patient's care team which includes:-

Consultants and doctors (all grades)

Nursing staff – Ward and Outreach staff

Nutrition staff after consultation with Ward or Outreach staff

GP Referrals, these can be made via the named anaesthetic consultant lead for the midline team and liaised via bleep 584 during working hours.

After referring a patient, a member of the midline team will come to access the patient's veins for viability and inform the relevant staff of their decision prior to either insertion of line or alternative decision.

7. REFERENCE MATRIX

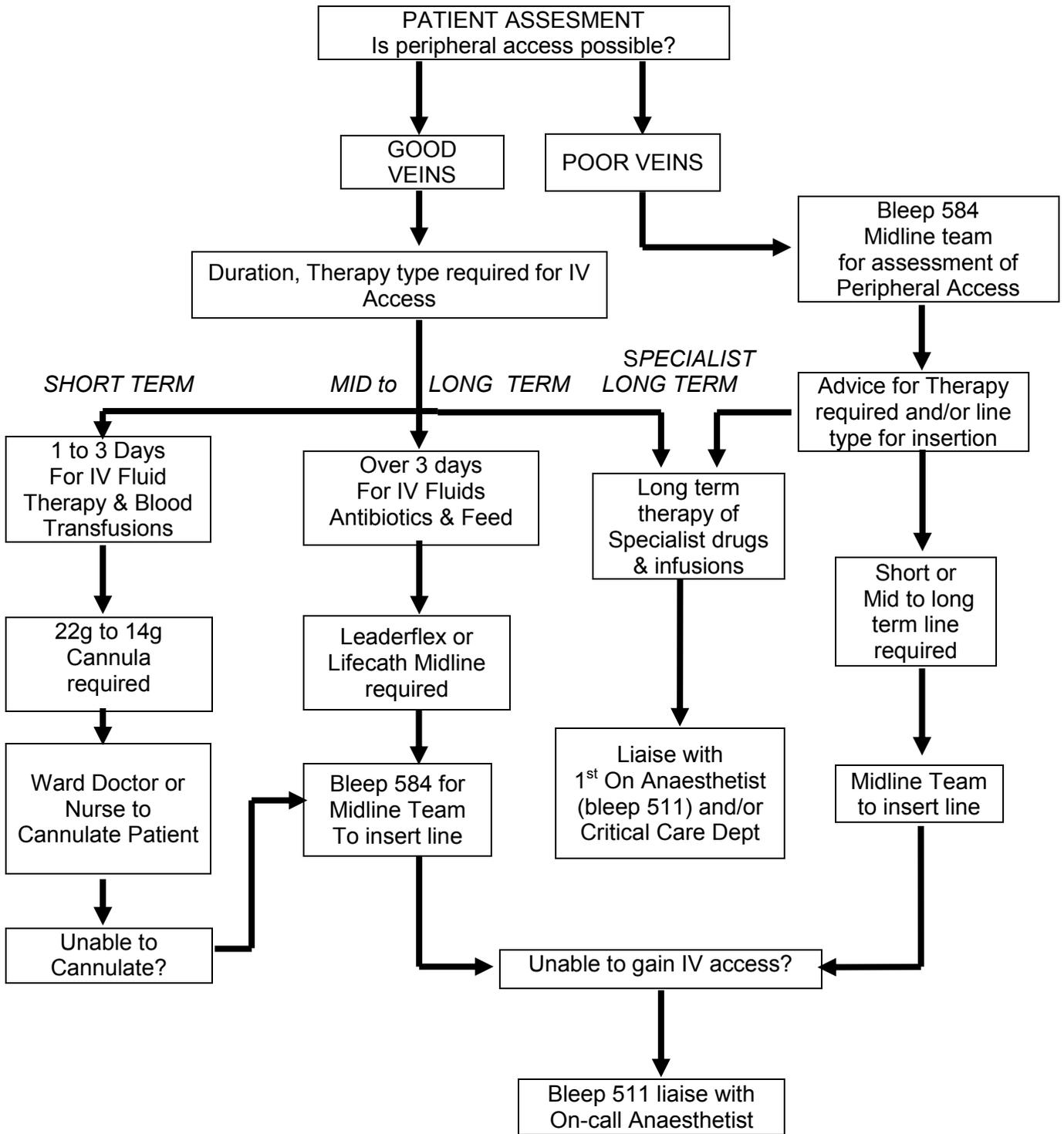
See 'Planned Venous Access Matrix' - Appendix 1.

8. CONTACT INFORMATION

The midline team is based in main theatres at Queens' Hospital, Burton.

Bleep 584 – this bleep is contactable 13:30 to 1800 Monday to Friday.
Bleep 362 - (theatre co-ordinator) if 584 is busy and for bookings during weekday mornings.

Planned Venous Access Matrix



**This Matrix shows guidance for planned IV access.
In the event of an emergency, other specialities may be involved.**