

NHS Ayrshire & Arran

Midline Cannula Insertion and Maintenance Bundle

Write or attach label

HCR No:

CHI No:

Surname:

Forename: Sex:

Address:

.....

Date of Birth:

INSERTED BY:	MIDLINE:	INSERTION:	TECHIQUE:
Date: <u> </u> / <u> </u> / <u> </u>	Size (i.e. Fr):	<input type="checkbox"/> Left	<input type="checkbox"/> Sterile Pack
Time: <u> </u> / <u> </u>	Length (cm):	<input type="checkbox"/> Right	<input type="checkbox"/> Sterile Gloves
Name & NMC/GMC no:	Line must be removed on or before (date):	<input type="checkbox"/> ACF	<input type="checkbox"/> Chloraprep
		<input type="checkbox"/> Basilic Vein	<input type="checkbox"/> IV 3000 dressing
		<input type="checkbox"/> Median Cubital Vein	<input type="checkbox"/> Grip lock
		<input type="checkbox"/> Cephalic Vein	<input type="checkbox"/> Bionector
			<input type="checkbox"/> Alco wipe / street
			Attempts: n=.....

		1 Is Line still required	2 Hand Hygiene done?	3 Alcohol hub decontamination before each access	4 Dressing intact	5 Dressing Changed	6 Bionectors changed once weekly	6 Chlohexidine used for cleaning	Initial:
Day 1	On Arrival	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<u> </u> / <u> </u> / <u> </u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 2	<u> </u> / <u> </u> / <u> </u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<u> </u> / <u> </u> / <u> </u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day 3	<u> </u> / <u> </u> / <u> </u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<u> </u> / <u> </u> / <u> </u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Guidance	
1	Lines are held in place by a Grip Lock and site is covered by an IV3000
3	Please observe the exit site daily
4	The IV 3000 and Grip Lock only need changed every 7 days

Removal:	Signed:
Date: <u> </u> / <u> </u> / <u> </u>	Time: <u> </u> : <u> </u>
Reason For Removal	
<input type="checkbox"/> Not Required	<input type="checkbox"/> Inflammation
<input type="checkbox"/> Non Functioning	<input type="checkbox"/> Other.....