

PERIPHERAL INTRAVENOUS ACCESS AND SUBCUTANEOUS FLOWSHEET



* 1 4 7 2 *

Flowsheets

Use this legend unless another legend is indicated: NA = Not applicable

✓ = Assessed/completed

PN = See Progress Notes

Month (MMM): _____	Date (dd)																		
Year (yyyy): _____	Time																		
Peripheral IV Date inserted: _____ Site: _____ Size: _____	Inserted (number of attempts)																		
	Site assessed no redness/swelling/pain/discharge																		
	Tubing changed																		
	Converted to saline lock																		
	Saline lock flushed (min q 12 hours)																		
	IV cannula removed intact																		
Peripheral IV Date inserted: _____ Site: _____ Size: _____	Inserted (number of attempts)																		
	Site assessed no redness/swelling/pain/discharge																		
	Tubing changed																		
	Converted to saline lock																		
	Saline lock flushed (min q 12 hours)																		
	IV cannula removed intact																		
Peripheral IV Date inserted: _____ Site: _____ Size: _____	Inserted (number of attempts)																		
	Site assessed no redness/swelling/pain/discharge																		
	Tubing changed																		
	Converted to saline lock																		
	Saline lock flushed (min q 12 hours)																		
	IV cannula removed intact																		
SC (site changed q 7 days and prn) Date inserted: _____ Site: _____	Inserted																		
	Site assessed no redness/swelling/pain/discharge																		
	Tubing changed																		
	Cannula removed intact																		
SC (site changed q 7 days and prn) Date inserted: _____ Site: _____	Inserted																		
	Site assessed no redness/swelling/pain/discharge																		
	Tubing changed																		
	Cannula removed intact																		
SC (site changed q 7 days and prn) Date inserted: _____ Site: _____	Inserted																		
	Site assessed no redness/swelling/pain/discharge																		
	Tubing changed																		
	Cannula removed intact																		
Initials																			

PERIPHERAL INTRAVENOUS ACCESS AND SUBCUTANEOUS FLOWSHEET



Flowsheets

Use this legend unless another legend is indicated: NA = Not applicable ✓ = Assessed/completed PN = See Progress Notes

Month (MMM): _____		Date (dd)																		
Year (yyyy): _____		Time																		
Peripheral IV Date inserted: _____ Site: _____ Size: _____	Inserted (number of attempts)																			
	Site assessed no redness/swelling/pain/discharge																			
	Tubing changed																			
	Converted to saline lock																			
	Saline lock flushed (min q 12 hours)																			
Peripheral IV Date inserted: _____ Site: _____ Size: _____	IV cannula removed intact																			
	Inserted (number of attempts)																			
	Site assessed no redness/swelling/pain/discharge																			
	Tubing changed																			
	Converted to saline lock																			
Peripheral IV Date inserted: _____ Site: _____ Size: _____	Saline lock flushed (min q 12 hours)																			
	IV cannula removed intact																			
	Inserted (number of attempts)																			
	Site assessed no redness/swelling/pain/discharge																			
	Tubing changed																			
Peripheral IV Date inserted: _____ Site: _____ Size: _____	Converted to saline lock																			
	Saline lock flushed (min q 12 hours)																			
	IV cannula removed intact																			
	Inserted																			
	Site assessed no redness/swelling/pain/discharge																			
SC (site changed q 7 days and pm) Date inserted: _____ Site: _____	Tubing changed																			
	Cannula removed intact																			
	Inserted																			
	Site assessed no redness/swelling/pain/discharge																			
	Tubing changed																			
SC (site changed q 7 days and pm) Date inserted: _____ Site: _____	Cannula removed intact																			
	Inserted																			
	Site assessed no redness/swelling/pain/discharge																			
	Tubing changed																			
	Cannula removed intact																			
SC (site changed q 7 days and pm) Date inserted: _____ Site: _____	Inserted																			
	Site assessed no redness/swelling/pain/discharge																			
	Tubing changed																			
	Cannula removed intact																			
	Initials																			