

Insertion of BD Nexiva Peripheral IV

Equipment:

- BD Nexiva Single Port IV Catheter (needleless connector is included in kit)
- Saline syringe
- Chlorhexidine 2% with 70% alcohol swab stick
- Non-sterile gloves (sterile if you touch after skin prep); use of gloves is required
- Primed IV if required

Maintain LHSC Standards for Insertion:

The LHSC standard for insertion of peripheral IVs includes:

- Chlorhexidine 2% and 70% alcohol prep (scrub vigorously, horizontally and vertically; include all area that will be under the dressing)
- Allow two full minutes dry time
- **NO TOUCH** after cleansing unless sterile glove worn (cleansing the inserter's finger, cutting out the tip of a glove or touching with non-sterile glove is not acceptable practice)
- Maintain sterile technique for dressing application and IV connection (do not secure IV with non-sterile tape)

Required Documentation:

In AI Record (document your procedure note) and include:

- Number of attempts
- Vein difficulty
- Number of attempts
- Aseptic technique status (maintained or disrupted, e.g., during an arrest)
- Any complications (bruising, interstitial placement, hematoma)

In CCTC Line Tracking Section (top section of line tracking):

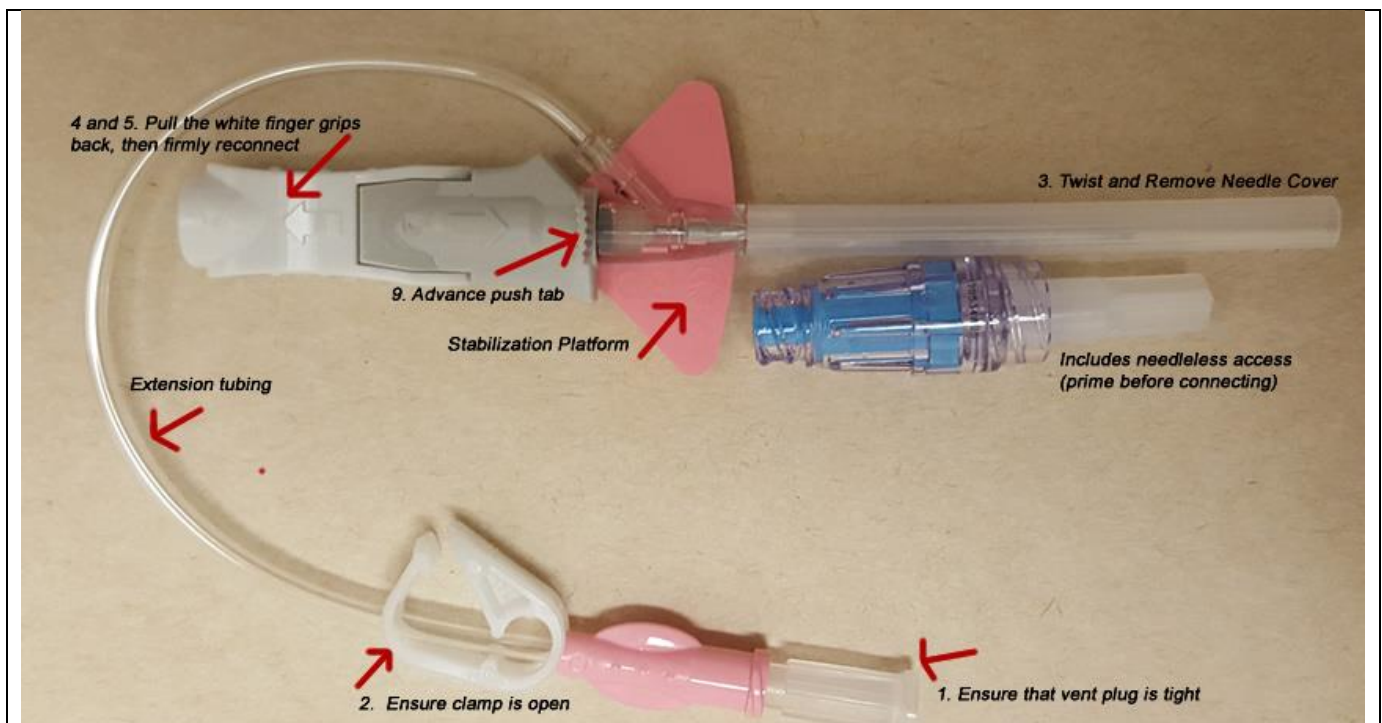
- Date of insertion
- Site, type and size of catheter
- Maintenance of insertion bundle technique (compliant or not compliant)
- Name of inserter (should be same as individual who documented procedure in AI)

VEIN LEVELS:

Level 1	Level 2	Level 3	Level 4	Level 5
✓ Veins visible ✓ Easy to palpate ✓ Large in size	✓ Veins visible ✓ Easy to palpate ✓ Moderate in size ✓ Previous IV sites, undamaged	✓ Veins visible ✓ Easy to palpate ✓ Small in size ✓ Limited veins e.g. some sclerosis ✓ Long term IV therapy	✓ Veins difficult to see ✓ Can be palpated ✓ Patient's previous IV therapy has reduced vein quality ✓ Elderly (age >70)	✓ Cannot see veins ✓ Cannot palpate veins ✓ May need to utilize several techniques to visual veins ✓ Patient has central access on previous admission

Insertion Steps: BD Nexiva

1. Open catheter and ensure that the vent plug is securely attached
2. Make sure that clamp is open
3. Twist and remove the needle cover
4. Pull back on the white finger grips about 1/8 of an inch
5. Push the white finger grips back together and ensure a snug fit
6. Stabilize vessel and perform cannulation
7. Observe for initial blood return in catheter
8. Lower needle. While holding white finger grips, advance the needle and cannula ~2mm to ensure it is in vein
9. With your finger behind the push tab, advance the cannula into the vessel (**do not pull back on the white finger grips while you are advancing the push tab**)
10. Watch for continuous backup of blood to the end of the extension tubing **Blood must back up all the way to prevent air entry into the system prior to flushing/IV initiation. There were two situations during the trial in CCTC where blood backup was incomplete. Reapplication of tourniquet/or removal after blood backup has occurred may resolve/prevent this issue. Consider flushing the catheter with saline prior to insertion if patient is in shock. If you identify issues, please give feedback to Brenda.*
11. Stabilize the IV and pull the white finger grips back until the grey needle shield releases
12. Dispose needle shield system into sharps container. Although it looks as though you could connect an IV to this port, this is not an injection port. It has a self-sealing diaphragm and does not require anything to be attached.
13. Secure the IV and apply 3M Advance IV dressing as instructed (do not use non-sterile tape to secure IV).



Link to Insertion Video

<https://www.bd.com/en-us/company/video-gallery?video=4476361527001>