INTRODUCTION
This revised UK VFP Framework is based on published evidence and guidelines (Missione et al., 2012; Nallam, et al., 2016) Evaluation studies of the original VFP Framework to date have included the uptake of the VFP Framework (Burnett et al., 2018) and a small scale pilot study exploring the impact of using the framework on the insertion and management of VADs (Wenston et al., 2017).

The framework has been developed to facilitate a complex adaptive systems approach to VAD insertion and management and is intended for adult vascular access across acute or planned settings. While the principles of VFP should be incorporated into any emergency situation, it is important to recognize that other issues may take priority dependent on the condition of the patient and availability of vascular access support. Therefore other immediate routes of access may be more appropriate e.g. intravenous access.

The evidence for each of the sections with references and supposing to further information can be accessed via the Quick Response (QR) code.


GLOSSARY OF TERMS
CVD - Central vascular access device
CVC - Central vascular catheter
Midline - Long venous catheter inserted into an arm veins which is disconnected centrally
IV - Intravenous route of access
PICC - Peripherally inserted central venous catheter
PVC - Peripheral intravenous catheter
Tunnelled CVC - Central vascular catheter which is tunnelled away from the site of insertion and has anchoring cuff
VHP - Vessel Health and Preservation

REFERENCES

PERIPHERAL VEIN ASSESSMENT

PERIPHERAL VEIN ASSESSMENT

SUITABILITY OF MEDICINES

The most important principle to use when assessing suitability for an infusion to be administered via a peripheral intravenous catheter (PICC) is that all intravenous medicines potentially pose a threat to the patient’s well-being.

In broad terms the safety of a medicine infusion to prevent damage to the vessel will relate to factors such as:

- pH
- Osmolarity
- Viscosity
- Volume of dilution
- Speed of infusion
- Size and fragility of the peripheral vein

A central vascular access device (CVA) should be the preferred device to administer infusions of vesicle chemotherapy and parenteral nutrition.

For some infusions, use of a CVA is preferred or essential route, for example, vasoconstrictor medicines (e.g. adrenaline and noradrenaline).

Many medicines administered by IV injection have a high osmolarity. Diluting the injection with suitable flush solution (e.g. 0.9% saline or 5% glucose solution) before administration will reduce the likelihood of infusion-related complications. This is achieved by diluting the injection with either saline or dextrose 5%.

Catheters designed for CVA administration are generally dilute with saline or dextrose 5% (e.g. 0.9% saline or 5% glucose solution) before administration.

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