

When will it come out?

When your treatment is complete and you no longer need intravenous medication or fluids, your nurse will remove the cannula. It must always be taken out before you leave hospital.

Our aim is to make your treatment as comfortable and problem-free as possible.

If you have any concerns about the care of the drip please:

Inform the nurse looking after you

OR

The matron for your ward

OR

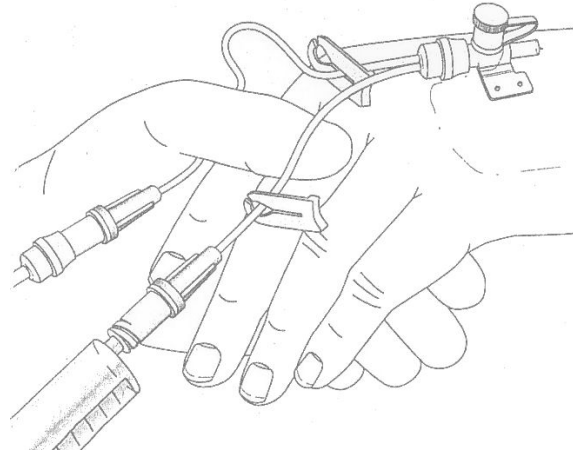
The Infection Control Team

On

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For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

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Clinical Skills Trainers,
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Royal Berkshire **NHS**
NHS Foundation Trust

Information for patients needing a cannula

Clinical Skills Trainers

Giving medication or treatment via a cannula is more comfortable and effective, as well as less distressing, than giving an injection each time.

What is a cannula?

It is a fine plastic tube about 1½–2 inches (4-5 cm.) in length that is put into your vein using a needle to introduce it in. The needle is then removed leaving the cannula in the vein, held in place with a dressing.

Why do I need a cannula?

It has been decided that you need one of the following, given directly into your bloodstream:

- Fluid / nutritional supplements
- Blood products
- Chemotherapy
- Antibiotics or other medication

Where will it be sited?

We will make every effort to ensure that you are comfortable and can move around as normally as possible.

Cannulas are most often put into hands or arms – which arm and vein is used will depend on many things, such as where your best vein is and how long your treatment will last.

Who looks after the cannula?

A health care professional will insert the cannula in your vein and a nurse on each shift will monitor it at regular intervals.

However, you are the best person to look after your own cannula. Take note of the following advice and if you have any concerns, let the nurse know.

Looking after your cannula

- Your medication or treatment may be held in an infusion bag, which runs via a drip into the cannula. As the drip works by gravity, it is essential that you keep the level of the cannula well below that of the infusion bag.
- If you want to wash your face or comb your hair, try to use your free hand.
- If the cannula has been placed near your wrist or elbow it may be necessary to restrict your movements so avoid bending your arm and try to use your free arm when pushing your drip stand.

- If you notice that the infusion has stopped or that the bag is empty, tell your nurse straight away.
- If the dressing becomes wet or soiled, tell your nurse.
- The dressing over the cannula should be clean, dry and stuck well to your skin. If not, it should be replaced.
- If you have any pain, if you notice any, swelling, redness or anything else unusual around the site of your cannula, tell your nurse straight away. It may need to be removed and a new one put into a different vein. This is not unusual and does not mean that you have done something wrong.
- Ensure the drip is cleaned by staff prior to anything being attached or medication/flushes given.
- Gloves will be worn by staff putting in drips and your skin cleaned with a disinfectant wipe before the drip is inserted.

If the cannula is not in continuous use but still needs to be kept in, your nurse needs to flush it through with a saline solution twice a day. If this hasn't been done or if your cannula hasn't been used for some time (10-12 hours), ask your nurse to check it for you.