



PASIÓN POR EDUCAR

Student's name:

Maybeth del socorro Bautista Gómez

Teacher's name:

Lic. Maria de los Angeles Rabelo

Name of the job:

Test

Matter:

Ingles IV

Degree:

4to. Cuatrimestre

Group: "A"

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Introduction

Channeling a peripheral venous line is an invasive technique that allows us to have a permanent route to the patient's vascular system.

Material

- Compressor.
- Antiseptic.
- sterile gloves.
- Cotton or gauze.
- Preferably transparent dressing.
- Venous catheter of adequate caliber.
- Three-step wrench.
- Sticking plaster.
- Syringe with saline solution

Process

The first thing we will do is inform the patient of what we are going to do. We put on the gloves and place the compressor on the patient's arm. It is recommended to start assessing the most distal veins such as those on the back of the hand or forearm, but if we are in an emergency department, we will begin to assess those found in the flexure of the elbow or even in the arm, with the intention that the medication we put reaches the heart sooner (recommended in cardiological emergencies).

We will assess the veins for their caliber and route, we will discard previously broken veins, those that are stranded (thus named for those that, due to their previous use, are hard to palpation) and those that we are not sure of being able to channel. When we have chosen one, we will choose the caliber of the catheter that we are going to insert. Smaller venous catheters have higher even numbers, with 26 being the thinnest and 14 the thickest. In adults the most used numbers are 22, 20 and 18 and in children we will use 22 to 26.

Before puncturing, we will take into account that the bevel of the needle is upwards- As soon as we prick and see that blood is already flowing from the vein, we will hold the needle with one hand and with the other we will push the plastic catheter to its full introduction. We will remove the compressor from the patient's arm, we will glue a strip of tape to hold the line, we will remove the needle and we will connect the previously salinized three-step valve. We will fix the transparent dressing on the line and we will put the strips of tape that we deem appropriate, to ensure the hold. Finally, we will inject physiological saline from the previously loaded syringe, to salinize the line and keep it permeable