



**Nombre del alumno: Mónica Del Carmen
Domínguez Gómez**

**Nombre del profesor: María De Los Ángeles
Rabelo Sulvaran**

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Introduction

The canalization of peripheral lines and the extraction of arterial gases are one of the techniques most practiced by nursing professionals in the emergency area. They are techniques that consume time, require practice and generate pain.

The blood collection technique is painful, invasive, and can lead to complications such as bruising, bleeding, injury to the adjacent nerve, distal ischemia, and pain.

Difficult venous cannulation and repeated puncture attempts are uncomfortable and even traumatic for patients, frustrating and challenging for healthcare professionals, and costly for institutions.

But also, the impossibility of peripheral venous cannulation can lead to a greater number of punctures or to the greater use of central catheters and arterial cannulation, which would lead to an increased risk of injury for the patient, a greater probability of infection and health costs.

We can define a difficult venous route as one in which its canalization by conventional methods is complicated, that is, when an experienced professional after two canalisation attempts using easy methods, is unable to achieve venous access.

This topic will be developed with the aim of teaching due procedure and aims to standardize the actions to be carried out for the insertion, maintenance and removal of a peripheral venous catheter.

Next, the topic of peripheral venous cannulation will be addressed.

Canalization

Channeling is the act and result of channeling. This action refers to the opening of a channel, that is to say, the body duct or path through which a blood fluid circulates.

Channeling, in this sense, is an invasive technique that allows the administration of substances through a catheter or a needle that is inserted into a vein. This procedure allows us a permanent route to the patient's vascular system, where we can administer serum therapy, medication and parenteral nutrition.

Three main objectives of the pipeline are:

1. Access and have a direct route to the bloodstream.
2. Achieve immediate effects with the administration of medications.
3. Hydrate, administer nutrients and blood products to the patient.

The preliminary considerations that we must carry out are: use strict aseptic technique, watch for signs of phlebitis, redness, pain, induration, or extravasation in the canalized limb or insertion site. In case of presenting these signs, channel a new pathway, check the pathway and flow permeability, and change the equipment every 72 hours.

The procedure begins first of all by selecting the appropriate vein, taking into account several important points, these are:

1. The solution that has been prescribed.
2. Do not channel in places near infectious sources.
3. Do not place an infusion in the lower limbs of adult patients.
4. Do not puncture hemiparetic upper limbs or with arteriovenous fistulas (patients on dialysis).
5. Do not channel varicose, thrombosed, or previously used veins.
6. In adults, prioritize the upper limbs over the lower ones.

Next, the equipment is prepared, the tray with: swabs with and without alcohol, tourniquet, intravenous catheter of gauge and length according to the vein to be channeled, solution to be infused and patient requirements, protective rubber, sterile

syringe with s. s. 0.9%, cap to heparinize or infusion equipment, ordered intravenous solution, lectern, tape, clean gloves, mask, fanny pack, and waste bag.

The nursing staff wash their hands thoroughly using germicidal soap, and dry them with a compress or paper towel, following the medical hand washing protocol.

Immediately, the patient is respectfully greeted and informed about the procedure to be performed.

We select the vein that has a good caliber to ensure adequate flow, taking into account the previous points mentioned in the preliminary considerations.

The selection has to be from the distal part of the limb to the proximal one.

1. We put on the gloves and the mask.
2. Prepare the adhesive tape for fixation and place the liquid label in the solution bag.
3. We open the packaging of the heparinized cap or connect the infusion equipment to the solution and deactivate it, filling the dropper chamber halfway without removing the protective device from the equipment and using the fanny pack to avoid spillage on the floor.
4. We place the protective rubber below the site to puncture.
5. We place the tourniquet approximately a few centimeters above the puncture site.
6. We disinfect the area with an alcohol swab, with circular movements from the center to the periphery in an approximate diameter of three centimeters, letting the alcohol dry, then we discard the swabs in the waste bag.
7. We select the puncture site and pull the skin downward in order to fix the vein.
8. We proceed to insert the catheter gently with the bevel upwards, with an angle between 30 °.

9. We lower the needle until it is almost level with the skin to avoid perforation of the posterior wall of the vein and advance until blood flow is obtained in the viewing chamber.

10. We remove the tourniquet.

11. We continue advancing at least one more centimeter to achieve accommodation of the catheter tip in the vein.

12. We withdraw the needle a little and start the introduction of the catheter and the withdrawal of the needle simultaneously, placing the needle in the fanny pack and then in the guard.

13. We apply pressure on the tip of the catheter to stop the venous return.

14. We connect the infusion equipment and open the flow valve, or place the heparinized cap, as appropriate.

15. If we are not sure of the patency of the venous line, we test introducing the s.s.0.9% of the syringe.

16. We stick an adhesive tape on the skin below the puncture site and immobilize the catheter on it, leaving the distal part of the catheter free, to facilitate the connection of the equipment or the plug.

17. We record the date and time of canalization on the adhesive tape and remove the protective rubber.

18. We record the medical history, indicating the puncture site, catheter caliber, type of solution to be administered and complications during the procedure.

Finally we collect and organize the material used; We dispose of dirty material in accordance with the provisions of the hospital waste manual.

Conclusion

In conclusion, how do we understand the canalization is a very extensive procedure that requires steps to be carried out completely and effectively without complications,

taking into account all the preventions that are mentioned, thus also providing better care and safety to the patient.

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