

SOUTHEAST UNIVERSITY.

>>Passion for educating<<

Subject: English IV

Teacher:

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Quarter: 4

Group: a

GENERAL NURSING

SEMI – SCHOOLED

NURSING PROCEDURE

“PIPELINE”

## PIPELINE.

CHANNELING IS DEFINED AS THE INTRODUCTION OF A CATHETER THROUGH A PERIPHERAL VEIN THIS NURSING PROCEDURE IS USED TO ACCESS AND HAVE A DIRECT ROUTE TO THE BLOODSTREAM, AS WELL AS ACHIEVE IMMEDIATE EFFECTS WITH THE ADMINISTRATION OF DRUGS IN THE RECOVERY OF THE PATIENT OR RELIEF OF SYMPTOMS, ON THE OTHER HAND, IT IS USEFUL WHEN SUFFERING FROM DEHYDRATION OR WHEN YOU NEED TO ADMINISTER NUTRIENTS OR BLOOD PRODUCTS.

SOME THINGS TO KEEP IN MIND BEFORE CHANNELING ARE: USE STRICT ASEPTIC TECHNIQUE: WASHING HANDS WITH GERMICIDAL SOAP 2- MONITOR FOR SIGNS OF PHLEBITIS, REDNESS, PAIN, EXTRAVASATION IN THE CANALIZED LIMB OR INSERTION SITE. NOTE: IF YOU HAVE THESE SIGNS CHANNEL A NEW TRACK AND CHECK THE PERMEABILITY OF THE TRACK AND FLOW AND CHANGE THE EQUIPMENT EVERY 72 HOURS. TO SELECT THE RIGHT VEIN 1 THE PRESCRIBED SOLUTION 2. DO NOT CHANNEL NEAR FOCI OF INFECTION 3 NO LCC OR GBC IN LOWER LIMBS OF PATIENTS ADULTS

MATERIAL TO BE USED

- 1.- RPBI BAG
- 2- TRAY WITH SWADDLE WITH OR WITHOUT ALCOHOL, TOURNIQUET, INTRAVENOUS CATHETER OF GAUGE AND LENGTH, ACCORDING TO THE VEIN TO CHANNEL, SOLUTION TO INFUSE AND REQUIREMENTS OF THE PATIENT
- 3.-STERILE SYRINGES
- 4.- STERILE INTRAVENOUS SOLUTION
- 5.- LECTERN
- 6.-SPARSE
- 7.-STOPPER FOR HEPARINIZATION
- 8.- VENOCLISIS EQUIPMENT

BEFORE YOU START HAND WASHING WITH SPERMICIDAL SOAP TO BEGIN WITH:

- 1.-PATIENT IS RESPECTFULLY GREETED
- 2.-INFORMALE ABOUT THE PROCEDURE
- 3.-SELECT THE VEIN THAT HAS GOOD CALIBER TO ENSURE PROPER FLOW
- 4.-INITIATE THE SELECTION OF THE DISTAL PART OF THE LIMB TO THE PROXIMAL PART S-AVOID PUNCTURING VEINS NEAR THE JOINTS AS MUCH AS POSSIBLE

- 6.- PREPARE THE TAPE STRIPS FOR FLIPPING AND COLLECT THE LIQUID LABEL IN THE SOLUTION BAG
- 7.-COL OOUERE THE GUANIES AND THE TAPABOICAS
8. - OPEN THE PACKAGING OF THE HEPARIN CAP OR CONNECT THE VENOCLISIS EQUIPMENT TO THE SOLUTION AND DEAEERATE IT (DO SO BY FILLING UP TO HALF THE CHAMBER COUNTS DROPS WITHOUT REMOVING THE PROTECTIVE DEVICE OF THE EQUIPMENT AND USING THE CORNER TO AVOID SPILLS ON THE FLOOR).
- 9.- PLACE THE PROTECTIVE RUBBER UNDER THE PUNCTURE SITE 10. - PLACE THE TOURNIQUET APPROXIMATELY
- 10.- CM ABOVE THE PUNCTURE SITE DISINFECT THE AREA, WITH A SWAB IMPREGNATED WITH ALCOHOL, WITH CIRCULAR MOVEMENTS FROM THE CENTER TO THE PERIPHERY IN A DIAMETER OF ABOUT THREE CM, LET THE ALCOHOL DRY OR DO IT WITH A DRY SWAB (IF THE AREA IS TOO DIRTY REMOVE THE TOURNIQUET AND WASH IT PREVIOUSLY WITH WATER AND SOAP
- 12.- THROW AWAY THE SWAB
- 13.- SELECT THE FUNCTION SITE
14. PULL THE SKIN DOWN TO SECURE VEIN
15. - GENTLY INSERT THE CATHETER WITH THE BEVEL UP AT AN ANGLE OF 30
16. - LOWER THE NEEDLE UNTIL IT IS ALMOST LEVEL WITH THE SKIN TO AVOID PERFORATING THE POSTERIOR PERED OF THE VENE AND ADVANCE UNTIL BLOOD FLOW IS OBTAINED IN THE VIEWING CAMERA
- 17.- REMOVE THE TOURNIQUET
- 18.-CONTINUE ADVANCING IT AT LEAST ONE CENTIMETER MORE TO ACHIEVE ACCOMMODATION OF THE CATHETER TIP IN THE VEIN
- 19.-RE PULL THE NEEDLE A LITTLE AND START INSERTING THE CATHETER AND REMOVING THE NEEDLE SIMULTANEOUSLY (PLACE IT IN THE CORNER AND THEN IN THE GUARDIAN) 8 PRESS ON THE TIP OF THE CATE TER TO STOP VENOUS RETURN
20. - CONNECT THE VENOCLISIS EQUIPMENT AND OPEN THE FLOW KEY, OR INSERT THE HEPARINIZED PLUG ACCORDING TO THE CASE (IF YOU ARE GOING TO USE INFUSION PUMP, PROGRAM IT AND SECURE IT)
- 21.- IF YOU ARE NOT SURE OF THE PERMEABILITY OF THE VENOUS ROUTE, TRY INSERTING THE SS.0.9% SYRINGE.

22. - ATTACH AN ADHESIVE TAPE TO THE SKIN BELOW THE PUNCTURE SITE AND IMMOBILIZE THE CATHETER OVER IT, LEAVING FREE THE DISTAL PART OF THE CATHETER, TO FACILITATE THE CONNECTION OF THE PLUG EQUIPMENT.

23. - REMOVE THE PROTECTIVE RUBBER

24.- COLLECT AND ORGANIZE THE MATERIAL USED, DISPOSE OF DIRTY MATERIAL AS ESTABLISHED BY THE HOSPITAL WASTE MANUAL LAG