Nombre de alumno: Janeth López Gómez

Nombre del profesor: María De los Ángeles Rabelo

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CHANNELING TO PATIENTS

Intravenous cannulation is a method of direct access to the venous circulation, either peripheral or central, which has become a daily routine and is no longer an exceptional resource reserved for critical cases. However, the use of the intravenous cannula for the administration of drugs and solutions is not without complications, which, despite not being serious, will be bothersome for the patient, such as hematomas, extravasations or thrombophlebitis. These complications cannot always be avoided, but correct technique, appropriate levels of hygiene, and a good knowledge of the equipment used can reduce their occurrence and severity. It is very important to protocolize care to unify it, anticipate complications and evaluate actions. The use of the peripheral venous line with a catheter has become widespread in hospital healthcare to the point that almost all patients are carriers of one or more venous catheters, including those seen in the Emergency Department. Indications for the use of peripheral venous cannulation are: Restore the acid-base balance, administer drugs and fluids to the circulatory stream, Maintain hydration in patients with oral intolerance, Transfuse blood products, erythrocytes and plasma, Parenteral nutrition, and Maintain a venous access for therapeutic purposes. The choice of the puncture site is an aspect that does not seem to be very important a priori, however, it is essential for both the technique, the therapy and the objective to be achieved to be successful. In adults, the upper extremities should be prioritized over the lower ones, with distal veins taking priority over proximal ones, following the order: hand, forearm and arm. The internal area of the wrist must be avoided by at least 5 cm to avoid damaging the radial nerve, as well as the flexion areas. In case of the presence of phlebitis, the choice will be made first on the other limb and second on the same limb in a more proximal area. Varicose, thrombosed or previously used veins must not be channeled. If interventional procedures are planned, use the arm opposite the area to be operated on.

Among the types of catheters we find: The long catheter or better known as a peripherally inserted central catheter, which is used when a venous line needs to be channeled for more than 5 or 6 days. The midline catheter, which are indicated to be placed between two and four weeks and for drugs that are not very irritating, although there are authors who also recommend them for canalizations that last more than 6 days.

The procedure for conducting a channeling:

Explain the procedure to the patient.

Wash your hands using povidone soap

To dilate the veins, apply a tourniquet about 20-25 cms. Above the chosen place, indicating the patient to open and close the hand.

When the veins are adequately dilated, choose one of the most distal for insertion and check its direction.

Clean the area with an alcohol swab to disinfect the skin, starting at the center and wiping outward in a circular motion.

Repeat the procedure using povidone-iodine, if the patient is allergic to iodine, skip this step.

Tighten the skin down to stabilize the vein.

Insert the catheter by piercing the skin with the bevel of the catheter facing upwards, angle of about 15 to 20 degrees.

Reduce the angle and advance the catheter carefully, watch for blood backflow into the catheter chamber.

When blood reflux is seen, introduce the catheter about 0.5 cm. to ensure its placement in the vein, removing the tourniquet.

Remove the needle as shown. Advance the catheter to connection or until resistance is encountered.

Attach the IV set to the catheter connection.

Start the infusion slowly, checking that the line remains patent.

Examine the skin around the puncture site for signs of infiltration or bruising.

Catheter fixation. For fixation methods, in addition to using the dressing that is considered appropriate from those mentioned above, it can be reinforced with sterile adhesive tapes or strips or that material that is not contraindicated and that the person can tolerate, leaving the point where the puncture has been punctured . The way in which this reinforcement is placed can be transversal or in the form of a bow tie, although there are authors who contraindicate the latter. Likewise, the extension cords used in order to avoid accidents can be fixed with antiallergic tape.

On occasions, certain techniques, because they are more frequent, are neglected due to the excess of confidence of the professionals, so it is considered that it is very important to review them, update the material used and especially the technique itself, having always taking into account the characteristics of the patient himself. Let us not forget that Nursing must maintain, restore health, prevent disease and alleviate suffering.