TECHNICAL SPECIFICATION

<table>
<tr><td>Indicator 8</td><td>:</td><td>Incidence of Phlebitis among inpatients with intravenous (IV) cannulation</td></tr>
<tr><td>Element</td><td>:</td><td>Internal Business Process</td></tr>
<tr><td>Rationale</td><td>:</td><td>Phlebitis has a direct/indirect impact on the patient health as it can cause discomfort, pain and prolonged in-patient stays that may lead to the patient suffering from economic consequences.</td></tr>
<tr><td>Definition of Terms</td><td></td><td>Phlebitis: Phlebitis, defined as inflammation of the venous tunica intima, is a common but avoidable complication in individuals receiving IV treatments. It is generally associated with peripheral venous catheter (PVC) use.

Assessment of Phlebitis with
Visual Infusion Phlebitis (VIP) Scores

<table>
<tr><th colspan="3">VISUAL INFUSION PHLEBITIS (VIP) SCORES</th></tr>
<tr><th>Site Observation</th><th>Score</th><th>Action</th></tr>
<tr><td>IV site appears healthy</td><td>0</td><td>No sign of phlebitis
OBSERVE CANNULA</td></tr>
<tr><td>One of the following signs evident:
• Pain near IV site (pain score of 1-3)
• May not require analgesics
• Slight redness near IV site</td><td>1</td><td>Possibly first signs of phlebitis
OBSERVE/RESITE CANNULA</td></tr>
<tr><td>Two of the following signs evident:
• Pain at IV site(pain score of 4-6)
• Interfere with activities
• Redness around site
• Swelling</td><td>2</td><td>Early stage of phlebitis
RESITE CANNULA</td></tr>
<tr><td>ALL of the following signs evident:
• Pain at IV site(pain score of 4-6)
• Interfere with concentration
• Redness around site
• Swelling</td><td>3</td><td>Medium stage of phlebitis
RESITE CANNULA
CONSIDER TREATMENT</td></tr>
<tr><td>ALL of the following signs evident and extensive:
• Pain along path of cannula(pain score of 7-9)
• Interferes with basic needs
• Redness around site
• Swelling
• Palpable venous cord</td><td>4</td><td>Advanced stage of phlebitis or the start of thrombophlebitis
RESITE CANNULA
CONSIDER TREATMENT</td></tr>
<tr><td>ALL of the following signs evident and extensive:
• Pain along path of cannula (pain score of 10) . Bed rest required
• Redness around site
• Swelling
• Palpable venous cord
• Pyrexia</td><td>5</td><td>Advanced stage of thrombophlebitis
INITIATE TREATMENT
RESITE CANNULA</td></tr>
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Criteria	**:**	**Inclusion:** 1. All admitted patients with peripheral venous cannula **Exclusion:** 1. "Double counting" i.e the complication that has been counted during previous admission 2. Psychiatry patient 3. Patient under chemotherapy
Type of indicator	**:**	Rate-based outcome indicator
Numerator	**:**	Total Number Phlebitis incidences
Denominator	**:**	Total Number of inserted peripheral venous cannulas
Formula	**:**	Numerator x 100% Denominator
Standard	**:**	**≤35%**
Data Collection	**:**	1. **Where:** data will be collected from every ward of the hospital. 2. **Who:** data will be collected by the ward manager/staff nurse/ personnel in charge of the ward. 3. **How frequent:** Monthly data collection. 4. **Who Should verify:** All performance data must be verified by the Head of Department / Head of Unit/ Hospital Director. 5. **How to collect:** Data will be collected from the record book /patient's case notes.
Remarks	**:**	• Phlebitis Chart (BKJ-BOR-PPK-QAP 1) Will be used for Phlebitis monitoring. • Report must be sent to State matron (KPJN) for Nursing Division compilation • All peripheral venous cannula must be counted. • Any Transfer In /Transfer Out with Healthy Cannula is considered new case for receiving hospital.