

Visual Infusion Phlebitis (VIP) Score Scale and Intervention Chart

SITE OBSERVATION	SCORE	SIGNS OF PHLEBITIS	ACTION	INTERVENTION
IV site appears healthy	0	No signs of phlebitis	OBSERVE CANNULA	1) Continue routine IV site surveillance at least once per shift. 2) Maintain strict aseptic technique during all IV manipulations. 3) Ensure dressing remains clean, dry, and intact. 4) Confirm secure cannula fixation to prevent unnecessary movement. 5) Flush cannula per protocol to maintain patency.
One of the following signs is evident: 1. Pain at IV site	1	Possible first signs of phlebitis	OBSERVE CANNULA	1) Increase observation frequency (e.g., every 2–4 hours). 2) Assess for contributing factors: cannula size, insertion site, infusate osmolarity. 3) Ensure IV line is not under tension or causing mechanical irritation. 4) Educate the patient to report worsening pain or redness. 5) No need to resite cannula but remain vigilant.
2. Slight redness near IV site				
Two of the following signs are evident: 1. Pain at IV site	2	Early stage of phlebitis	RESITE CANNULA	1) Resite cannula immediately, preferably at a different limb. 2) Document findings clearly, including site condition and patient symptoms. 3) Apply warm compress to reduce local inflammation (if no contraindication). 4) Evaluate the type of solution/medication infused (hypertonic, irritant). 5) Review cannula dwell time and adherence to insertion guidelines.
2. Redness near IV site				
3. Swelling				
ALL of the following signs evident: 1. Pain along path of cannula	3	Medium stage of phlebitis	● RESITE CANNULA ● CONSIDER TREATMENT	1) Remove and resite cannula without delay. 2) Initiate comfort measures such as warm compresses. 3) Assess for potential complications (e.g., increasing edema, streaking). 4) Consider topical anti-inflammatory treatment as per institutional policy. 5) Report to the medical officer if symptoms escalate or systemic signs appear. 6) Review infusion therapy plan for safer options (e.g., central line if irritants required).
2. Redness around site				
3. Swelling				
ALL of the following signs evident and extensive: 1. Pain along path of cannula	4	Advanced stage of phlebitis or the start of thrombophlebitis	● INITIATE TREATMENT ● RESITE CANNULA	1) Resite IV immediately and discontinue use of the affected limb. 2) Notify medical team promptly for clinical review. 3) Apply warm compresses to promote circulation and comfort. 4) Monitor for progression toward thrombosis (e.g., cord tenderness, spreading erythema). 5) Evaluate need for pharmacologic management (e.g., NSAIDs as prescribed). 6) Escalate to senior staff for potential need of ultrasound assessment.
2. Redness around site				
3. Swelling				
4. Palpable venous cord				
ALL of the following signs evident and extensive: 1. Pain along path of cannula	5	Advanced stage of thrombophlebitis	● INITIATE TREATMENT ● RESITE CANNULA	1) Remove cannula and mark the affected area for monitoring spread. 2) Notify medical officer immediately; systemic therapy may be required. 3) Monitor temperature, pain, and limb swelling frequently. 4) Prepare for diagnostic investigations if ordered (e.g., Doppler study). 5) Document thoroughly: site findings, interventions, patient response 6) Evaluate patient for alternative vascular access (midline or central venous access if ongoing therapy required).
2. Redness around site				
3. Swelling				
4. Palpable venous cord				
5. Pyrexia				

Adapted from Andrew Jackson 1998

VEIN CANNULATION

