ALL WALES CANNULA RECORD

NHS Wales v1.2 (30/07/26)

ADDRESSOGRAPH

Hospital:	**Ward:**

Insertion Details (If insertion documented on WNCR- Go to maintenance section)

Date of insertion: ____/_____/____ ☐ Not known | **Time of insertion**: _____:_____ ☐ Not known

Inserted by: Name..... Designation: .....

☐ Not known

Reason for Insertion (Tick all applicable):

☐ Antibiotics ☐ Fluids ☐ Procedure/ Investigation

☐ Blood Products ☐ Medication ☐ System Anti-Cancer Treatment (SACT)

☐ Not known ☐ Other: .....

Has the patient consented to this procedure?	☐ Yes	☐ Unable to (details below)	☐ Not known (details below)

Details (if unable to or not known):

Cannula Details

Consider alternative IV access device if IV therapy needs to continue beyond 7 days

Please follow local Peripheral Intravenous Cannula Guidance

Cannula Size/ Gauge:

☐ 14G Orange ☐ 20G Pink ☐ 26G Purple

☐ 16G Grey ☐ 22G Blue ☐ Other:

☐ 18G Green ☐ 24G Yellow .....

Cannula Laterality:

☐ Left

☐ Right

Cannula Site/Location:

☐ Antecubital Fossa ☐ Forearm

☐ Dorsum of Foot ☐ Wrist

☐ Dorsum of Hand ☐ Other: .....

Cannula LOT/Batch No: ..... ☐ Not available	**Dressing Type:** ..... ☐ Not known	**Cannula Insertion Pack LOT No:** ..... ☐ Not known	**First Maintenance Review Due In:** ..... hours

Consider adding cannulation insertion pack sticker into medical notes as per Health Board policy.

Additional Comments:

Signature:	Name:	Designation:	Date & Time

Failed Attempt (please document all failed attempts)

Date of attempt			
Time of attempt			
Insertion attempted by (name & designation)			
Consent: **Y**es/ **N**o/ **U**nable to			
Cannula Size			
Laterality & Location			
Reason for failed attempt: **M**ovement **P**atient Agitated Poor Venous Access (**PVA**) Other (please specify)			
Signature:	Name:	Designation:	Date & Time

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ADDRESSOGRAPH

Maintenance

Hospital:								
Ward:								
Maintenance date:								
Maintenance time:								
Cannula Site/Location:								
Cannula Laterality:								
Time in situ:								
VIP Score: Remove and re-site score reaches/exceeds 2 or refer to health board policy/guidelines								
Dressing (Tick one) Clean & dry, site visible								
Dressing (Tick one) Replaced as soiled/ damaged								
Accessories (Tick one):								
All checked & replaced as required (e.g. extension, needle-free ports and filters)								
No accessories present								
Is Cannula still required? (Yes or No)								
If Yes, give reason code: **A**ntibiotics **B**lood Products **F**luids **M**edications **P**rocedure/Investigation **S**ystem Anti-Cancer Treatment Other**: please state**								
If No, reason not removed:								
Scrub the Hub (Tick one)								
Accessed and cleaned								
Not in use when checked								
Hub not cleaned (infusion in progress)								
Next maintenance due in: (Hours)								
Signature								
Name								
Designation								

Cannula Removal

Date of removal: ..... ☐ Not known | **Time of Removal**: ..... ☐ Not known

Removed by: Name..... Designation: .....

☐ Not Known ☐ Patient Removed

Reason for removal:

☐ VIP Score ☐ Alternative treatment identified ☐ Alternative IV device inserted

☐ Treatment ended ☐ New cannula inserted ☐ Unplanned removal

Other:

VIP Score on removal: | **Any signs of skin trauma on removal?** ☐ Yes (Details below) ☐ No

Additional comments (Include signs of infection or leakage (extravasation) observed on removal. Consider medical review if signs of infection/ phlebitis):

Signature	Name	Designation	Date & Time