Standard Operating Procedure

NIHR Sheffield Clinical Research Facility

Removal of a Peripheral Venous Cannula

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Standard Operating Procedure: NIHR Sheffield Clinical Research Facility
Removal of a Peripheral Venous Cannula

This SOP has been written to give general guidance to study personnel on how to remove a peripheral venous cannula. There are no GCP Guidelines concerning insertion of a peripheral venous cannula.

Background
Peripheral venous cannulation is required for participants requiring intravenous drugs/fluids to be administered or for emergency venous access. It is one of the most common invasive procedures carried out in the hospital setting. STHFT Infection Control Policy states that a peripheral cannula should be removed and replaced after 48-72 hours. The cannula should be removed as soon as possible when no longer required for the clinical trial.

Definition
Peripheral cannulation is the insertion of a flexible tube containing a needle into a blood vessel, usually the peripheral blood vessels in the lower arms.

Procedure
1. It is the investigator’s or delegated person’s responsibility to monitor a participant with a peripheral venous cannula. The investigator or delegated person is also responsible for removing it once the cannula is no longer needed or before the participant leaves the Clinical Research Facility (CRF)

2. The investigator or delegated person should collect all equipment required to remove the peripheral cannula safely. The equipment necessary is:
   - Appropriate receptacle, e.g. a kidney dish
   - Sterile gauze
   - Sterile dressing
   - Tape
   - Non sterile gloves
   - Sharps bin

3. The investigator or delegated person must wear the appropriate protective clothing (disposable gloves, apron or uniform) when there is a risk of contamination. Gloves can be found in wall dispensers in the clinical areas within the Clinical Research Facilities. Aprons can be found in the clinical areas within the Clinical Research Facilities.

4. The investigator or delegated person must ensure the correct person is identified for removal of the cannula.

5. The Investigator or delegated person will explain the procedure to the participant.

6. The investigator or delegated person should wash their hands according to STHFT Hand Hygiene Policy and apply the non-sterile gloves.

7. The investigator or delegated person must remove the dressing from the cannula site and perform a visual inspection, observing for redness, swelling or tenderness. If any symptoms are observed these must be documented in the medical notes, relevant source data and if appropriate the subjects case report form.
8. The investigator or delegated person should prepare a piece of sterile gauze ready to place over the site upon removal of the cannula.

9. The investigator or delegated person must remove the cannula carefully and slowly and immediately apply firm pressure for at least 1 minute.

10. The investigator or delegated person will check the integrity of the cannula to ensure the device remains complete and discard into an appropriate sharps container in accordance with STHFT Waste Strategy & Policy.

11. The investigator or delegated person must ensure that bleeding has stopped before applying a sterile dressing to the cannula site.

12. The investigator or delegated person must dispose of all equipment used safely in accordance with STHFT Waste Strategy & Policy.

13. The investigator or delegated person must wash their hands according to STHFT Hand Hygiene Policy.

14. The investigator or delegated person must complete the relevant study source documentation, complete the Peripheral Intravenous Cannula Chart and record in the medical notes that the cannula has been removed as appropriate.

**Related Documentation**

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Author</th>
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<tbody>
<tr>
<td>Project Delegation Log</td>
<td>CRF</td>
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<tr>
<td>STH Hand Hygiene Policy</td>
<td>STH Infection Control Team</td>
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<td>STHFT Infection control guidelines</td>
<td>STH Infection Control Team</td>
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<td>Blood and Body Fluid Exposure Incident Management Pack</td>
<td>STH NHS Foundation Trust</td>
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<tr>
<td>STHFT Venepuncture and Intravenous Cannulation Open Learning Programme</td>
<td>STH NHS Foundation Trust</td>
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<td>STHFT Policy for the Decontamination of Hospital Equipment &amp; Medical Devices</td>
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<td>Sheffield Waste Strategy &amp; Policy</td>
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1 The location(s) of any related document(s) are listed in the CRF SOP Referenced Documents Directory.

The CRF SOP Referenced Document Directory and any Related SOPs, listed on page 1 of this SOP, can be accessed electronically at www.sheffield.crfrnihr.ac.uk or can be requested by contacting Sheffield Clinical Research Facility, O Floor, Royal Hallamshire Hospital, Glossop Road, Sheffield, S10 2JF, 0114 2713339.