

Appendix

Data and questionnaire sheet

PIVC Usage in the ED – Case Report Form

Anonymous Patient ID:

Date:

Patient Characteristics (from TRAK)	
Gender	
Age	
BMI	

Initial cannulation

Number of attempts / Time	Free text:
Gauge of cannula	14 (orange) <input type="checkbox"/> 16 (grey) <input type="checkbox"/> 18 (green) <input type="checkbox"/> 20 (pink) <input type="checkbox"/> 22 (blue) <input type="checkbox"/>
Insertion site	Ant. upper arm (medial) <input type="checkbox"/> Ant. upper arm (lateral) <input type="checkbox"/> Antecubital fossa <input type="checkbox"/> Ant. forearm (medial) <input type="checkbox"/> Ant. forearm (lateral) <input type="checkbox"/> Post. forearm <input type="checkbox"/> Ant. wrist <input type="checkbox"/> Dorsum wrist <input type="checkbox"/> Post. hand <input type="checkbox"/> Lateral wrist (houseman's) <input type="checkbox"/> Groin <input type="checkbox"/> Lower leg / foot <input type="checkbox"/> Neck <input type="checkbox"/>
US guidance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Arm	Dominant <input type="checkbox"/> Non-dominant <input type="checkbox"/>
Inserted by	Paramedic <input type="checkbox"/> Nurse <input type="checkbox"/> Adv. nurse practitioner <input type="checkbox"/> Medical student <input type="checkbox"/> Foundation doctor <input type="checkbox"/> Physician Associate <input type="checkbox"/> ST1-3 <input type="checkbox"/> ST4-8 <input type="checkbox"/> Consultant <input type="checkbox"/>
Location	Ambulance <input type="checkbox"/> ED <input type="checkbox"/>

Follow-up

Removal:	Routine <input type="checkbox"/> Failure <input type="checkbox"/> Undefined <input type="checkbox"/>
Reason:	Free text: _____
Number of replacements:	
Admission type:	Medicine <input type="checkbox"/> Surgery <input type="checkbox"/> Critical care <input type="checkbox"/> Specialties <input type="checkbox"/>
Department:	Free text: _____

Final LoS (days):

Reason for discharge: