

TABLE 17**Peripheral Intravenous Catheter Placement and Care Checklist**

Large bore/ gauge, short cannula	<ul style="list-style-type: none"> • Larger gauge, short catheters provide less resistance to blood flow than longer, smaller gauge catheters.¹ Ideal to have in place should a need for rapid infusion arise.
Aseptic preparation and care	<ul style="list-style-type: none"> • See the <i>AAHA Infection Control, Prevention and Biosecurity Guidelines</i> protocol for IV catheters at www.aaha.org/resources/2018-aaha-infection-control-prevention-and-biosecurity-guidelines/
Secure catheter	<ul style="list-style-type: none"> • Secure the first piece of tape to the catheter as an anchor. Use the smallest amount of tape possible and tab the tape ends for easy removal. • Use additional bandage material as needed. Be careful not to secure too tight or too loose to avoid swelling or premature dislodgement.
Daily maintenance	<ul style="list-style-type: none"> • Check catheters at least two times per day. Fully unwrap bandage material covering the tape to examine the catheter site for signs of swelling or thrombophlebitis. Remove the catheter and place another one if indicated. • Evidence in human patients shows that routine catheter replacement does not provide any benefit over replacing peripheral catheters when clinically indicated.²
Clean ports when disconnecting	<ul style="list-style-type: none"> • Wipe ports with isopropyl alcohol. • Needleless injection and connection ports are preferred.

1. Reddick AD, et al. Intravenous fluid resuscitation: was Poiseuille right? *Emerg Med J.* 2011;28(3):201-2.

2. Webster J, Osborne S, Rickard CM, Marsh N. Clinically-indicated replacement versus routine replacement of peripheral venous catheters. *Cochrane Database Syst Rev.* 2019;1(1):CD007798.

The 2024 Fluid Therapy Guidelines for Dogs and Cats are available at aaha.org/fluid-therapy.

These guidelines were prepared by a Task Force of experts convened by the American Animal Hospital Association (AAHA) and were subjected to a formal peer-review process. This document is intended as a guideline only, not an AAHA standard of care. These guidelines and recommendations should not be construed as dictating an exclusive protocol, course of treatment, or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to each individual practice setting. ©2024 AAHA.

