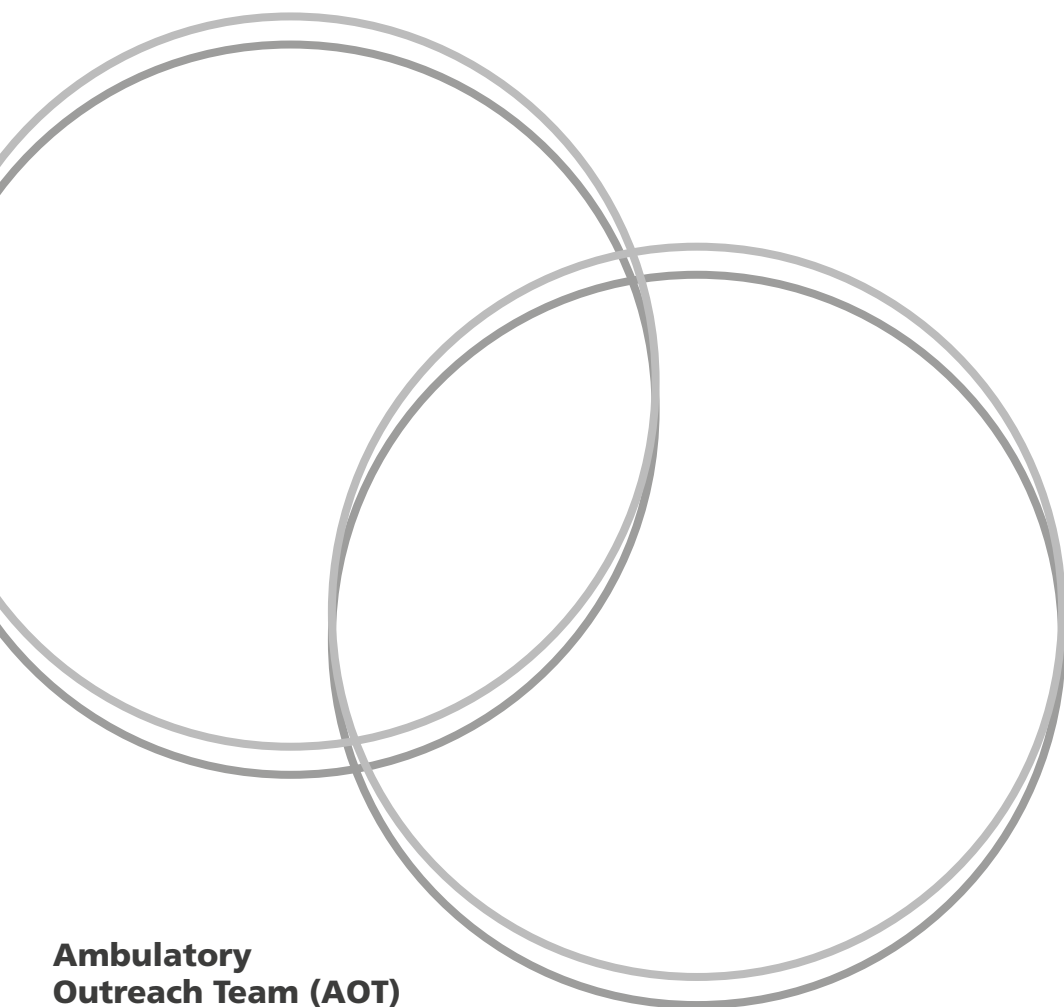


Intravenous therapy through a cannula

Information for patients



**Ambulatory
Outreach Team (AOT)**

Ambulatory Outreach Team

You are going to be under the care of the Ambulatory Outreach Team (AOT) also known as Hospital at Home. You will be visited by one of the AOT practitioners (nurses, paramedics or doctors) from the Oxford University Hospitals NHS Foundation Trust. They will visit you at home to provide the care or treatment you require.

The aim of AOT is to give you treatment or care in your home that previously may have meant you needed to come into hospital. This includes intravenous therapy through a cannula.

What are the advantages of having my intravenous therapy at home

- You will not have to stay in hospital.
- You will be able to stay independent and do most of your normal activities, such as shopping, to the cinema, etc.
- You will receive a daily review by a Specialist Nurse /Paramedic.

What is a cannula?

A cannula (also known as a Venflon) is a small hollow plastic tube, which is inserted into a vein. It can be placed in your hand or arm and allows us to give you intravenous medications or antibiotics, which need to be given directly into your bloodstream.

The cannula will normally be put in before you are discharged from hospital. However, sometimes the specialist practitioner may need to insert the cannula when you are back at home.

By leaving the cannula in place we are able to provide you with ongoing treatment. The specialist practitioner will monitor the cannula and replace it if required.

Looking after your cannula

It is important that you understand how to take care of your cannula, to prevent it coming out or becoming infected.

- You should avoid getting the cannula wet. When taking a bath or shower you should wrap clingfilm around the cannula and not soak your arm underwater. If the dressing becomes wet it can be dabbed dry. The plaster is very sticky and should keep it in place.
- Please report any issues to your specialist practitioner.
- Never go swimming with a cannula in place.
- Keep your hands clean. Always wash your hands after any activity that could make them dirty or expose them to germs (e.g. going to the toilet).
- Avoid gardening and handling pets or their faeces (poo).
- Wear loose clothing, to avoid accidentally pulling or knocking your cannula.
- Avoid bending your wrist or elbow, depending where your cannula is placed.

Never attempt to put anything into your cannula unless you are trained to do so.

How long can a cannula stay in place?

A cannula can remain in place for up to three days, if the cannula site is kept clean, dry and shows no signs of infection. It may then remain in place for a further two days (up to five days of treatment).

If you need treatment for more than five days, your AOT practitioner will arrange long-term intravenous access with a device called a 'midline' or a 'PICC' line. These are devices that can be left in place for longer periods of treatment and do not need to be replaced as often.

Risks and Complications

The AOT practitioner will check the site of your cannula and dressing each time they see you. You will also need to regularly check your cannula for the following:

- Pain, redness, swelling or new bruising at the cannula site.
- The cannula looking as if it has moved position and/or is coming out.
- Raised temperature, feeling feverish or shaky.

If you experience any of these symptoms, **contact the AOT straight away**.

The practitioners will be able to tell you what needs to be done. This may be an additional home visit, or you may need to come to the Ambulatory Assessment Unit (AAU) at the John Radcliffe Hospital or the Rowan Ambulatory Unit at the Horton General Hospital for more care.

What happens if my cannula comes out or the dressing peels off?

If the dressing peels off at the edges, secure it back down with the medical tape provided.

The cannula will be secured with a bandage, to help prevent it from coming out. As the cannula is in a vein, if it does come out it is likely to bleed, but do not panic.

Place a piece of gauze over the area where the cannula has come out and press firmly until the bleeding stops (between 1 to 3 minutes). When the bleeding has stopped, place a clean piece of gauze over the area and tape it in place. Raising your arm up in the air whilst applying pressure can help stop the bleeding.

Please note, if you are on anticoagulation medication (such as Warfarin or Apixaban) you will need to apply pressure for longer (up to 5 minutes).

Contact the AOT immediately, to let them know your cannula has come out.

How to contact us

AOT Hospital at Home

Central John Radcliffe Hospital

Mobile: **07887 631 924**

Office: **01865 227 461**

AOT Hospital at Home

North Horton General Hospital

Mobile: **07552 250 227**

Office: **01295 224 127**

AOT operational hours are 8.00am to 8.30pm every day.
Outside of these hours, please call NHS 111.
(dial 111 free from landlines and mobiles)

In an emergency call 999.

Feedback

If you would like to tell us anything about your experience, staff, students and facilities, please speak to the nurse in charge. Alternatively, you can contact the patient advice and liaison service (PALS).

Telephone: **01865 221 473** or **01295 229 259**

Email: PALS@ouh.nhs.uk or feedback@ouh.nhs.uk

For more information, please visit: www.ouh.nhs.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

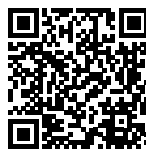
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Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



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