

I-DECIDED

Appendix 1. Content Validity Questionnaire: I-DECIDED device assessment and removal tool

Each item of the tool is based on a 'Key principle', with prompts for assessment and action.

Please **circle the number** that best rates the relevance of the statements listed below about the proposed components of the I-DECIDED tool.

Each section is followed by a space for your comment (E.g. Are any important concepts missing? Ease of comprehension? Language issues?).

KEY FOR SCORING ITEMS:

1 = NOT RELEVANT, 2 = SOMEWHAT RELEVANT, 3 = QUITE RELEVANT, 4 = HIGHLY RELEVANT

I. IDENTIFY presence of IV device		Please circle the relevant number			
1	<i>Key principle 1: The presence of an IV device should be assessed each shift.</i>	1	2	3	4
2	Does the patient have an IV device? (Inspect the patient and ask the patient if unsure)	1	2	3	4
3	Has the patient had an IV device removed in the past 48 hours? (Ask the patient)	1	2	3	4
4	If the patient has had an IV device removed in the past 48 hours, observe site for complications (post-infusion phlebitis and purulence).	1	2	3	4

Comments: _____

II. DOES the patient need this IV device?		Please circle the relevant number			
5	<i>Key principle 2: The need for the IV device should be assessed each shift.</i>	1	2	3	4
6	Has the IV device been used in the past 24 hours, or is it likely to be used in the next 24 hours?	1	2	3	4
7	Can the patient switch to oral medications? Discuss with pharmacist and treating team.	1	2	3	4
8	When no longer needed, the IV device should be removed.	1	2	3	4

Comments: _____

III. EFFECTIVE flow and flush?		Please circle the relevant number			
9	<i>Key principle 3: Effective flow and flush of the IV device should be assessed each shift.</i>	1	2	3	4
10	Does the IV device flow well?	1	2	3	4
11	Does the IV device flush well?	1	2	3	4
12	If the IV device does not flow and flush, it should be removed.	1	2	3	4

Comments: _____

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IV. COMPLICATIONS or CONCERNS		Please circle the relevant number			
13	<i>Key principle 4: The IV site should be assessed for complications or concerns each shift.</i>	1	2	3	4
14	Patient-reported pain \geq 2 out of 10?	1	2	3	4
15	Redness > 1 cm from insertion site	1	2	3	4
16	Swelling > 1 cm from insertion site	1	2	3	4
17	Any discharge at site	1	2	3	4
18	Infiltration (IV fluid in surrounding tissues)	1	2	3	4
19	Hardness (induration) of insertion site	1	2	3	4
20	Palpable cord	1	2	3	4
21	Other concerns? (itch, rash, blistering, etc.)	1	2	3	4
22	If complications occur, the IV device should be removed, after consultation with the treating team. Insert new IV device if needed.	1	2	3	4

Comments: _____

V. INFECTION prevention and control		Please circle the relevant number			
23	<i>Key principle 5: Infection prevention and control practices should be performed each shift.</i>	1	2	3	4
24	Use Aseptic Non-Touch Technique (ANTT)	1	2	3	4
25	Hand hygiene	1	2	3	4
26	Scrub the hub as per protocol and allow to dry before accessing IV device	1	2	3	4
27	Any fever of unknown origin?	1	2	3	4
28	Elevated white blood cell count?	1	2	3	4
29	If the patient has a fever and/or elevated white blood cell count, with no obvious source of infection, the IV device should be removed and the IV site cultured as a possible source of bloodstream infection.	1	2	3	4
30	Purulent discharge at the insertion site?	1	2	3	4
31	If the IV site has purulent discharge, the IV device should be removed and the IV site cultured as a possible source of bloodstream infection.	1	2	3	4

Comments: _____

VI. DRESSING and securement		Please circle the relevant number			
32	<i>Key principle 6: Dressing and securement practice should be assessed each shift.</i>	1	2	3	4
33	Is the IV dressing clean, dry, and intact?	1	2	3	4
34	If the IV dressing is moist, visibly soiled, or has loose/lifting edges, it should be changed.	1	2	3	4
35	Is the IV device and infusion tubing secured?	1	2	3	4

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36	Secure well with securement device, tape, net or bandage.	1	2	3	4
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Comments: _____

VII. EVALUATE and EDUCATE		Please circle the relevant number			
37	<i>Key principle 7: The patient/family's knowledge and education needs should be assessed each shift, if possible.</i>	1	2	3	4
38	Evaluate patient/family understanding of reason for IV and plan for removal, if possible.	1	2	3	4
39	Educate patient/family as needed, if possible.	1	2	3	4

Comments: _____

VIII. DOCUMENT		Please circle the relevant number			
40	<i>Key principle 8: The IV assessment and actions taken should be documented each shift.</i>	1	2	3	4
41	Insertion date and time	1	2	3	4
42	I-DECIDED assessment and relevant action taken	1	2	3	4
43	Removal date and time	1	2	3	4

Comments: _____

IX. DECIDE and ACT		Please circle the relevant number			
44	<i>Key principle 9: The decision to continue or remove the IV device should be based on assessment and consultation with the treating team and the patient.</i>	1	2	3	4
45	Based on this assessment (in consultation with treating team and patient), I-DECIDED . . .	1	2	3	4
46	IV device should remain in place. No other change.	1	2	3	4
47	IV device should remain in place, but dressing change done. IV and infusion tubing well secured.	1	2	3	4
48	IV device removed and not replaced, in consultation with the treating team.	1	2	3	4
49	IV device removed and replaced. Consulted with patient and team about best device and site.	1	2	3	4

Comments: _____