



Affix Patient Label	
Patient Name: _____	Date of Birth: _____

Acknowledgement of Saline Lock Education

It has been explained to me and I understand that:

- My provider has written orders to place a saline lock for the duration of my IV therapy.
- A registered nurse (RN) will check the IV site each day.
- The saline lock (IV) will be replaced only when clinically indicated (i.e. signs and symptoms of infection, infiltration, or phlebitis).

The care of the saline lock (IV) at home includes:

- A. Keep dressing clean and dry.
- B. If site becomes painful or red, I should:
- If it is too painful to wait for the nurse to check at the next visit, I will follow these steps to remove the saline lock.
 1. Wash my hands with soap and water.
 2. Remove the tape.
 3. Pull the IV catheter straight out of my arm and hold pressure at the site for 2-3 minutes.
 4. Place clean gauze or band-aid over the site.
 5. I may remove the gauze or band-aid 1 hour after removing the catheter.
 6. I should wash the old IV site with soap and water.
 7. Follow-up as scheduled. Nurse will check the site at time of visit.
 - For accidental removal, start with step 4.
 - If the site stays red and painful and you have concerns, please go to the Emergency Room. Bring this instruction sheet with you.

I have read and understand these directions. I have received supplies for saline lock removal.

Patient Signature: _____ Date: _____ Time: _____

Relationship: Patient Closest relative (relationship) _____ Guardian/POA Healthcare

Interpreter's Statement: I have interpreted the text on this form to the patient, a parent, closest relative or legal guardian.

Interpreter's Signature: _____ ID #: _____ Date: _____ Time: _____

RN Signature: _____ Date: _____ Time: _____