





# PERIPHERAL INTRAVENOUS CATHETER (PIVC) WORKSHOP

# **DATE**

15 July 2023 (Saturday)

## TIME

8:30am - 4:30pm

### VENUE

B.Braun Medical Supplies Office, Plaza IBM, Crown Penthouse, 8, First Avenue, Bandar Utama, 47800 Petaling Jaya, Selangor

# **REGISTRATION FEE**

(inclusive of SST)

**REGULAR** 

**RM300** 

The use of a peripheral intravenous catheter (PIVC) is a common invasive practice in healthcare settings. Its high risks of catheter associated infections are preventable if deficiencies in best practice are addressed. This hands-on workshop aims to enhance knowledge and skills of healthcare providers in maintaining PIVC quality.

# **LEARNING OUTCOMES**

At the end of this workshop, participants should be able to:

- 1. explain the best practice for insertion, removal, and documentation of PIVC.
- 2. discuss the PIVC care bundles in preventing catheter associated complications.
- 3. demonstrate the appropriate skills for insertion and removal of PIVC based on vessel health preservation guideline.

TIME	EVENT	SPEAKER
0830-0840	Registration	
0840-0845	Introduction on workshop	Dr Chang Woan Ching Lecturer/Programme Director (BNU), RN, CCN, IMU
0845-0915	Pre-assessment	
0915-1015	Introduction to PIVC infusion therapy	Ms Harparkash Kaur Clinical Application Specialist, RN, B.Braun
1015-1030	Tea break	
1030-1130	PIVC Care Bundles	Puan Zainiza Abd Ghani Clinical Therapist, RN, B.Braun
1130-1200	Post canulation: Selection of dressing and securement	Ms Catrina Ch'ng Senior Clinical Specialist, RN, ICN, 3M
1200-1230	VIP Score & Documentation	Ms Mahani Binti Abdul Kadir Infection Control Manager, RN, Infection Control, PHKL
1230-1315	Lunch break	
1315-1345	Care discussion & presentation	
1345-1545	PIVC hands-on session	
1545-1615	Post assessment	
1615-1630	Q&A	



### **SECRETARIAT**

**T** +603 2731 7669 / 7072 / 7331 | **E** icl@imu.edu.my







$\circ$	
=	
$\subset$	2
Ŧ	
_	
$\mathcal{C}$	
$\geq$	_
$\alpha$	
=	
$\subset$	)
$\leq$	
$\leq$	,
_	ì
	J
	,
$\leq$	
Д	
=	
$\alpha$	1
1.1	
Ë	
Н	Ī
щ	
т	
ᆮ	
┖	ļ
$\triangleleft$	
	j
_	
0	٠
_	
_	
$\subset$	
$\succeq$	
$\leq$	
$\subseteq$	
=	Ī
_	
$\triangleleft$	
$\alpha$	
ь	
$\geq$	2
$\leq$	
_	į
$\triangleleft$	
щ	
J	
$\overline{}$	
4	
~	
-	
щ	

REGISTRATION	I FORM					
SURNAME / LAST N	AME:					
FIRST NAME:				NATIONALITY:		
GENDER: MALE	☐ FEMALE ☐	TITLE: MR MRS MS	PROF□ DR□	OTHER:		
ORGANISATION:		PUBLIC	PRIVATE □			
DEPARTMENT:		POSITION:				
TEL NO: ( )		FAX NO: ( )		MOBILE PHONE NO:		
ADDRESS:						
POSTCODE:		CITY:		STATE:		
	ether this is your office or		ON HOME	JIMIL.		
EMAIL:	ether this is your office or	Tome dadress.	01V			
ORGANISATION'S N	VFBSITF (IF ANY):					
ARE YOU AN IMU A		YES NO NO				
DIETARY NEEDS/PR						
REGISTRATION	I FEE					
Regular: ☐ RM300						
MODE OF PAY	MENT					
PLEASE TICK YOUR	OPTION:					
CASH						
CHEQUE* (for N	Malaysian banks only)					
CREDIT CARD	I hereby authorise the p	rocessing of my card for the sum	of (RM):			
	Please complete the foll	owing sections. These details are	required for security pu	irposes.		
	TYPE OF CARD: VIS	A MASTERCARD	ISSUING BANK:			
	CARDHOLDER'S NAME (	as it appears on the card):				
	CARD NUMBER:					
	CARD EXPIRY DATE:	/ (MM/YY)		_		
	CARD SECURITY CODE (	3 digits found on reverse Visa / I	Mastercard) 🔲 📗			
BANK DRAFT*	BANK OF ISSUE:	DATE:	TOT	AL AMOUNT (RM):		
* Payable to IMU Education	v.imu.edu.my/icl through if	2av88)				
CANCELLATIO	, 3	ayooy				
		de la conteina de des Constantes	4. There will be a 20	20/ refund of registration for for approllation and		
	renous Catheter (PIVC) Wor	de in writing to the Secretariat kshop.	before 1 July 2023.	9% refund of registration fee for cancellation made		
	refund of registration fee	e for cancellation made by 15		efund of registration fee for cancellation made on 1		
May 2023. 3. There will be a 50	% refund of registration fe	e for cancellation made before	July 2023 and ther 6. The Organiser reser	earter. ves the right to cancel or change the topic or trainer of		
15 June 2023.				or whatever reasons beyond its control, the workshop		
			Carmot be field as so	cheduled or the topics need to be altered.		
DECLARATION	AND AUTHORISAT	ION				
			there is any change to the	nis information.		
<ol> <li>I confirm that the above information is correct and I will inform IMU when there is any change to this information.</li> <li>I have read, understood and consent to the processing of my personal data as set out in the enclosed Privacy Notice.</li> </ol>						
	C'					
	Signature			Date		

### **DISCLAIMER:**

The organiser reserves the right to make such alterations to the programmes as circumstances dictate and will not accept responsibility for any errors, omissions or changes made to the speakers' information. The views and opinions expressed by the speakers at this workshop are not necessarily the views and opinions of the organiser.

