



Frequently Asked Questions

Do all eligible patients in the ED need to be included in the snapshot audit even if they do not have the cannula inserted?

Yes. All patients who are present in the ED at the nominated audit time should be included in the snapshot audit, regardless of whether they have a PIVC inserted.

The survey asks the following question early in the process:

“Does this patient have one or more Peripheral Intravenous Cannula (PIVC)?”

If the answer is no, or if PIVC insertion was attempted but unsuccessful, the survey will end at this point. However, it is important that this question is asked for all patients.

Are there background questions about how busy the ED was (e.g., patient throughput compared with usual activity) in the lead-up to the PPS, or whether the ED was adequately staffed by nurses and doctors during the shift?

No. These questions are not included in the Point Prevalence Survey. The data points collected are outlined in the [data points document](#) and align with the [ACHQSC](#) questions.

Does the count include patients in waiting room areas and/or short-stay areas?

As per the inclusion criteria, all patients who are attending the ED will be included in the audit, including short stay or observation units. Select the ward carefully when doing the audit to ensure you are able to see the data distinctly for the short stay units.

How about patient privacy if they are still in a waiting area at the time of their audit?

Complete the in person review only if suitable treatment space for patient review available

If the patient is in a cubicle, but has not yet been seen by an emergency doctor or nurse practitioner, are they counted as no PIVC in situ (in place)?

Yes



If a patient arrives by ambulance with a PIVC in situ but has not yet been assessed by an emergency doctor or nurse practitioner, should they be counted as having a PIVC in situ?

Yes. Count the patient as having a PIVC in situ and select “Ambulance” for Q7: *Where were the PIVCs inserted?* You can select multiple answers, so if the patient has multiple PIVCs inserted in different locations, select the relevant location for each PIVC.

What if a clinician has requested that a PIVC be inserted, but no one has had time to insert it yet? Is the patient recorded as “yes” or “no”?

The patient should be recorded as “no.” The audit is a point-in-time snapshot, so the assessment is based on the patient’s status at the nominated audit time. If a PIVC has been requested but has not yet been inserted at the time of the audit, the patient does not have a PIVC in situ and should therefore be recorded as “no.”

What happens if a person has 2 PIVCs in situ? How do we ensure they are not counted as two separate patients?

The audit asks for the number of PIVCs in situ that the patient has. Q3 is: *How many PIVCs does this patient have?*

Choose the ‘worse elements’ for every PIVC e.g. If a patient has two cannula one in cubital fossa and another with a poor dressing answer yes to both the audit questions as both represent an area to improve and risk.

What happens if the patient is discharged before audit commences?

Complete the EMR review section of the audit for that patient.

Can we choose anytime on any day in November 2026?

Yes, we recommend using a double-staffed period when possible, but you can choose a time that best suits your ED’s operations. Try to select a time that reflects a typical period of activity for your ED, not an unusually quiet or exceptionally busy time to ensure the snapshot is representative of usual practice.



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How are we accounting for inter-auditor (inter-rater) variation between sites or at the same site if there's more than one auditor?

This is a pragmatic audit designed to understand PIVC practice in real-world ED settings. Some variation is expected and is reasonable because the data collected will reflect the reality of complex healthcare environments and the people working within them. The aim is to capture a useful snapshot of practice, not to achieve perfect or standardised conditions. Pilot testing beforehand will reduce this and include the opportunity for the audit team to ask questions.