

Less Sticks = Happier Patients

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Introduction

- ❖ Peripheral intravenous (PIV) catheters are an essential part of the treatment plan for hospitalized patients but can also be an added source of stress and pain.
- ❖ In order to benefit patients and better utilize staff resources without increasing the risk for complications, such as phlebitis and infiltration, it is beneficial to use evidence based practices.

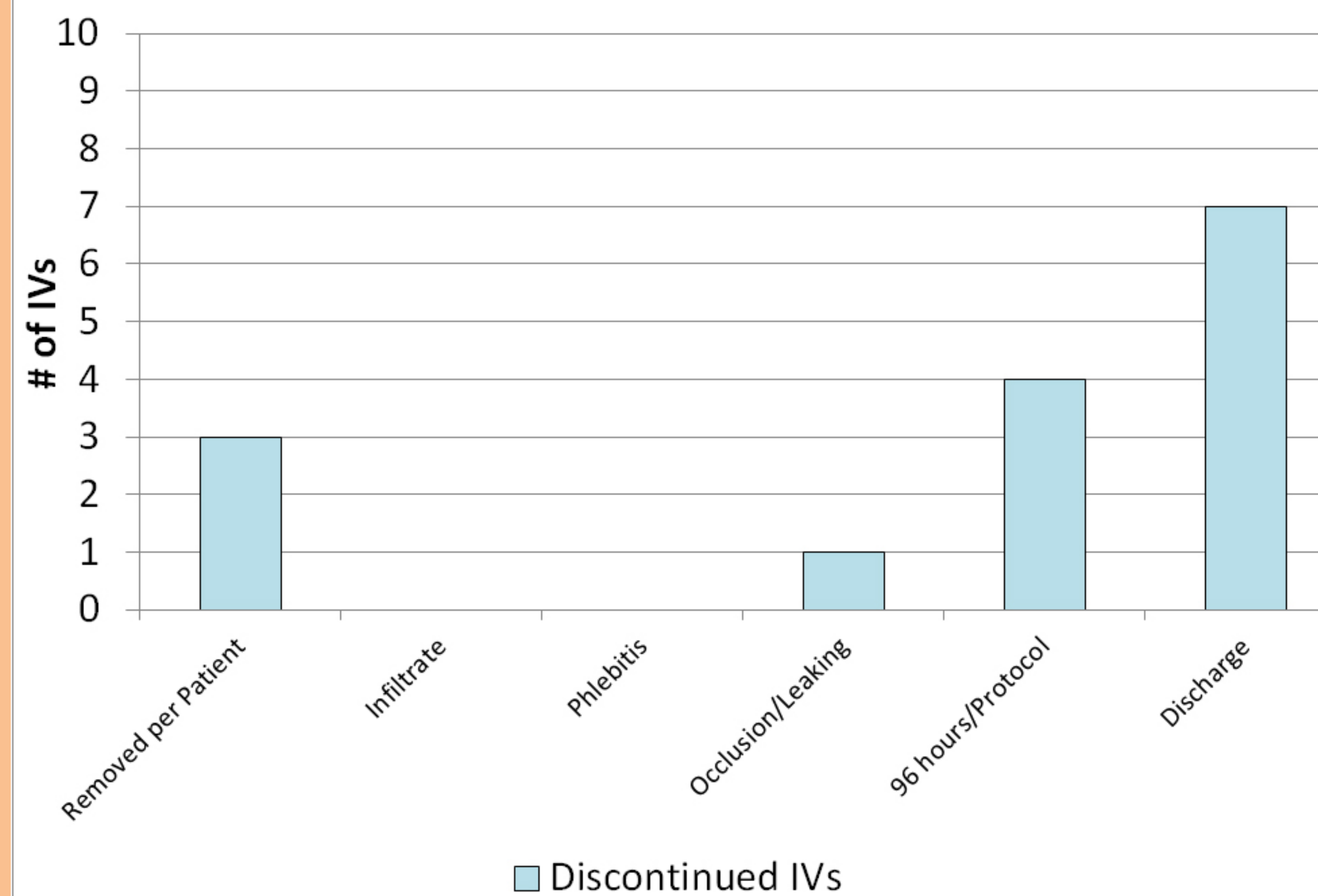
Background

- ❖ Currently Trinity Regional Medical Center (TRMC) has a policy in place that states a PIVC started at an outlying hospital must be changed within 24 hours.
- ❖ Current CDC guidelines suggest changing PIV catheters “routinely every 96 hours or at the first sign of complication”.

Methods

- ❖ Implement a trial of monitoring PIV’s that come from an outlying facility the same as they would be monitored had they been started within TRMC.
- ❖ This trial will only be in the Critical Care Unit in order to better track results.
- ❖ Compare this results with a similar number of randomized PIV’s started at TRMC to either verify or exclude an increase in complications.
- ❖ Infection control was involved in the process in order to ensure standard guidelines were being met.
- ❖ Other UnityPoint Health affiliates were contacted in regards to their policies. At least one affiliate replied that they do NOT currently restart PIV’s from outlying facilities.

Reason for Discontinuing IV



Conclusions

- ❖ Allowing a 96 hour dwell time for PIV’s started at an outlying facility has proven thus far to be a benefit to the patient and allows for nursing staff to focus on other important patient care activities without increasing the risk for complications such as phlebitis and infiltration.

Next Steps

- ❖ Continue to monitor PIV’s in CCU for a period of 3 months.
- ❖ Take results to both Infection Control and the Policy Review Committee in order to implement changes to current policy if warranted by results.

References

1. Ho, K. & Cheung, D. (2011). Guidelines on timing in replacing peripheral intravenous catheters. *Journal of Clinical Nursing*. 21: 1499-1506
2. Alessandra, M. & Casella, F. (2013). Is clinically indicated peripheral catheters as safe as routine replacement in preventing phlebitis and other complications? *Internal Emergency Medicine*. 8: 443-444