This article outlines the development of an out-of-hospital nurse-led PICC insertion service using the Sherlock 3CG® Tip Confirmation System (C.R Bard) to meet the needs of patients requiring long-term intravenous treatment from an OPAT service, and its impact on reducing treatment delays and the need for secondary care intervention” Bedford and Waterhouse (2017).

Abstract:

Patients receiving intravenous therapy require reliable venous access. Typically patients with poor peripheral access or requiring long-term treatment from an outpatient antibiotic therapy (OPAT) service need to receive secondary care input for safe central line placement, and radiological confirmation of the correct line tip placement where necessary, if treatment is to proceed as planned. Technological developments that enable accurate ultrasound-guided vein selection and electrocardiograph (ECG)-guided central line tip placement have eliminated the need for radiological or fluoroscopic confirmation of correct tip placement for peripherally placed central catheters (PICCs). This article outlines the development of an out-of-hospital nurse-led PICC insertion service using the Sherlock 3CG® Tip Confirmation System (C.R Bard) to meet the needs of patients requiring long-term intravenous treatment from an OPAT service, and its impact on reducing treatment delays and the need for secondary care intervention.
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