Infection control in IV therapy


Abstract:

The aim of this article is to review the principles of infection control relating to intravenous (IV) therapy. IV therapy and peripheral IV cannulation are common procedures. Zingg and Pittet (2009) noted that as many as 80% of hospitalized patients will have a cannula in situ, and Hart (2008) suggested that patients who require IV therapy are often seriously ill and immunocompromised, thus are more susceptible to infection. The Department of Health (DH) (2007a) estimated that 6000 patients acquire a catheter-related bloodstream infection every year in the UK. Robust standards of practice are therefore paramount to ensure safe and competent practice, both in peripheral IV cannulation and IV care. Using the chain of infection as a framework to review practice will enable practitioners to ensure thorough standards of practice, and the Royal College of Nursing (RCN) (2005) stated that only trained and competent staff using strict aseptic techniques should be involved in IV or cannulae care. Furthermore, the Code (Nursing and Midwifery Council (NMC), (2008) stipulates all practitioners must deliver care based on the best available evidence and/or best practice, and that knowledge and skills for safe and effective practice must be kept up-to-date throughout each health professional’s working life.