

The midline catheters radically reduce PVC associated complications, are preferred by patients and the higher costs should be weighted against the complications avoided” De Prospro et al (2015).

Abstract:

INTRODUCTION: From 30 to 80% of hospitalized patients is inserted a peripheral venous catheter (PVC). The PVC may be associated to several infective and non infective complications.

AIMS: To assess whether a long-length vs standard-length PCV reduces the incidence of CRCs; to assess the patients’ preferences and costs.

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METHODS: Randomized clinical trial on 211 patients (339 cannulas) admitted to an emergency medical and surgical wards. Patients were included if >18 years and prescribed a PVC. After the randomization the PVC were inspected daily, until removal.

RESULTS: 186 complications occurred with the standard CVPs vs 16 with the midline, per 1000 catheter days; 47 phlebitis were observed in patients with standard PVCs vs none in those with midline; also infiltrations (66 vs 2 per 1000 catheter days), asymptomatic thromboses (34 vs 7 per 1000 catheter days), occlusions and accidental removals were greatly reduced. The higher cost of midline is counterbalanced by the complications prevented. In addition midline patients referred less limitations (96% vs 50.7%) and an higher satisfaction (91.9% vs 53.7%).

CONCLUSIONS: The midline catheters radically reduce PVC associated complications, are preferred by patients and the higher costs should be weighted against the complications avoided.

Reference:

De Prospro, T., Attini, A., De Giorgi, R., Farinelli, S., Joli, D., Maddalena, F., Marchisio, U. and Geninatti, S. (2015) The assessment of the effectiveness of long vs standard-length catheters in reducing complications: a randomized controlled trial. Assistenza



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