These data suggest that nurse PICC teams play an integral role in PICC use at many hospitals and that use of such teams may promote key practices to prevent complications” Krein et al (2015).

Abstract:

OBJECTIVES: The use of peripherally inserted central catheters (PICCs) has increased substantially within hospitals during the past several years. Yet, the prevalence and practices of designated nurse PICC teams (i.e., specially trained nurses who are responsible for PICC insertions at a hospital) are unknown. We, therefore, identified the prevalence of and factors associated with having a designated nurse PICC team among U.S. acute care hospitals.

METHODS: We conducted a survey of infection preventionists at a random sample of U.S. hospitals in May 2013, which asked about personnel who insert PICCs and the use of practices to prevent device-associated infections, including central line-associated bloodstream infection. We compared practice use between hospitals that have a designated nurse PICC team versus those that do not.

RESULTS: Survey response rate was 70% (403/575). According to the respondents, nurse PICC teams inserted PICCs in more than 60% of U.S. hospitals in 2013. Moreover, certain
practices to prevent central line-associated bloodstream infection, including maximum sterile barrier precautions (93% versus 88%, \( P = 0.06 \)), chlorhexidine gluconate for insertion site antisepsis (96% versus 87%, \( P = 0.003 \)) and facility-wide insertion checklists (95% versus 87%, \( P = 0.02 \)) were regularly used by a higher percentage of hospitals with nurse PICC teams compared with those without.

CONCLUSIONS: These data suggest that nurse PICC teams play an integral role in PICC use at many hospitals and that use of such teams may promote key practices to prevent complications. Better understanding of the role, composition, and practice of such teams is an important area for future study.

Reference:


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