The goal of this secondary analysis of results from a national survey of peripherally inserted central catheters (PICCs) practices in neonates was to determine whether demographics and types of training were associated with differing radiographic confirmation practices of these catheters. Sharpe (2014).

References:

Survey of neonatal peripherally inserted central catheter practices http://ctt.ec/U4t7C+
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Abstract:

OBJECTIVE: The goal of this secondary analysis of results from a national survey of peripherally inserted central catheters (PICCs) practices in neonates was to determine whether demographics and types of training were associated with differing radiographic confirmation practices of these catheters.

STUDY DESIGN: Correlational analyses were performed on the 2010 national database of neonatal PICC practices. The sample consisted of 187 respondents, representing 25% of the level III neonatal intensive care units (NICUs) of more than 20 beds in the United States. The key factors examined were geographic location, size of NICU, academic affiliation, and type of training related to radiographic confirmation of the catheter tip position, routine monitoring and reconfirmation of the catheter tip position following adjustments, and associated patient positioning practices for consistent evaluation of the catheter tip position.

RESULTS: Formal training and annual retraining were statistically significantly associated with consistent patient positioning practices for more accurate monitoring of the catheter tip position and acceptable tip location. Size of NICU and academic affiliation were not associated with differences in practices.
CONCLUSION: Adherence to specific national guidelines and recommendations for care of infants with PICCs is significantly impacted by formal training and annual retraining. This underscores the importance of education and annual retraining in preventing PICC-related complications beyond the crucial prevention of central line-associated bloodstream infections.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).