Use of ultrasound for vascular access, particularly peripheral access, presents distinct challenges to existing recommendations. Healthcare professionals responsible for vascular access also have a responsibility to ensure patient safety during those procedures, therefore, they also must address inconsistent practice with respect to cleaning and disinfection practices involving USGVA.” Thompson and Garrett (2018).

Introduction/Summary:

Use of real-time ultrasound guidance for vascular access (USGVA) procedures is recommended by multiple organizations, associations, guidelines and standards (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13). When performed by trained, competent clinicians, USGVA has been shown to decrease complications and reduce multiple attempts to gain vascular access (1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26).

Use of ultrasound for vascular access, particularly peripheral access, presents distinct challenges to existing recommendations. Healthcare professionals responsible for vascular access also have a responsibility to ensure patient safety during those procedures, therefore, they also must address inconsistent practice with respect to cleaning and disinfection practices involving USGVA.
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There are conflicting published guidelines regarding the level of disinfection a transducer must undergo between patients/procedures (22, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37). The Association for Vascular Access (AVA), in conjunction with experts in infectious disease and infection prevention, have developed this professional guidance document which serves as a basis for evidence-based decision making. Additionally, this document identifies areas of practice that require continued monitoring and clinical research.

Reference:

DOI: https://doi.org/10.1016/j.java.2018.08.001