

A community hospital policy of routinely replacing peripheral intravenous catheters (PIVCs) needed updating to the clinical practice guideline (CPG) of clinically indicated replacement” Oh et al (2019).

Abstract:

BACKGROUND: A community hospital policy of routinely replacing peripheral intravenous catheters (PIVCs) needed updating to the clinical practice guideline (CPG) of clinically indicated replacement.

METHODS: Guided by Lean principles, a clinical nurse leader (CNL) led a quality improvement small test of change on a 38-bed medical unit. The impact of the CPG was evaluated using quality, safety, and workflow measures.

RESULTS: Nurses managed 469 inpatients, receiving 1033 PIVCs. Routine PIVC replacement declined from 34% to 3% ($P < .001$). PIVC dwell time ranged from 4 to 20 days and did not increase phlebitis ($P = .41$) or catheter-related bloodstream infections. Nurses attributed the improvements in workflow ($P = .01$) and the quality of patient care (94%) to the updated PIVC guideline. **CONCLUSIONS:** Clinically-indicated PIVC replacement reduced unnecessary catheter insertions, maintained patient safety, improved efficiency, and is being implemented hospital-wide. This project highlights and advances the CNL role in transforming healthcare.

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Reference:

Oh, J.H., Shelly, M., Nersinger, S., Cai, X. and Olsan, T. (2019) Implementing Clinical Practice



Guidelines for Replacing Peripheral Intravenous Catheters. Journal of Nursing Care Quality. July 8th. doi: 10.1097/NCQ.0000000000000429. .