Implementing clinically indicated removal of PVCs has resulted in better patient experience with fewer PVCs for a course of treatment. Implementation has also resulted in cost savings for the Trust with a notable decrease in number of PVCs used” McGuire and Coronado (2020).

Abstract
Latest clinical guidelines for peripheral vascular catheters (PVC) recommend that they should be removed only when clinically indicated and not routinely removed and replaced. In 2017, the authors’ hospital policy was changed to align with the new recommendations and, between March and July 2019, 500 PVCs were audited at two main sites to evaluate the efficacy of the change. Of the 500 PVCs, 31% (n=155) were in situ for more than 3 days (range 4–22 days). Analysis of the combined data showed an overall prevalence of phlebitis at 8%, but variation in trends looking at each individual site (7% and 9% respectively) with a wide variation for PVCs in situ for more than 7 days. Implementing clinically indicated removal of PVCs has resulted in better patient experience with fewer PVCs for a course of treatment. Implementation has also resulted in cost savings for the Trust with a notable decrease in number of PVCs used.

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