



The updated epic3 guidelines recommend to change cannulas when clinically indicated, rather than routinely. The objective in a local NHS trust, was to look at the evidence for this, with an aim to change local policy and practice to reflect the new recommendation” Bolton (2015).

Abstract:

Insertion of peripheral venous cannulas is one of the most frequently performed procedures in hospitals. In the UK, one in three patients will have at least one cannula inserted while in hospital. Cannula insertion is uncomfortable and causes anxiety and distress to patients. The risks associated with this include infection, phlebitis and infiltration. In the UK, it is widely accepted that cannulas

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should be routinely changed every 72—96 hours in line with national guidelines (Department of Health (DH) 2007).The updated epic3 guidelines recommend to change cannulas when clinically indicated, rather than routinely. The objective in a local NHS trust, was to look at the evidence for this, with an aim to change local policy and practice to reflect the new recommendation. The primary outcomes of the first 6 months from implementation suggest that patients have not been adversely affected. The change to practice has provided a significant reduction in financial costs to the trust, enabling a stock reduction of 25%. It is

estimated that a total of 11 750 clinical hours have been saved for busy clinical staff. The most important outcome has been for patients, who have been spared the unnecessary pain and potential risks associated with repeated insertion of cannulas when there has been no clinical indication to do this.

Reference:

Bolton, D. (2015) Clinically indicated replacement of peripheral cannulas. British Journal of Nursing. 24(Sup19), p.S4-S12.

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