The purpose of the study was to examine if a pediatric peripheral vascular access algorithm with a pediatric vascular access team (PPVAA-VAT) improved IV placement outcomes compared with Pediatric Peripheral Vascular Access Algorithm (PPVAA)-alone use.” Hartman et al (2019).

Abstract:

INTRODUCTION: Intravenous (IV) placement outcomes in pediatric patients need to be improved. The purpose of the study was to examine if a pediatric peripheral vascular access algorithm with a pediatric vascular access team (PPVAA-VAT) improved IV placement outcomes compared with Pediatric Peripheral Vascular Access Algorithm (PPVAA)-alone use.

METHODS: This study was a prospective, comparative, two-group design of hospitalized children. Multivariable logistic regression models were used to evaluate differences between cohort outcomes.

RESULTS: The PPVAA-alone IV attempts (n = 302) were followed by PPVAA-VAT attempts (n = 294). First attempt and overall IV success were higher in the PPVAA-VAT group after adjusting for confounding patient characteristics (p < .001 and p = .002, respectively). The IV attempts and staff required per encounter decreased in the PPVAA-VAT vs. PPVAA-alone group. DISCUSSION: The PPVAA-VAT group had greater first attempt and overall IV success,
and was more likely to have fewer attempts and staff involved in IV access encounters.

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