The aim of this project was to improve continuity of care by decreasing central catheter occlusions in adults in two acute care units with high use of central venous catheters. Specific objectives were to introduce a patency bundle and train nurses on thrombolytic administration for timely resolution of catheter occlusions” Huang (2018).

Abstract:

OBJECTIVES: The aim of this project was to improve continuity of care by decreasing central catheter occlusions in adults in two acute care units with high use of central venous catheters. Specific objectives were to introduce a patency bundle and train nurses on thrombolytic administration for timely resolution of catheter occlusions.

INTRODUCTION: Central venous catheters are a vital component of medical care of acutely ill hospitalized patients. Occluded catheters delay treatment and can increase infection risk. There are bundles of best practices on catheter insertion, dressing and removal. However, a gap exists in nursing guidance for maintaining and restoring catheter patency.
METHODS: The project used the Joanna Briggs Institute’s tools for promoting practice change. Getting Research into Practice (GRiP) and Practical Application of Clinical Evidence System (PACES) assisted with strategy formation and data analysis. Direct observation and medical record review were used for baseline and follow-up audits. Several teaching strategies were employed to educate direct care nurses.

RESULTS: Occlusion rates fluctuated greatly above and below baseline rates. Infection rates did not increase with thrombolytic administration. Nurses’ compliance with catheter access and flushing techniques doubled. Timeliness of thrombolytic administration increased to 100% compliance. However, patency documentation did not improve.

CONCLUSIONS: Multi-modal education reached all nurses and contributed to significantly improved compliance with patency best practice. Nurses were empowered to expediently troubleshoot occlusions by using thrombolytics. However, three months of post-implementation data was not enough to demonstrate a continued downward trend in occlusion rates. Thrombolytic administration by nurses on the other adult units and improved patency documentation are in the planning stages.

Reference:


Thank you to our partners for supporting IVTEAM