The objective of this study is to determine the impact of interventions by CLS upon successful attainment of intravenous (IV) cannulation among pediatric patients in the emergency department setting” Murag et al (2017).

Abstract:

Background: Child life specialists (CLS) work with children directly to minimize long-term psychological sequelae of traumatic or medical events such as intravenous cannulation. There has been little done to measure how CLS impact outcomes of medical procedures. The objective of this study is to determine the impact of interventions by CLS upon successful attainment of intravenous (IV) cannulation among pediatric patients in the emergency department setting.

Method: This was an eight month retrospective review within an urban tertiary-care freestanding pediatric Emergency Department (ED), using nursing and CLS documentation of ED patients younger than 21 years who underwent IV cannulation. CLS self selected which children received procedural support, and the duration of CLS staffing was not a full 24 h. Children with CLS documentation were compared against those without documented...
interventions by CLS. IV cannulation success and number of IV cannulation attempts were the primary outcomes. Confounding variables such as location of intravenous site, intravenous gauge, and professional qualifications were added. Chi-square determined the impact of CLS on primary outcomes. Logistic regression examined the association between successful IV cannulation with age.

Results: In all, 5460 children had documented IV cannulation, and 240 of those received CLS intervention. CLS intervention was not associated with IV cannulation success (p = 0.5). The only significant association for successful IV cannulation was intravenous site (p < 0.001). There was no interaction effect between patient age and CLS (p = 0.12).

Conclusion: Interventions by CLS do not affect the procedural outcome of intravenous cannulation success. Benefits of CLS are likely better measured in psychological impact of anxiolysis and improved experience, rather than in procedural outcome.

Reference:


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