



The objective of this study is to improve compliance with documentation and monitoring PIVC guidelines in the medical ward of a secondary care center” Yagnik et al (2016).

Abstract:

Background: Peripheral intravenous cannula (PIVC) insertion is a universal intervention for inpatients and is associated with multiple complications. Effective, simple, reproducible interventions specific to PIVC complication prevention are few and often extrapolated from central venous catheter complication prevention strategies. The objective of this study is to improve compliance with documentation and monitoring PIVC guidelines in the medical ward of a secondary care center.

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Methods: This study is a prospective run-in audit of adherence to PIVC documentation and monitoring guidelines between the dates of August 30-November 14, 2014, with data recollection from December 25, 2014-January 30, 2015, after intervention implementation. Three interventions were implemented. The Plastic in Patient (PIP) strip is a dedicated column on the journey board, identifying inpatients with PIVCs, prompting assessment of indication at daily multidisciplinary meetings. PIP row is a prompt in the medical admission proforma to

review PIVC indication. PIP poster is a visual cue on PIVC trolleys highlighting PIVC management practices.

Results: Baseline demographics were similar in the pre- and postintervention groups. Documentation significantly improved in the postintervention group (36.4 vs 50%, $P = .025$). Early identification of nonindicated PIVCs improved in the postintervention group (88.8% vs 97.1%, $P = .018$) and a trend toward a reduced PIVC-related early phlebitis rate (3.7% vs 0, $P = .08$).

Conclusions: Simple, cost-effective interventions result in improvements in adherence to practice guidelines. Our results suggest a trend toward reduction in phlebitis rates.

Reference:

Yagnik, L., Graves, A. and Thong, K. (2016) Plastic in patient study: Prospective audit of adherence to peripheral intravenous cannula monitoring and documentation guidelines, with the aim of reducing future rates of intravenous cannula-related complications. American Journal of Infection Control. November 8th. .

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