“Acute phlebitis due to peripheral vein catheter use is frequently observed in clinical practice, and requires surgical therapy in severe cases. In this retrospective study, we aimed to increase awareness, evaluate current treatment options, and develop recommendations to optimize treatment outcomes.” Dunda et al (2014).

Reference:


Management of acute cannula-related peripheral vein phlebitis http://ctt.ec/9dbhL+ @ivteam #ivteam

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Abstract:

OBJECTIVE: Acute phlebitis due to peripheral vein catheter use is frequently observed in clinical practice, and requires surgical therapy in severe cases. In this retrospective study, we aimed to increase awareness, evaluate current treatment options, and develop recommendations to optimize treatment outcomes.

METHODS: A total of 240 hospitalized patients with a diagnosis of upper extremity phlebitis from 2006 to 2011 were evaluated in terms of initial clinical features, parameters, co-morbidities and treatment regimes. Severity of phlebitis was graded according to the Baxter scale by assessing clinical symptoms such as pain, erythema, induration, swelling, or palpable venous cord (grade 0-5). Patients were divided in two subgroups: conservative (n = 132) and operative (n = 108) treatment.

RESULTS: Surgical intervention rates and severity were higher for cannula insertion in the cubital fossa region than for cannula insertion in the forearm and hand region (p < 0.05). Baxter scale grades were higher in the surgical treatment group than in the conservative treatment group (4.47 vs. 2.67, respectively).

CONCLUSIONS: The cubital fossa region is vulnerable to severe phlebitis and is not
recommended as the first site of choice for cannulation. Phlebitis of Baxter scale grade 4 or 5 should be considered for early surgical intervention.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).