



This quality improvement project aims to proactively remove PIVCs as soon as possible by empowering nurses and providers to clinically evaluate the necessity of every PIVC on a daily basis on a general hospital medical unit” Loudermilk et al (2018).

Abstract:

Peripheral intravenous catheters (PIVCs) are common devices used across many healthcare settings. This quality improvement project aims to proactively remove PIVCs as soon as possible by empowering nurses and providers to clinically evaluate the necessity of every PIVC on a daily basis on a general hospital medical unit. Specific criteria were established to assess PIVC necessity. Cases of PIVCs not meeting established criteria are escalated to providers for a decision point. The PIVC removal times documented within the electronic medical record were analyzed to compare precriteria PIVC dwell times to postcriteria dwell times. The time between removal of a patient’s last PIVC and patient discharge was analyzed to determine if more PIVCs are being removed sooner after becoming clinically unnecessary. Significantly fewer PIVCs (decrease of 14.4%) are being removed on the day of discharge in the postintervention time frame, whereas more PIVCs are being removed one (increase of 5.5%) or two (increase of 4.0%) days before the day of discharge. A strategic project to critically evaluate PIVCs on a daily basis and remove PIVCs not meeting criteria for use was successful in proactively removing PIVCs. Hospitals should evaluate PIVC practice, monitor daily usage, and strategically intervene to remove unneeded PIVCs.

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Reference:

Loudermilk, R.A., Steffen, L.E. and McGarvey, J.S. (2018) Strategically Applying New Criteria for Use Improves Management of Peripheral Intravenous Catheters. *Journal for Healthcare Quality*. 40(5), p.274-282.

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