Abstract:

INTRODUCTION: From 30 to 80% of hospitalized patients is inserted a peripheral venous catheter (PVC). The PVC may be associated to several infective and non infective complications.

AIMS: To assess whether a long-length vs standard-length PVC reduces the incidence of CRCs; to assess the patients’ preferences and costs.

METHODS: Randomized clinical trial on 211 patients (339 cannulas) admitted to an emergency medical and surgical wards. Patients were included if >18 years and prescribed a PVC. After the randomization the PVC were inspected daily, until removal.

RESULTS: 186 complications occurred with the standard CVPs vs 16 with the midline, per 1000 catheter days; 47 phlebitis were observed in patients with standard PVCs vs none in those with midline; also infiltrations (66 vs 2 per 1000 catheter days), asymptomatic
thromboses (34 vs 7 per 1000 catheter days), occlusions and accidental removals were greatly reduced. The higher cost of midline is counterbalanced by the complications prevented. In addition midline patients referred less limitations (96% vs 50.7%) and an higher satisfaction (91.9% vs 53.7%).

CONCLUSIONS: The midline catheters radically reduce PVC associated complications, are preferred by patients and the higher costs should be weighted against the complications avoided.

Reference:


Thank you to our partners for supporting IVTEAM