



Peripheral intravenous catheters (PIVCs) are among the most important and prevalent medical devices in the hospital. However, they have received limited attention in the context of patient safety and health care quality” Rickard and Marsh (2017).

Abstract:

Peripheral intravenous catheters (PIVCs) are among the most important and prevalent medical devices in the hospital. However, they have received limited attention in the context of patient safety and health care quality. The attention garnered by central venous catheters (CVCs) is tremendous, despite the fact that only 3 million CVCs are placed in the United States each year compared with 350 million PIVCs.

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Why have we paid so little attention to these devices? There are 3 main reasons. First, PIVCs are often assumed to be required for all hospitalized patients and to confer no appreciable risk. However, neither assumption is true. The decision to order a PIVC is often made without critical assessment of appropriate alternatives. Thus, as many as half of all PIVCs are never used or remain in place for many days after treatment is complete, conferring risk for infection and discomfort. In addition, PIVCs are often inserted when a different device would

have been more appropriate. For example, patients who need long-term, complex, irritant, or vesicant therapy should receive a CVC or midline early, not after having multiple failed PIVCs.

Reference:

Rickard, C.M. and Marsh, N.M. (2017) Annals for Hospitalists Inpatient Notes - The Other Catheter—the Mighty Peripheral IV. *Annals of Internal Medicine*. 167(10), p.HO2-HO3.

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