

“PICC placement and invasion of the nondominant arm are both frequent in patients with abnormal kidney function, in spite of guidelines discouraging their use” McGill et al (2015).

Reference:

McGill, R.L., Tsukahara, T., Bhardwaj, R., Kapetanos, A.T. and Marcus, R.J. (2015) Inpatient venous access practices: PICC culture and the kidney patient. The Journal of Vascular Access. January 27th. .

PICC line placement and the kidney patient reviewed [@ivteam](http://ctt.ec/WeFhd+) #ivteam

Click To Tweet

Abstract:

Purpose: Depleted venous access is frequently cited as a reason for low fistula achievement. These quality assurance studies were designed to clarify the interactions between kidney disease, acuity of care and vascular access practices, and define the impact of nephrology intervention.

Methods: The inpatient population at an urban teaching hospital was surveyed three times between May 2010 and May 2012. Data were collected on limb protection and vascular access practices, as well as level of kidney function and level of care.

Results: Peripherally inserted central catheter (PICC) insertion consistently exceeded 30% in patients with chronic kidney disease; reasons for insertion were often poorly defined. More than 50% of patients had devices in the nondominant arm; use of limb protection bracelets was rare. An educational intervention designed to increase nephrologist awareness increased limb protection slightly, but did not affect the distribution of vascular access devices.

Conclusions: PICC placement and invasion of the nondominant arm are both frequent in patients with abnormal kidney function, in spite of guidelines discouraging their use. The rate of PICC is higher than that of patients with normal kidney function. Current vascular access practices have substantial potential to affect future fistula rates. Effective vein protection may require participation of the entire medical community.

Thank you to our partners for supporting IVTEAM

