



A quality improvement project involving key stakeholder engagement, the roll out of a sticker to readily identify ambulance/emergency inserted PIVCs and education of ward staff was introduced to enable identification of this high-risk group” Ruegg et al (2018).

Abstract:

Vascular access devices are common and necessary in healthcare provision but their use poses a significant risk of acquiring an infection. Ambulance/emergency inserted peripheral intravenous catheters (PIVCs) potentially have higher risks of catheter-related bloodstream infection (CRBSI) because of the inability to maintain asepsis during the insertion procedure. Local guidelines (Queensland, Australia) recommend the removal or replacement of PIVCs inserted in these situations within 24 hours. Routine clinical audits performed within the authors’ health service demonstrated a delay in removing ambulance/emergency inserted PIVCs beyond acceptable dwell times. Ambulance/emergency inserted PIVCs were not being recognised as requiring removal by ward staff. A quality improvement project involving key stakeholder engagement, the roll out of a sticker to readily identify ambulance/emergency inserted PIVCs and education of ward staff was introduced to enable identification of this high-risk group. Post-implementation audits demonstrated a significant reduction in numbers of ambulance/emergency PIVCs remaining in situ for longer than 24 hours.

Reference:

Ruegg, L., Faucett, M. and Choong, K. (2018) Emergency inserted peripheral intravenous catheters: a quality improvement project. *British Journal of Nursing*. 27(14), p.S28-S30.

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