To explore the relationship between the anatomical site of peripheral venous catheterization and risk of catheter-related phlebitis” Comparcini et al (2017).

Abstract:

AIM: To explore the relationship between the anatomical site of peripheral venous catheterization and risk of catheter-related phlebitis.

BACKGROUND: Peripheral venous catheterization is frequently associated with phlebitis. Recent guidelines recommend the use of an upper-extremity site for catheter insertion but no univocal consensus exists on the anatomical site with lower risk of phlebitis.

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DESIGN: Systematic review.

METHODS: We searched Medline (PubMed) and CINAHL (EBSCOhost) databases until the end of January 2017. We also reviewed the reference lists of retrieved articles and gray literature was excluded. Searches were limited to articles published in English with no restriction imposed to date of publication. The primary outcome was the incidence of phlebitis
associated with anatomical site of peripheral catheterization. We included randomized controlled trials and observational studies on adult patients who required a peripheral catheter for the administration of medication, intermittent or continuous fluid infusion.

RESULTS: Antecubital fossa veins are associated with lower phlebitis rates, while hands veins are the most risky sites to develop phlebitis. There is no consensus regarding vein in forearm.

CONCLUSION: Choosing the right anatomical site to insert a peripheral venous catheter is important to decrease phlebitis rate. Further studies should compare indwelling time in different anatomical sites with phlebitis rate. A more standardized approach in defining and assessing phlebitis among studies is recommended.

Reference:


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