Sara Wells has written two articles that discuss oncology and haematology patient vascular access needs. The first reviews literature that underpins vascular access device assessment. The second article describes vascular access assessment tools.


Abstract:

Reliable and sustained venous access is imperative for the successful treatment of patients with malignant disease. Its institution is achieved by the proactive assessment of patients’ venous access needs. Assessment tools may facilitate this process. This article presents a review of the literature on the three factors fundamental to assessment of patients’ venous access needs: patient characteristics, treatment characteristics and available devices. This literature review contributed to the development of two venous access assessment tools that can be used by nurses: the adult Venous Assessment Tool (VAT) and the algorithm Deciding on IntraVenous Access (DIVA). They are presented in part two of this article, which will be published next week.


Abstract:

AIM: To assess the validity and inter-rater reliability of two tools, Venous Assessment Tool (VAT) and Deciding on IntraVenous Access (DIVA), using thematic analysis of feedback from nurses who used the tools.

METHOD: Analysis methods used in grounded theory were employed to investigate the written feedback provided by nurses. Inter-rater reliability was tested statistically using percentage agreement and the kappa (K) statistic.

FINDINGS: Thematic analysis of the nurses’ feedback generated themes concerning the role of clinical judgement, how theory translates to practice and the role of patient preference when using VAT and DIVA. Exploring these themes confirmed the validity of the tools and
highlighted the importance of these considerations when evaluating the usefulness of assessment tools in the clinical environment. When VAT was used by a group of nurses to assess patients, the strength of agreement statistically was ‘moderate’. When using DIVA, the tool demonstrated ‘very good’ agreement statistically.

CONCLUSION: When used with oncology and haematology patients, VAT and DIVA have been shown to generate agreement among the nurses who used them beyond that which would be expected by chance. As the only tools of this kind with evidence of inter-rater reliability, they provide clinicians with a useful resource which can be used in practice or research. However, the use of assessment tools cannot replace clinical judgement or override the preferences of patients. Sara Wells has written two articles that discuss oncology and haematology patient vascular access needs. The first reviews literature that underpins vascular access device assessment. The second article describes vascular access assessment tools.


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