To Filter or Not to Filter?

Rachel Moser RN  
Lehigh Valley Health Network, Rachel_N.Moser@lvhn.org

Julia Becker BSN,RN

Follow this and additional works at: https://scholarlyworks.lvhn.org/patient-care-services-nursing

Part of the Nursing Commons

Let us know how access to this document benefits you

Published In/Presented At
Moser, R. (2014, December, 3). To Filter or Not to Filter? Poster session presented at the Health Care / Nursing Research Conference: Overcoming Barriers to Nursing Research, Cooper University, Camden, NJ.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.
An increased risk of phlebitis is related to the infusion of certain caustic medications. Studies have repeatedly shown high incidences of phlebitis in patients receiving amiodarone peripherally. According to recent evidence, in-line filters have proven to be a necessary component when administering amiodarone. This information prompted nurse residents to conduct a retrospective chart review of patients receiving amiodarone therapy. Twenty-seven phlebitis incidents directly related to IV amiodarone infusions without a filter occurred over a three year period on three cardiac units. This presentation details efforts taken to lead a change in practice to improve patient outcomes.

**Goal**
- Decrease intravenous (IV) phlebitis in patients receiving IV amiodarone.

**Process**
- Educate registered nurses (RNs) on benefits of in-line filter use
- Provide in-line filters for use
- Collect data on filter use and phlebitis incidences
- Analyze data

**Outcomes**
Two incidents of phlebitis occurred in 32 patients receiving IV amiodarone with an in-line filter during the six month trial period on two cardiac units.

(Note: Both phlebitis incidents occurred in patients with pre-hospital IVs).

**Lessons Learned**
- Individualized education creates buy-in and significantly improves compliance.
- Nurses are receptive to change when results improve patient outcomes.
- A $1.80 filter has the potential to save patients from discomfort and decrease length of stay and treatment costs.

**References:**