

To Keep or Not To Keep ... ? A Look at Peripheral IVs in the Medical-Surgical Setting

Jaime McCabe BSN, RN

Lehigh Valley Health Network, jaime.mccabe@lvhn.org

Jessica A. Duval BSN, RN

Lehigh Valley Health Network, jessica_a.duval@lvhn.org

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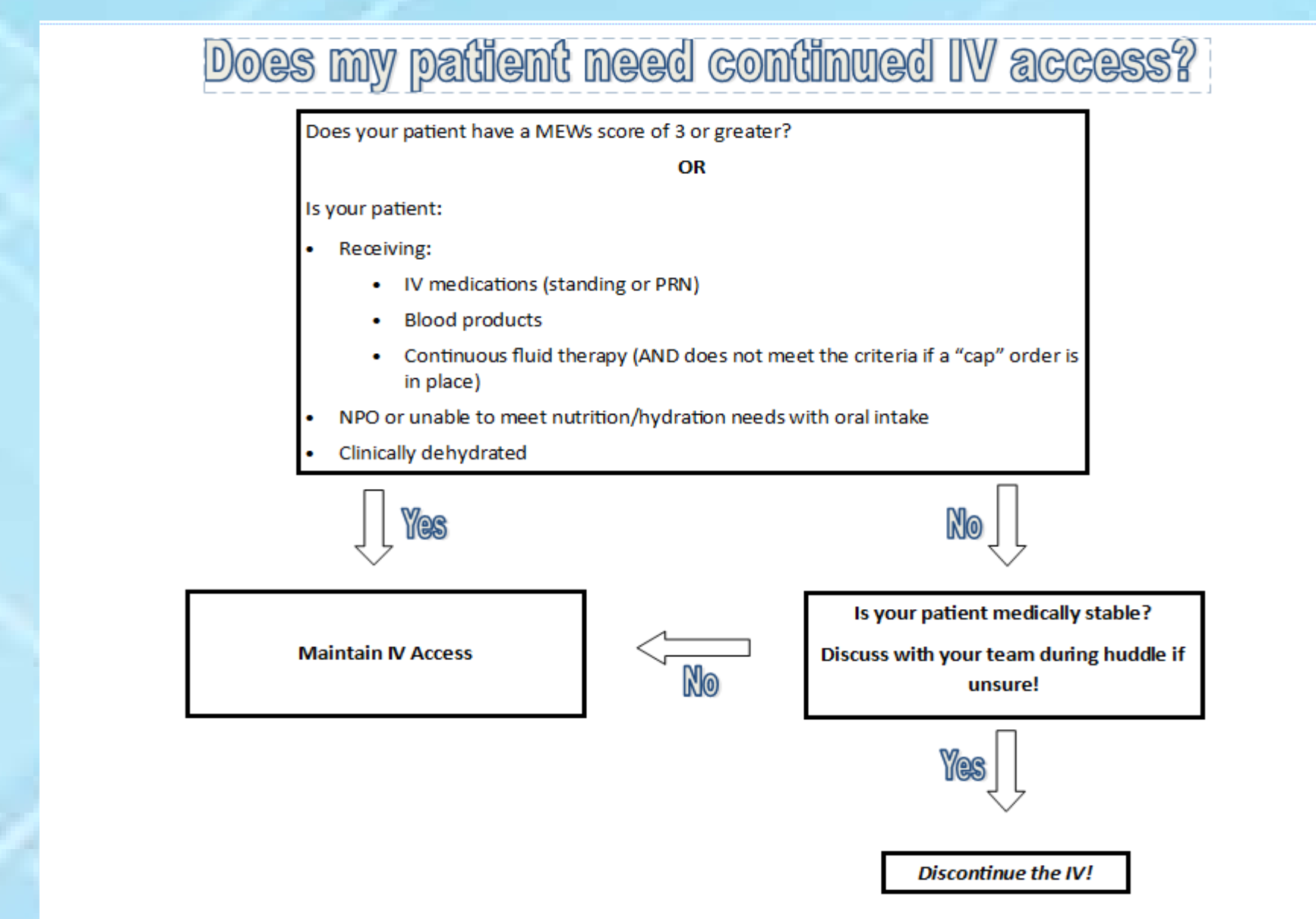
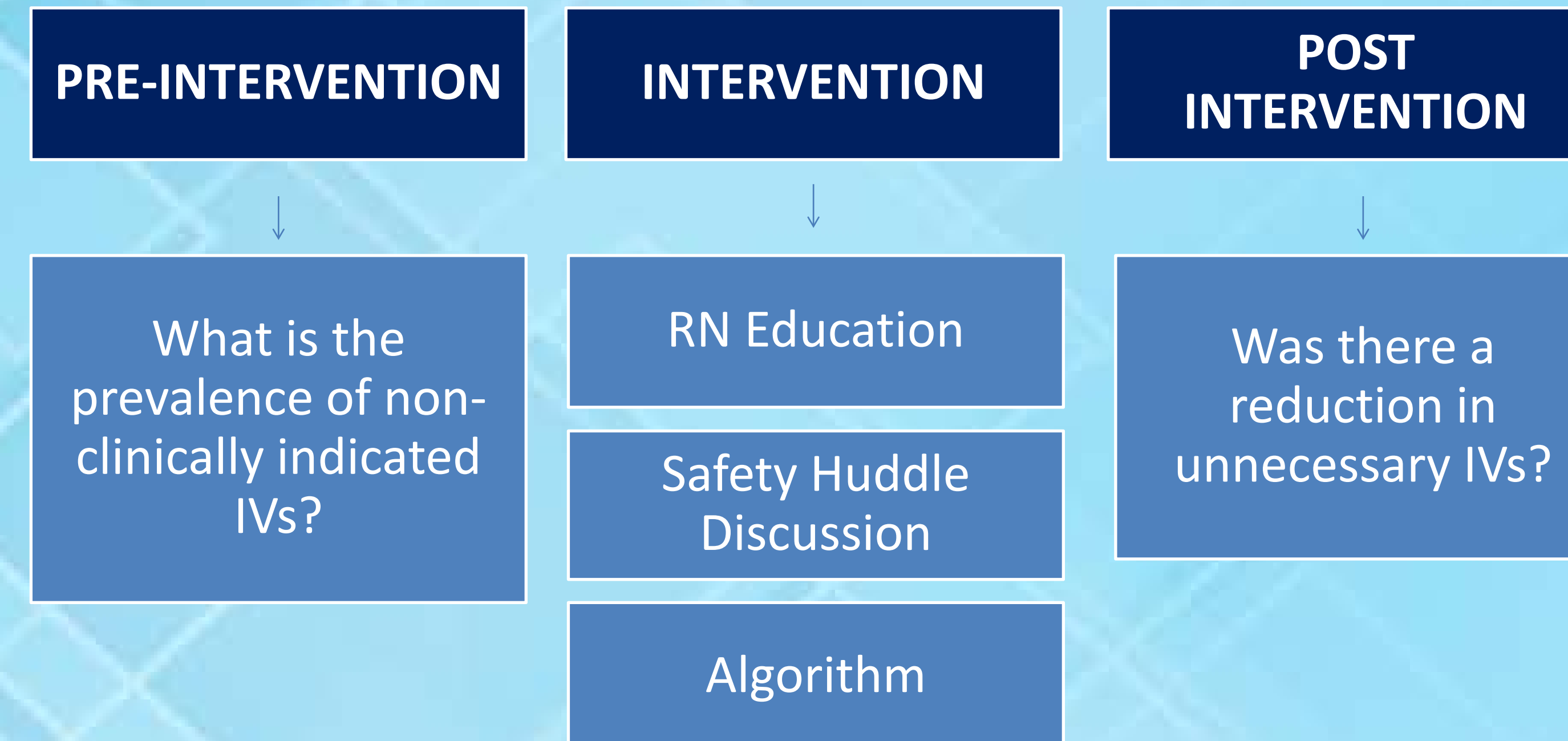
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Jaime McCabe, BSN, RN and Jessica Duval, BSN, RN
Lehigh Valley Health Network, Allentown, Pennsylvania

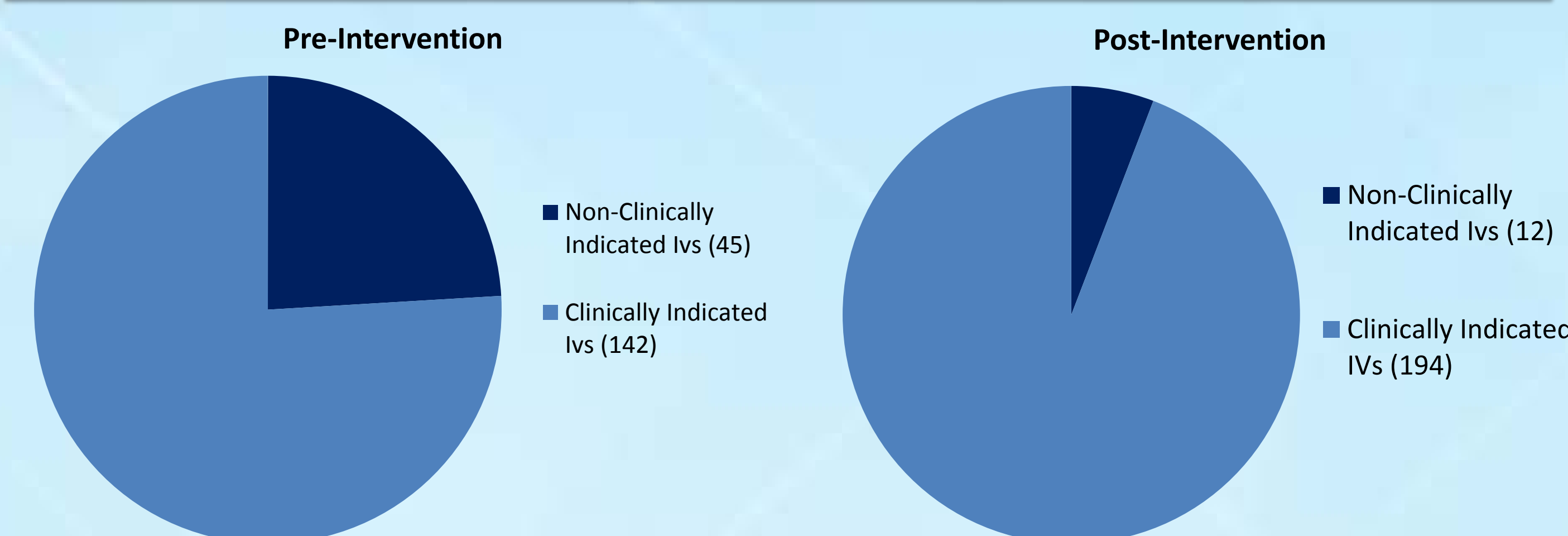
- Peripheral IV placement is the **most common invasive procedure** in healthcare.
- Frequently, peripheral IVs are maintained even when there is not a clinical indication.
- There is an opportunity to improve collaboration with the RN and provider to address peripheral IV site maintenance.
- LVHN Policy and Procedure, *IV Therapy*, states the criteria to discontinue peripheral IVs as:
 - When "therapeutic or diagnostic indications... no longer exist" or when "not essential"

EVIDENCE

- Longer dwell time = increased risk of complications (e.g. infection, thrombus)
- Replacing an unneeded IV = wasted money, wasted time, and patient discomfort
- Fewer unnecessary IVs = decreased IV attempts, decreased complications, and decreased costs

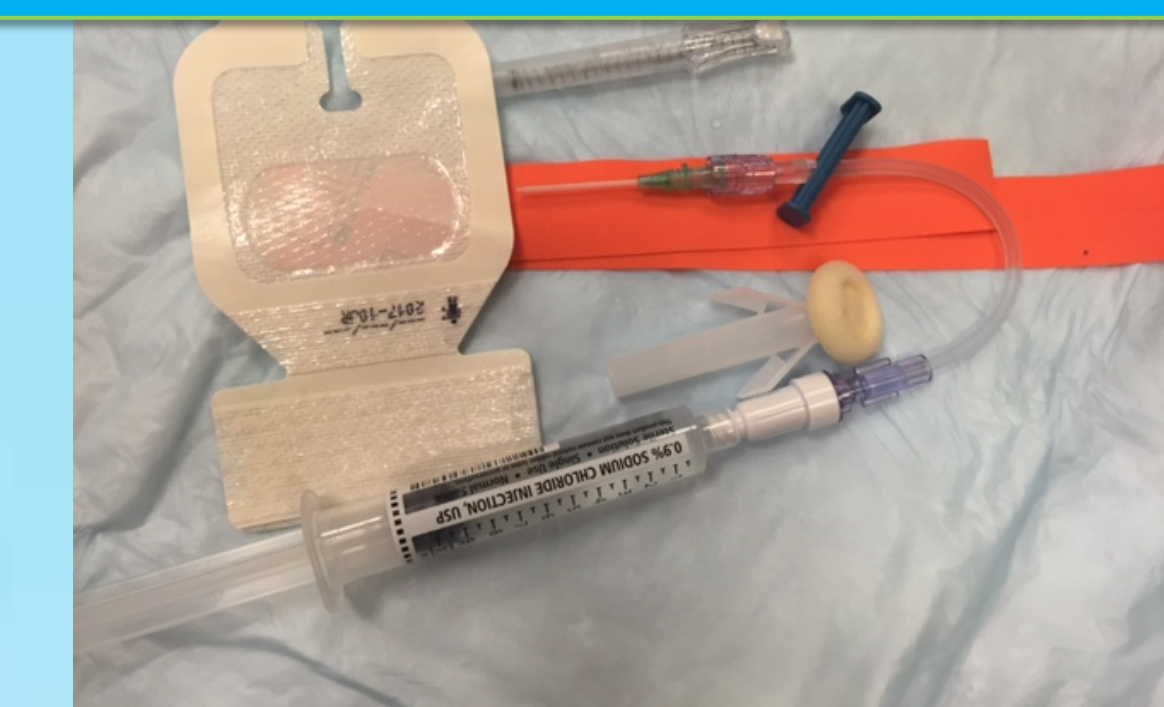


OUTCOMES



Potential Cost Savings (8 day trial period)
 Estimated Cost of IV Placement: \$12.01 Possible "saved" IV placements: 33
\$12.01 x 33= \$396.33

- Tailor education to address RN concerns:
 - "you never know what could happen..."
 - "in case at the last second they crash..."
 - "but the IV is still good..."
 - "emergency..."
 - "well sometimes it's what the doctor wants..."
- Revise algorithm based on feedback received from RNs during trial
- Collaborate with patient's provider during rounds regarding necessity of peripheral IV



REFERENCES

Aparecida da Silva, G., Priebe, S., & Dias, F. (2010). Benefits of establishing an intravenous team and the standardization of peripheral intravenous catheters. *Journal of Infusion Nursing, 33* (3), 156-160.

Ho, K., Cheung, D. (2012). Guidelines on timing in replacing peripheral intravenous catheters. *Journal of Clinical Nursing, 21* (11-12), 1499-1506.

Hadaway, L. (2012). Short peripheral intravenous catheters and infections. *Journal of Infusion Nursing, 35* (4), 230-240.

Rickard, C., Webster, J., Wallis, M., Marsh, N., McGrail, M., French, V., Foster, L.,...Whitby, M. (2012). Routine versus clinically indicated replacement of peripheral intravenous catheters: a randomised controlled equivalence trial. *The Lancet, 380* (9847), 1066-1074.

Webster, J., Osborne, S., Rickard, C., & New, K. (2013). Clinically-indicated replacement versus routine replacement of peripheral venous catheters. *Cochrane Database of Systematic Reviews*. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007798.pub3/full>

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