

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

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A Look at Peripheral IVs in the Medical-Surgical Setting

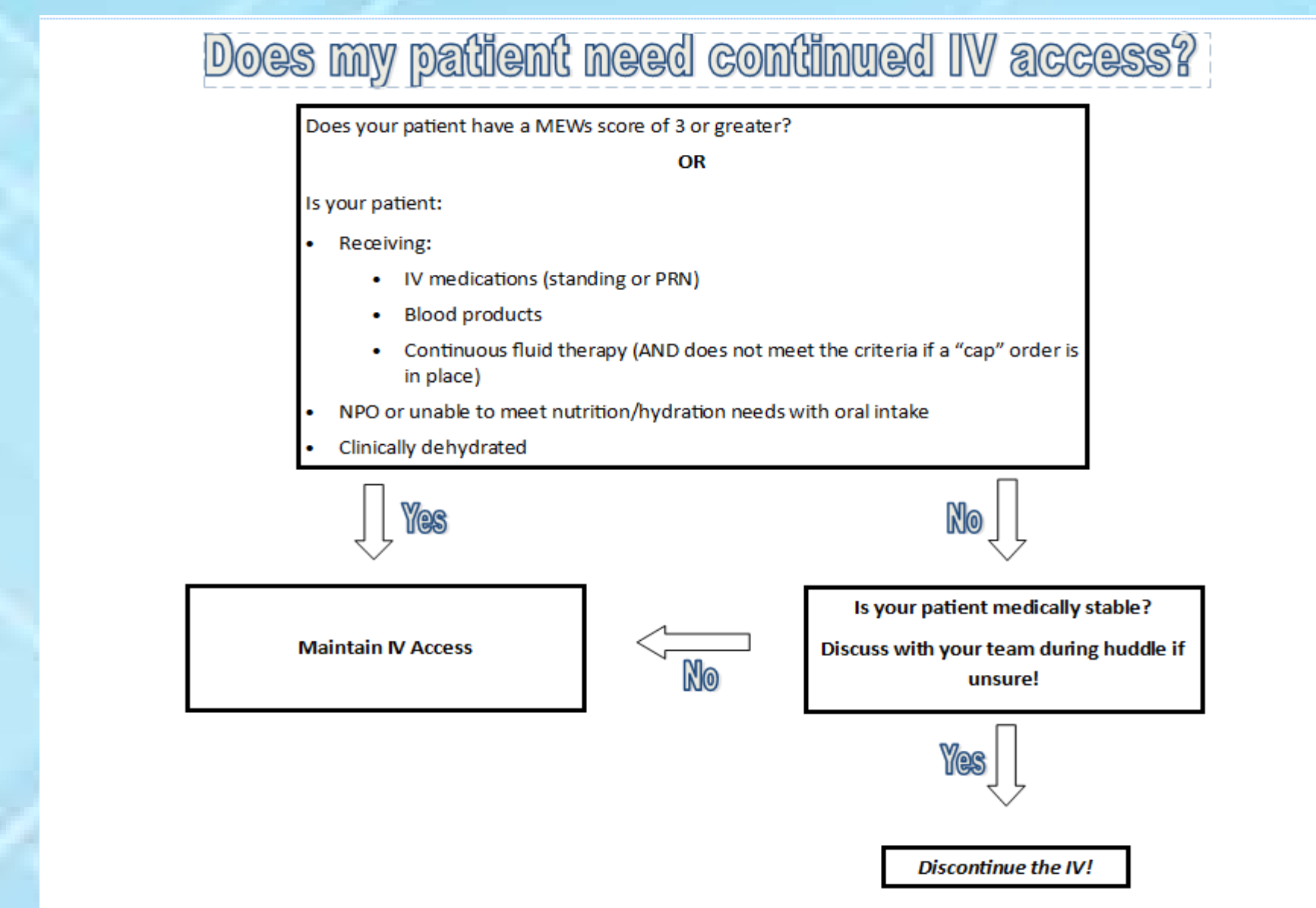
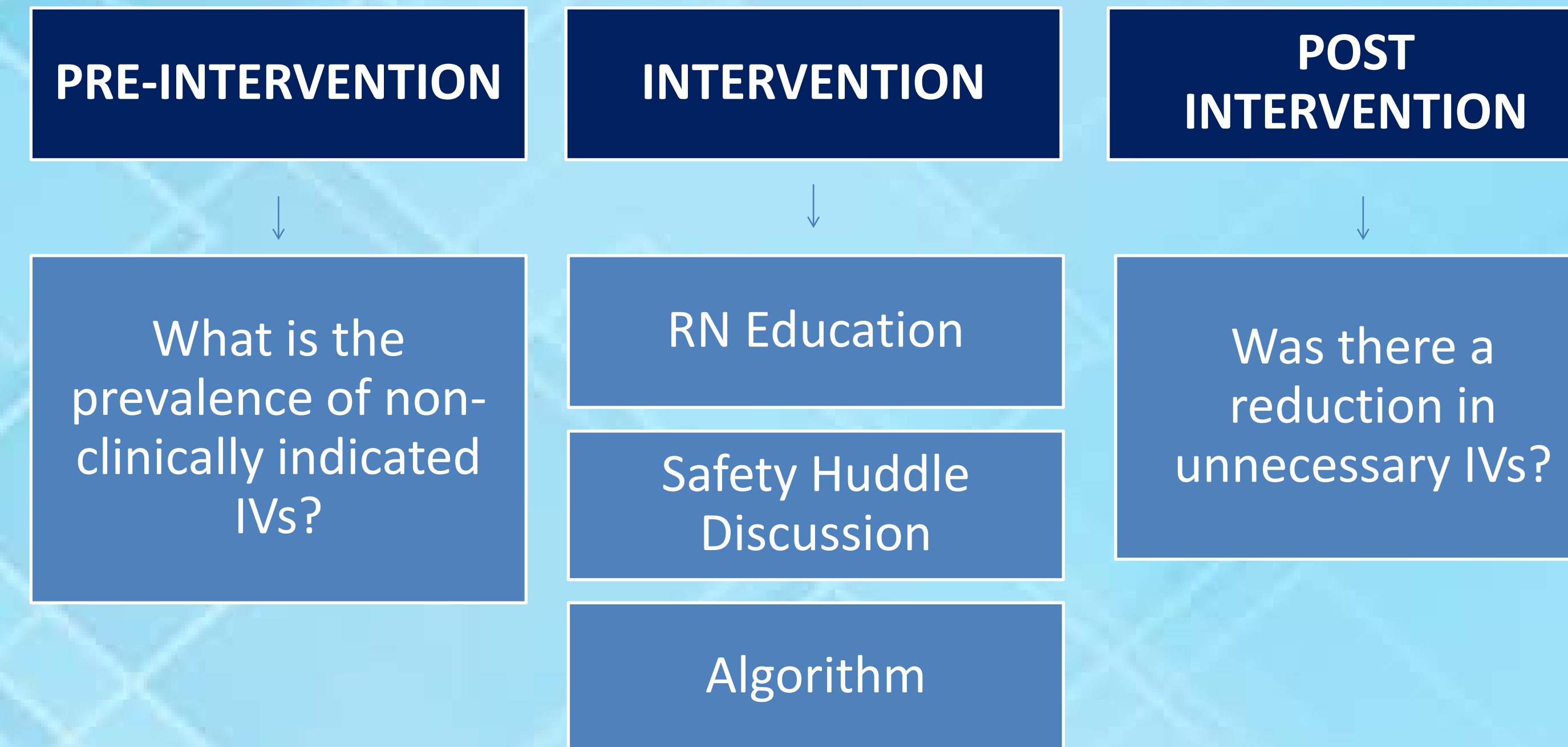
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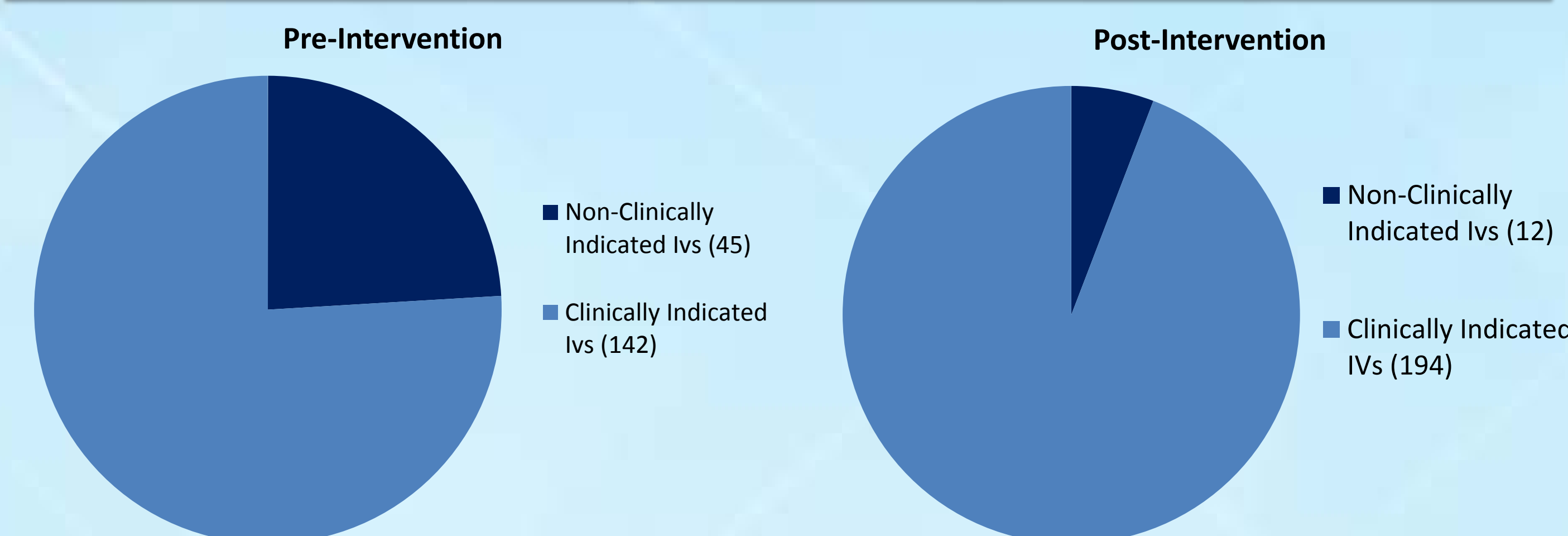
- Peripheral IV placement is the **most common invasive procedure** in healthcare.
- Frequently, peripheral IVs are maintained even when there is not a clinical indication.
- There is an opportunity to improve collaboration with the RN and provider to address peripheral IV site maintenance.
- LVHN Policy 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



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