To Keep or Not To Keep…? 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

- 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


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

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