

Education will Improve Documentation of Intravenous Lines for Registered Nurses

Alexander J. Altomare BSN, RN

Lehigh Valley Health Network, Alexander.Altomare@lvhn.org

Summer Meister BSN, RN

Lehigh Valley Health Network, Summer.Meister@lvhn.org

Jessica A. Randolph BSN, RN

Lehigh Valley Health Network, Jessica.Randolph@lvhn.org

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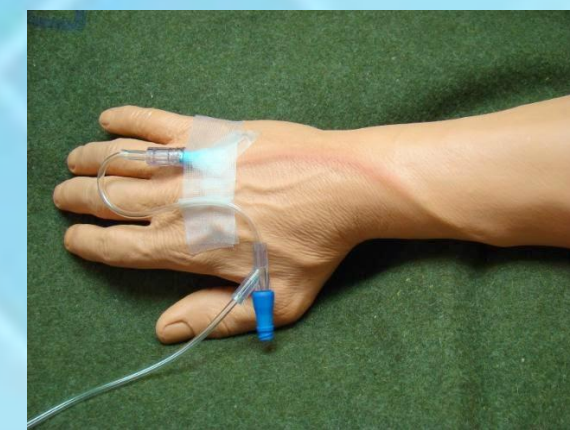
Education will Improve Documentation of Intravenous Lines for Registered Nurses

Alex Altomare BSN,RN Summer Meister BSN, RN Jessica Randolph BSN, RN

Lehigh Valley Health Network, Allentown, Pennsylvania

BACKGROUND

- During orientation the nurse residents noted inconsistency in the current practice of documentation of peripheral intravenous lines.
- The unit management reported a low number of patient safety reports (10) of intravenous infiltrates despite finding them or following staff that experienced an infiltrate.
- During discussion of infiltration staging, the staff displayed a knowledge deficit with the topic of staging IV infiltrates.
- Peripheral intravenous catheter infiltrates have cost organizations 500 dollars per infiltrate resulting in an estimated loss of 100,000 dollars and malpractice cases (Major&Huey, 2016).



PICO

- Does IV catheter assessment, care, and documentation education increase compliance with documentation and prevent missed IV care in medical-surgical nurses?
- P- Medical Surgical Nurses
- I- IV catheter assessment, care, and documentation education
- C- no education
- O- increase compliance with documentation and prevent missed IV care in medical surgical nurses?



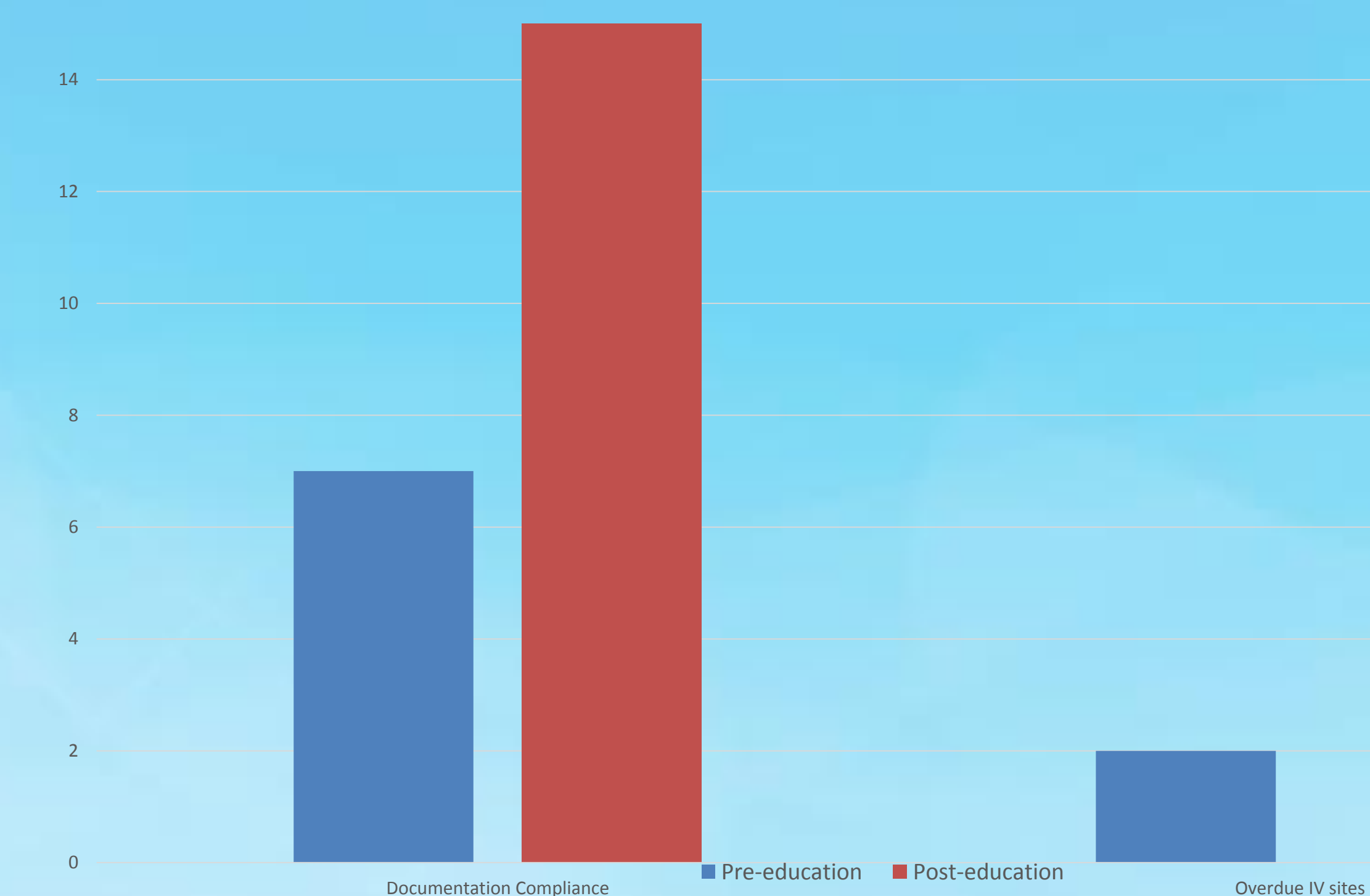
METHODS

- Pre-survey administered to 20 registered nurses on the units to assess the knowledge of our policy regarding peripheral intravenous site care and documentation.
- Documentation of IV assessment and care provided was collected via 21 chart reviews.
- Patient safety reports between January 2018-August 2018 totaling 10 were received.
- Electronic education module was created and assigned to 50 registered nurses on 4KS, 6KS, and 7KS including care of the intravenous site care, assessment and documentation and completed by 27 registered nurses.
- Post-survey administered to the registered nurses on the units to assess the knowledge of our policy regarding peripheral intravenous site care and documentation.
- Documentation of IV assessment and care provided was collected via 21 chart reviews.
- Zero Patient safety reports between December 2018-January 2019 were received.

EVIDENCE

Infiltration and phlebitis are common complications associated with peripherally inserted vascular therapy (Woody&Davis, 2013). Reduction of intravenous events can be completed by choosing the right veins, equipment for the prescribed therapy, and monitoring the IV site closely (Rosenthal, 2007). Additionally, Woody and Davis (2013), feel that providing repeated education annually to the staff on assessment, IV site care, documentation, and signs/symptoms of phlebitis will change current practice and increase knowledge of the nurses.

OUTCOMES



- Pre-Education Data
 - 20 surveys completed with an average score of 65%
 - 7/21 were documented Q8H (33%)
 - 2 IV was overdue to be changed
 - 10 Total Infiltrate/Extravasation Patient Safety Reports between January 2018 – August 2018
- Post-Education Data:
 - 20 surveys completed with an average score of 92%
 - 15/21 Were documented on Q8H
 - 0 IV was overdue to be changed
 - Zero Total Infiltrate/Extravasation Patient Safety Reports between January 2018 – December 2018

CONCLUSIONS

- In conclusion our intervention was effective and resulted in less infiltrates and increased compliance of documentation of IV care.
- Next steps:
 - Consider including IV documentation in required documentation every 8 hours
 - Add care plan advisory for Lehigh Valley Health Network greater than 2 for phlebitis and infiltration symptoms

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