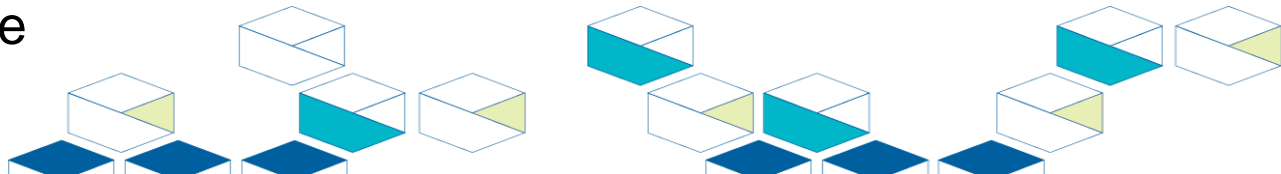
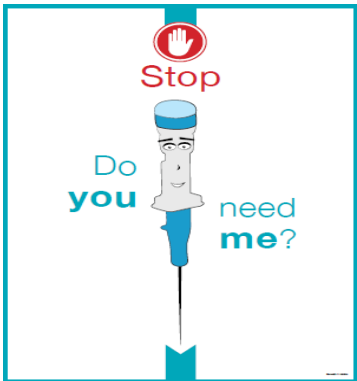


Taking the *Ouch* from invasive devices

- Taking the Ouch from Invasive Devices – Is simply removing the risk, discomfort and pain.
- 2016 Healthcare Associated *Staphylococcus aureus* blood stream infections were *higher* than peer comparisons
- *2.0 per 10,000 beds days –mainly Invasive Devices* 70% of in-patients receive an invasive device.
- Investigations demonstrated inconsistencies in policy and practice





- Evidence based practice
- Policy and Insertion checklist
- Standardised products
- Promotional graphs/visual posters
- Action logs
 - Quick wins
 - Risk approach
- Timelines
 - Responsibility
- Executive & Experts Support
- Strategic Plan
- Clinical Incident Reviews –
 - SAC1



Fiona Stanley Hospital

P2-4: Healthcare-associated Staphylococcus Aureus Bloodstream Infection (HA-SABSI) per 10,000 OBD

Report Frequency: Quarterly

Target: ≤ 1.0 per 10,000 OBD

[illegible]

Pre-insertion and insertion considerations flow chart

1. P.I.V.C clinical indication tool

P Procedure

- I** IntraVenous Fluids suitable for peripheral veins that cannot be substituted with oral intake
- V** IntraVenous medicines suitable for peripheral veins that cannot switch to oral
- C** Clinically unstable patient who may deteriorate

If yes to any:
Stop and consider the
3 dot points below

- Is this a renal patient? If yes, PIVCs are only to be inserted below the wrists
- Does the patient have an implantable port? If yes, contact the clinical area associated with the patient's on going care
- Has the patient had lymph node clearance? If yes, avoid the affected limb

Step 1 PIVC

2. Does the patient require any of the following medications?

Consider need for central access	Will require central access
Flucloxacillin, Vancomycin, Ganciclovir, GTN, Phenytoin, Cytotoxic medications	TPN, Amiodarone, Inotropes, Potassium >40mmol/L, Glucose >15%, Sodium Bicarbonate 4.2% or 8.4%
If No. Proceed with PIVC pathway and perform vascular access history	If Yes. Proceed to identifying the length of therapy required and organise central access

Length of therapy:

> 6 days to <1 year	>1 year
Consider need for PICC or CVC	Consider need for an implanted infusaport or tunnelled line
Refer to appropriate service to arrange	
Consider: <ul style="list-style-type: none"> Select the minimum lumens required Need for blood draws Patient preference, ability to cope/ care for device Will the patient be discharged on IV therapy 	

Step 2 Duration

3. Check the patient's medical record/ Webpas and talk to the patient to assess their Vascular Access History:

- Has the patient stated others have found it difficult to find a vein?
- Is there any physical evidence of failed PIVC attempts?
- Do they have a history of premature PIVC failure resulting in PIVC replacement within 72 hours?
- Do they have a history of PIVC associated complications?

If yes to any, consider **ESCALATING early and discuss with senior member of the medical team to identify the most appropriate vascular access device and clinical technician.**

If the patient is likely to require IV access for greater than 5-7 days, arrange early referral to the PICC service.

Step 3 History

4. Perform Peripheral Vein Assessment

Vein Quality	Definition	Insertion Management	ESCALATE
Excellent	4-5 palpable/ visible veins suitable to cannulate	PIVC may be inserted by trained HCW	2 failed attempts, then escalate to more experienced clinician
Good	2-3 palpable/ visible veins suitable to cannulate		2 failed attempts, then escalate to more experienced clinician, seek guidance if not confident to proceed
Fair	1-2 palpable/ visible veins suitable to cannulate	May require ultrasound guidance	Seek experienced clinician if not confident OR 1 attempt then escalate to more experienced clinician to insert with ultrasound guidance
Poor	No visible or palpable veins Veins are located on ultrasound	PIVC must be inserted using ultrasound guidance	Do not proceed. Seek out guidance and assistance from the most experienced clinician within the team FSH, refer to PICC team for device selection consultation during business hours and the Duty Anaesthetist (DA) after hours
None identifiable	No visible or palpable veins or identifiable on ultrasound	Peripheral cannulation should not be performed	FSH, refer to DA

Step 4 Vein type

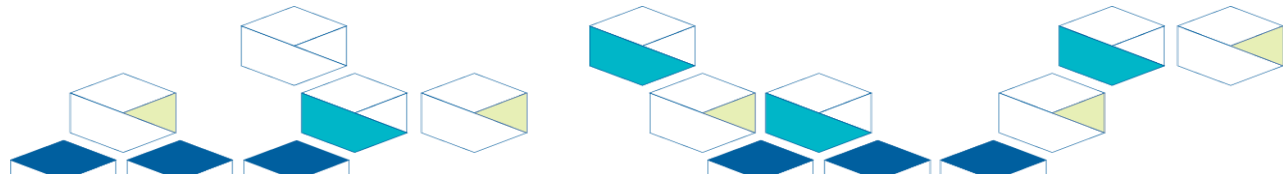
Carr P, et al 2019

Any questions ?

Integrity is choosing courage over comfort;

*Its choosing what's right over what's fun, fast or easy;
and it's practicing your values, not just professing them*

Brene Brown –dare to lead 2018



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Website for further publications -AVATAR Group

- <https://www.avatargroup.org.au/our-publications.html>

