Improving Patient Care and Satisfaction with the IV Start Experience: Offering Local Anesthetic Prior to IV Cannulation

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Problem: IV starts are a source of pain and anxiety for patients. Provision of anesthetic prior to IV starts is standard practice in many hospitals; in our facility, only patients who request anesthetic prior to IV cannulation receive it. A Six Sigma Charter was established to implement an evidence-based policy change to improve patient experience with IV starts.

Evidence: Extensive search of literature revealed local anesthetics prior to IV starts do reduce discomfort. Patients who have experienced anesthetics are likely to want them with future IV starts (Windle et al., 2006). Even when the policy is to provide anesthetic prior to IV starts, many nurses do not (Brown, 2002; Zempsky, 2008). Inclusion of an opportunity to try the procedure on self and others improves willingness to adopt the procedure (Windle et al.). Bacteriostatic Normal Saline (BNS), buffered lidocaine and EMLA emerge as the most reasonable options for our facility.

Strategy: We conducted a survey of nurses to appraise nurse attitudes regarding anesthetic use prior to IV starts. An algorithm was developed to clarify anesthetic options. According to literature and survey results, education was developed to encourage nurse adoption of the practice change. Trials of the revised policy were conducted on three units prior to the “go live” date.

Practice Change: Revised policy: Nurses will offer anesthetic when appropriate to all patients prior to IV starts.

Evaluation: Eighty percent of patients will be offered local anesthetic prior to IV starts. Periodically assess patient satisfaction regarding the IV start experience.

Results: Policy implemented December 15, 2010. Evaluation data will be available Fall 2011.

Recommendations: In hospital-wide EBP training sessions, use the Windle et al. article to expose more nurses to evidence supporting this practice change. Construct opportunities for nurses to experience and practice the procedure personally.

Lessons learned: Six Sigma Charter is an effective way to facilitate evidence-based practice. Pharmaceutical nurse liaison was key to this process.

References
