Evidence Based Recommendations for Managing PIVs and Infusions
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Problem:
These writers noticed that patients receiving Vancomycin infusions were at greater risk for phlebitis and infiltration compared to infusions of other medications. There were no guidelines on the management of infusions for peripheral sites or nursing education for safe management of venous access devices. The purpose of this project was to analyze current standards of care for Peripheral Intravenous Catheters (PIVs), particularly, Vancomycin infusions. Gaps in practice were identified to improve patient outcomes in patients at the Veterans Affairs Palo Alto Health Care System (VAPAHC).

Evidence:
The topics searched and reviewed included: site, insertion technique, securement, complications of Vancomycin, recognition of phlebitis/infiltration/extravasation, and proper documentation. The literature revealed there are more prudent and optimal practices with regard to the management of PIVs, Vancomycin infusions and documentation.

Strategy:
Examination of current documentation revealed inconsistencies for tracking PIVs and complications; data gathering required bedside flow-sheet and computerized chart audits. Audits are performed to monitor occurrence of complications. An improvement strategy is to replace a sub-optimal product packaged in PIV start kits. A new strategy is to create instructional materials for PIV standards of practice.

Practice Change:
Evaluation of RN knowledge regarding PIVs and complications will be conducted prior to education. Educate staff by providing in-service materials and establishing unit champions; re-evaluate RN knowledge after implementation. To standardize documentation, writers collaborated with the vascular access device committee to develop a required nursing note to be in computerized records.

Evaluation:
Complication rates before and after practice changes
Nursing knowledge as measured by scores and online quiz attempts
Documentation consistency

Results:
Practice change implementations are in progress.

Recommendations:
Continue evaluation of education, utilization of PIV start kit and required documentation; disseminate best practices. Compare patients receiving and not receiving Vancomycin; identify additional risk factors for infiltration.
Lessons Learned:
The RN is ultimately responsible for best possible patient outcomes through PIV management and implementing evidence-based practice recommendations at bedside.

Bibliography:


“Saline Lock” (2008). Nursing Service Policy No. 118-08-108, Veterans Affairs Palo Alto Health Care System. Retrieved from \vhapalfsc4\nurseweb\Policies\General Nursing\SalineLock.doc


