

PIV CARE

What you do (or don't do) matters to patients

BY MARIE COOKE RN, PHD, SCHOOL OF NURSING AND MIDWIFERY, GRIFFITH UNIVERSITY; THE ALLIANCE FOR VASCULAR ACCESS TEACHING AND RESEARCH GROUP, MENZIES HEALTH INSTITUTE OF QUEENSLAND.

Based on Cooke M, Ullman AJ, Ray-Barruel G, Wallis M, Corley A, Rickard CM (2018) *Not "just" an intravenous line: Consumer perspectives on peripheral intravenous cannulation (PIVC). An international cross-sectional survey of 25 countries.* PLoS ONE 13(2): e0193436. <https://doi.org/10.1371/journal.pone.0193436>

NURSES and midwives care for peripheral intravenous catheters (PIVs) daily in most health-care settings.

Rates of PIV failure before the end of treatment are high (Rickard et al. 2012) and this disrupts treatment and is distressing for patients.

Patient participation and engagement is a core aspect of maintaining safe, quality health service standards.

Understanding patients' perspectives of the PIV insertion and care experience is a key to developing strategies to engage them in the care of their PIVC.

This international, web-based, cross-sectional survey was undertaken to establish patients' PIV experiences.

The online survey consisted of nine likert-type and one open-ended questions.

There were 712 respondents: 570 adult and 142 paediatric (completed by adult carers of children [ACC]) from 25 countries.

- Significantly more ACC (82%) described insertion as moderately painful or greater than Adults (52.4%) $p < 0.001$ and reported more difficulty with insertion than adults (ACC 68% vs adults 51%, $p < 0.001$).
- There were significantly higher rates of first insertion attempt failures with ACC (64.0%) than adults (39.8%) $p < 0.001$ with 23.0% of children requiring \geq four attempts compared with 9.0% of adults ($p < 0.001$)
- Only a little over half of the adults (66.6%) & ACC (56.2%) reported no cause for concern with PIV but ACCs reported more complications with

their child's most recent PIV (33.8%) compared to adults (25.7%) $p = 0.059$

A good proportion (44%, $n = 313$) of the respondents included a comment about their PIV experiences.

The three themes that emerged from the responses were:

- Significance of safe and consistent PIV care – these comments related to concerns around the location of the PIV (eg. flexion sites), importance of infection control practices (eg. hand hygiene, aseptic non-touch technique, decontamination of connectors), inconsistency in PIV care (eg. medication administration), and removal (eg not removed when not needed).
- Importance of staff training and competence – responses highlighted importance of having standards for PIV inserters so patients feel safe, using technology guided insertions to improve insertion success and ensuring that staff that insert are expert to reduce number of attempts.
- Value of communication – participants identified the importance of assessing the patient's previous experience with PIVs, however also commented that even when they raised concerns they were frustrated in not being heard and included in care processes.

Promoting active patient participation in relation to PIVs is important to improving outcomes and providing person-centred evidence based care.

We need to focus on outcomes important to patients and on ways to

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ensure we truly listen to them and take action to minimise pain, complications and repeated insertion attempts.

Providing pain relief for PIV insertion should be standard practice; site selection should include patient preference and previous history and daily assessment of PIV site should include the patient's input. ■



REFLECTIVE QUESTIONS

1. After reading this article, do you feel there are areas for improvement in your practice in relation to PIV care?
2. How do you assess PIVs in your clinical practice? Do you include the patient? Explain.

Don't forget to make note of your reflections for your record of CPD at www.qnmu.org.au/CPD

References

Rickard CM, Webster J, Wallis MC, et al. Routine versus clinically indicated replacement of peripheral intravenous catheters: a randomised controlled equivalence trial. *Lancet.* 2012;380(9847):1066-1074