Too often in the past, patient preference has not been considered a high priority when selecting a vascular access device (VAD). However, as patient populations become increasingly unwell, with complex health requirements necessitating reliable intravenous (IV) therapy amid rising healthcare costs, the concept of choosing the device that can best meet the physical and psychological needs of the individual patient is becoming more important.

No patient wants to undergo repeated catheter insertions. Unfortunately, too many catheters become blocked, dislodged and unusable before therapy is completed, resulting in patient discomfort, delays in treatment, extended length of hospital stay, and the need for insertion of replacement devices. Appropriate device selection, aseptic insertion technique, avoiding insertion in areas of high flexion, and proper catheter securement would go a long way to preventing device failure and improving the patient experience (Walls et al, 2014).

Technological advances have created many new VADs. The use of peripherally inserted central catheters (PICCs) in particular has greatly expanded in recent years, but these devices carry a risk of thrombosis and bloodstream infection (Chopra et al, 2013), and should not be regarded as the ‘benign cousin’ of centrally inserted devices. No VAD is ever risk-free.

Therefore, it can prove challenging to select a VAD for optimal patient care, particularly for sicker and more compromised patients, such as the neonatal and elderly populations, patients undergoing chemotherapy, who are immunocompromised, obese, or with skin disorders, and those with chronic vascular access needs, such as haemodialysis and long-term parenteral nutrition. The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC) is a structured clinical decision framework for choosing the most appropriate VAD for the desired type and duration of therapy (Chopra et al, 2015). You can read an overview of the guide in this supplement (page S15–S24).

Patient experience surveys can provide a valuable adjunct to clinical audits. Not enough is known about the patient experience of having a VAD, and more studies in this area would provide clinicians with a greater understanding. Seeking the patient’s opinion will become increasingly relevant as patients are encouraged to take a more active role in their own healthcare journey. Many organisations now encourage patient and caregiver involvement in infection prevention, for instance, giving people the right to speak up if they observe a health professional who has not washed their hands (Longtin et al, 2010). With the availability of online healthcare information at their fingertips, we should not be surprised when patients request an expert inserter or express a preference for a certain type of VAD.

In the belief that much can be learned from hearing about patients’ experience, the Alliance for Vascular Access Teaching and Research (AVATAR) group at Griffith University is currently undertaking a survey on the consumer experience of having a peripheral IV catheter (PIVC). We would like anyone who has had a PIVC in the past 5 years to complete a short, anonymous survey online (http://tinyurl.com/avatargroup). Parents of paediatric patients are also encouraged to complete the survey. If you know of someone who fits the criteria, I encourage you to pass on the opportunity for them to have their say.

The best VAD is not always the easiest to insert, but is the one that will be comfortable for the patient and stay in place for the duration of treatment. Let’s make it our goal to choose the best every time.

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Consider the patient’s voice


References
