

IMPROVING PERIPHERAL INTRAVENOUS CANNULA MANAGEMENT: A LARGE TERTIARY HOSPITAL PERSPECTIVE

Barbara Hewer, Tristan Bouckley, Jennifer Wu, Sarah Stewart, and Diane Murray.

Royal Brisbane and Women's Hospital, Queensland, Australia

Introduction: Various factors contribute towards infection risk related to peripheral intravenous cannula (PIVC). An education strategy was devised to identify PIVC-related issues within the hospital and to educate staff, therefore improving PIVC outcomes. **Objective:** To increase compliance of PIVC management and documentation within the Royal Brisbane and Women's Hospital. **Method:** PIVC's within various inpatient wards of the hospital were surveyed by a dedicated vascular accessing training nursing team. Any issues identified with the cannula were immediately followed up through education to the patient's direct team. Education included improving insertion site selection, assessing dressing and insertion site condition, correct PIVC equipment selection, and documentation adherence. A brief in-service was conducted once all included wards had been reviewed. The surveillance procedure was undertaken four times. **Results:** Between surveying periods, there was a significant reduction in the use of secondary dressings over the PIVC site ($p < 0.01$). In addition, there was a 12.8% reduction in PIVC's inserted in the antecubital fossa, from 79 of 291 (27.1%) in the first surveying periods, down to 21 of 147 (14.3%) within the second surveying periods ($p < 0.01$). **Conclusion:** The immediate one-to-one education at the bedside for identified issues appears to have reduced insertions within the antecubital fossa and decreased the use of secondary dressings, both of which are linked to increased risk of acquiring a PIVC-related infection. The change of practice promoted more visible and clean sites, which studies indicate are less prone to complications.