

Launch of the Management of Peripheral Intravenous Catheters Clinical Care Standard

26 MAY 2021



As a palliative care clinician, I often see patients suffering from the pain or discomfort of cannulation, who never actually receive medication or fluids via that cannula.

**Patients
are not pin
cushions.**



Inserting a PIVC device is one of the most common procedures performed in hospitals

70%

of hospitalised patients have at least one PIVC during their stay

7.7 million

Australians undergo the procedure every year

Despite this frequency,
PIVCs are associated with
complications up to 69% of the time

Blockage and dislodgement

Inflammation, phlebitis or thrombophlebitis

Line-related bloodstream infections,
including *Staphylococcus aureus*

And they're often **not required**

43%

of PIVCs in Australia have
no documented IV order
for fluids or medicines

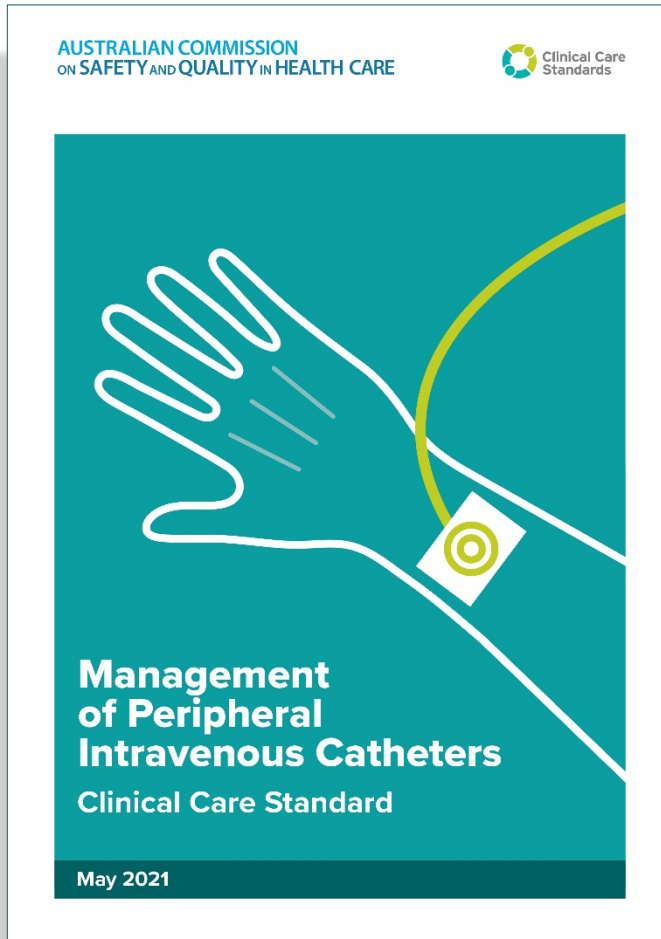
50%

of PIVCs in Australian
Emergency Departments
are inserted 'just in case'
and **are not needed**



Management of Peripheral Intravenous Catheters Clinical Care Standard

Clinical Care Standard



- ✓ Endorsed by relevant clinical colleges, professional societies and consumer groups
- ✓ Support the delivery of evidence-based care
- ✓ Focus on high-priority areas of quality improvement

They do not replace Clinical Practice Guidelines

Quality Statements

**1.
Assess
intravenous
access needs**

**2.
Inform
and partner
with patients**

**3.
Ensure
competency**

**4.
Choose the
right insertion
site and PIVC**

**5.
Maximise
first insertion
success**

**6.
Insert
and secure**

**7.
Document
decisions
and care**

**8.
Routine use:
inspect, access
and flush**

**9.
Review
ongoing
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**10.
Remove safely
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QUALITY STATEMENT 1: ASSESS
INTRAVENOUS ACCESS NEEDS

Is it really needed?

Too often we choose to insert a PIVC device for a drug or treatment that could have been delivered via a different route.



QUALITY STATEMENT 5: MAXIMISE
FIRST INSERTION SUCCESS

Could this cannula be difficult to insert?

40% of all first attempts to insert a PIVC in adults fail. For children, it's 65%. Highly skilled clinicians or advanced techniques are often needed.



Indicators

Patients with a PIVC in situ that has not been used since inserted	Patients who can identify the reason for their PIVC	Locally approved policy for competency	Systematic support for decisions about PIVC devices	Local protocol to support PIVC insertion on first attempt
	Locally approved policy for documentation	Patients who have insertion site inspected every 8 hours	Patients who have been assessed to determine ongoing need for PIVC	Patients who have a PIVC in situ that has not been used

‘Patient-centred care’ is something we talk about a lot.

This is one area where we can make a real difference to the patient experience, with just a small adjustment to our thinking and our practice.



We all have a role to play

- Sometimes IV access is difficult
- You are not incompetent
- You don't need to feel embarrassed

**Asking for help isn't failing.
It's putting patients first.**



- Have processes in place for support and escalation
- Let juniors know that asking for help isn't just 'OK', it's expected

**Show
leadership.**

**You can
change the
dynamic.**



AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Clinical Care Standards

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Clinical Care Standards

Looking after your cannula

What you need to know

If you need to have medicines or fluids directly into your bloodstream, you may need a cannula.

A cannula is a small flexible tube that is inserted into a vein. It may also be called a peripheral intravenous catheter, IC or drip. It is usually inserted into a vein in your arm, hand or foot and is connected to medicines and fluids when you need them.

This information lets you know what you can do to help avoid problems and to stay as comfortable as possible with your cannula.

What you can do to help

- If it has a cannula in it
- Anything that your staff could do
- Any other things

It is important to know

- Advise patients what they can do to help reduce the risk of PIVC-related complications and infection
- Provide patients with the Looking after your cannula information sheet

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IV-WISE patient discussion tool

This tool¹ provides key discussion points for clinicians and patients to help involve patients in their care and prevent PIVC-related complications.

What clinicians should discuss with patients:

- Intravenous access needs**
 - Discuss why IV fluids or medicines are needed
 - Explain how the PIVC will be inserted
 - Ask patients about their PIVC history and any current needs
- Vascular access checks**
 - Advise that the PIVC will be checked regularly
 - Ask patients to report any concerns or any problems they notice (e.g. redness, swelling)
- Infection risk**
 - Discuss how to prevent infection
- Signs and symptoms of complications**
 - Discuss the signs and symptoms to look out for
 - When removing the PIVC, advise patients that symptoms can occur up to 48 hours later and what to do
- Expected removal**
 - Tell patients when the PIVC is expected to be removed (e.g. when therapy is finished)

What patients can ask and do:

- Tell your healthcare team about your past experiences including:
 - Difficulty inserting a PIVC
 - Anything that has worked well
 - Your preference or any physical problems that could affect where the PIVC is placed
 - Any allergies you have, such as to tapes and dressings
- Your clinician will regularly check your PIVC
- Tell your clinician if you have any concerns or notice any problems

What patients can do to reduce the risk of complications

- To help to look after your PIVC:
 - Protect the PIVC from knocks or being pulled
 - Wear loose clothing so that the PIVC does not get caught
 - Keep the PIVC dry while washing and showering
 - Ensure that the protective dressing stays in place
- To prevent infections:
 - Keep your hands clean by washing with soap or using sanitizer
 - Do not touch, fiddle with, or move the device

Expected removal

- If your PIVC has not been used in the last 24 hours, ask if you still need it
- If you are going home and your PIVC is still in place, ask your clinician if it can be removed

1. Developed by the Australian Commission on Safety and Quality in Health Care, 2021. safetyandquality.gov.au

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Clinical Care Standards

Management of Periph Intravenous Catheters

Clinical Care Standard

- Assess intravenous access needs**

A patient requiring medicines or fluids is assessed to identify the most appropriate route of administration for their clinical needs.
- Inform and partner with patients**

A patient requiring intravenous access receives information and education about their need for the device and the procedure. Their consent is obtained and they are advised on their role in reducing the risk of device-related complications.
- Ensure competency**

A patient's PIVC is inserted and maintained by clinicians who are trained and assessed in accordance with current evidence-based practices for venous health preservation and preventing device-related complications, relevant to their scope of practice. Insertion by a clinician working towards achieving competency is supervised by a clinician who is trained and assessed as competent.
- Choose the right insertion site and PIVC**

A patient requiring a PIVC is assessed to identify the most suitable insertion site and PIVC (length and gauge) to meet their clinical needs and preferences for its location.
- Maximise insertion**

The likelihood of use of the first attempt is maximised according to a health for maximising first.
- Insert an secure**

A clinician inserting a peripheral intravenous catheter (PIVC) into a patient's vein, the PIVC is secured and a sterile dressing is applied to the insertion site.
- Document and care**

A patient with a PIVC insertion, maximum review of the insertion site.
- Routine access a**

A satisfactory PIVC, and a clinician for signs or symptoms of complications, including performing site care, is checked and fluids according to local practice to minimise risk of device.

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Clinical Care Standards

INFORMATION for consumers

Management of Peripheral Intravenous Catheters

Clinical Care Standard

The Management of Peripheral Intravenous Catheters Clinical Care Standard describes the care that you should receive if you have a peripheral intravenous catheter (PIVC) inserted during your hospital stay. This fact sheet lists 10 statements about the expected standard of care, and explains what each statement means for you.

- Assess intravenous access needs**

What the standard says

A patient requiring medicines or fluids is assessed to identify the most appropriate route of administration for their clinical needs.

What this means for you

If you need to have medicines or fluids, your clinician will assess what is the best way for you to have them. It might be as a tablet or liquid that you can swallow, or as an injection into your muscle or under your skin. Sometimes the best way might be directly into your bloodstream. Your clinician will talk with you about whether a PIVC is right for you. In some cases, a different way of delivering treatment into your bloodstream might be needed. This may depend on:

 - How long you need to have treatment
 - The condition of your veins and the chances of being able to successfully insert a PIVC
- What is a peripheral intravenous catheter (PIVC)?**

If you need to have medicines or fluids directly into your bloodstream, a small flexible tube will be inserted into a vein. This device is called a PIVC or an IC, cannula or drip. It is usually inserted into a vein in your arm, hand or foot and is connected to medicines and fluids when you need them.
- What is a clinician?**

We use the word clinician to mean any member of your healthcare team. A clinician can mean a doctor, nurse, midwife, Aboriginal health worker, pharmacist, or another qualified healthcare professional involved in your care.

CLINICAL CARE STANDARD

PATIENT INFORMATION

FACTSHEETS

safetyandquality.gov.au/pivc-ccs