

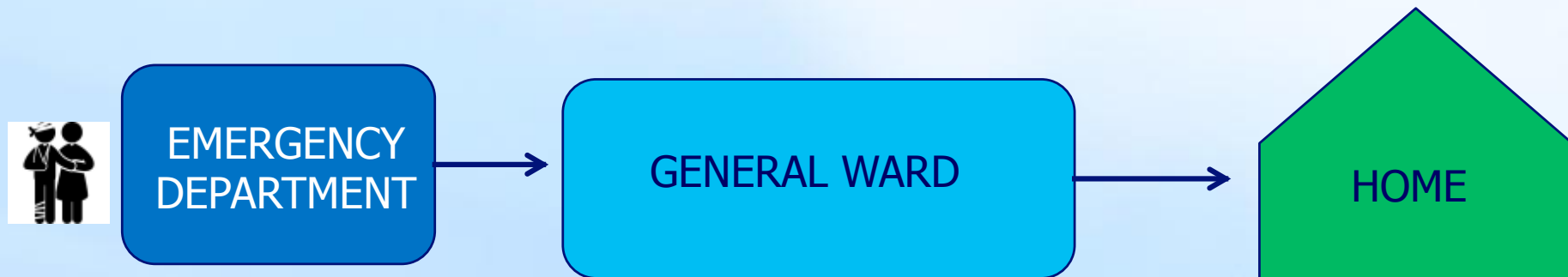


The Importance of Early and Continuous Vascular Assessment To Promote Positive Patient Outcomes

Rich Lewis, RN, BS, VA-BC
Global Business Manager - Europe
Bard Access Systems

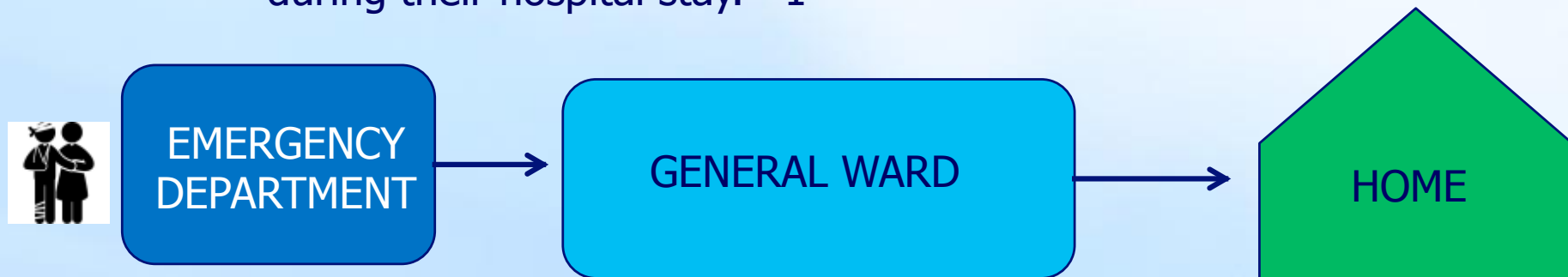


HOSPITALIZATION MAP



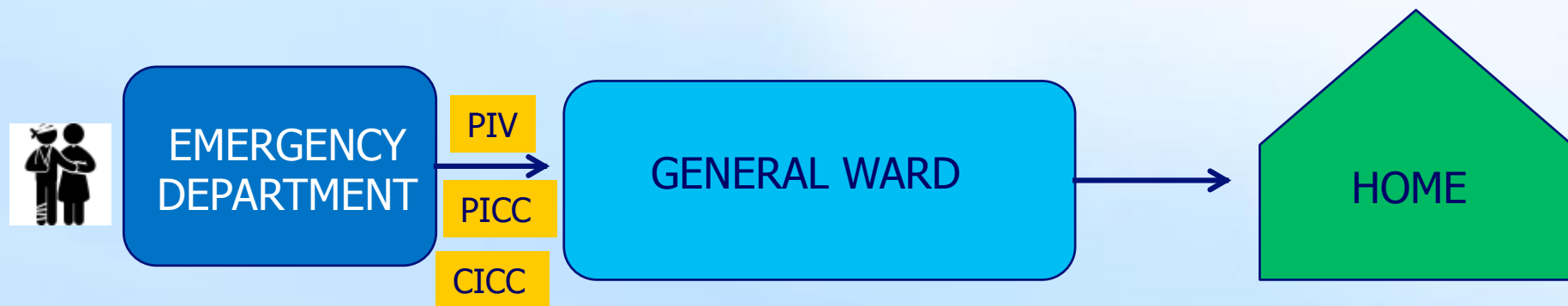
HOSPITALIZATION MAP

60% to 90% of hospitalized patients require an IV catheter during their hospital stay. 1



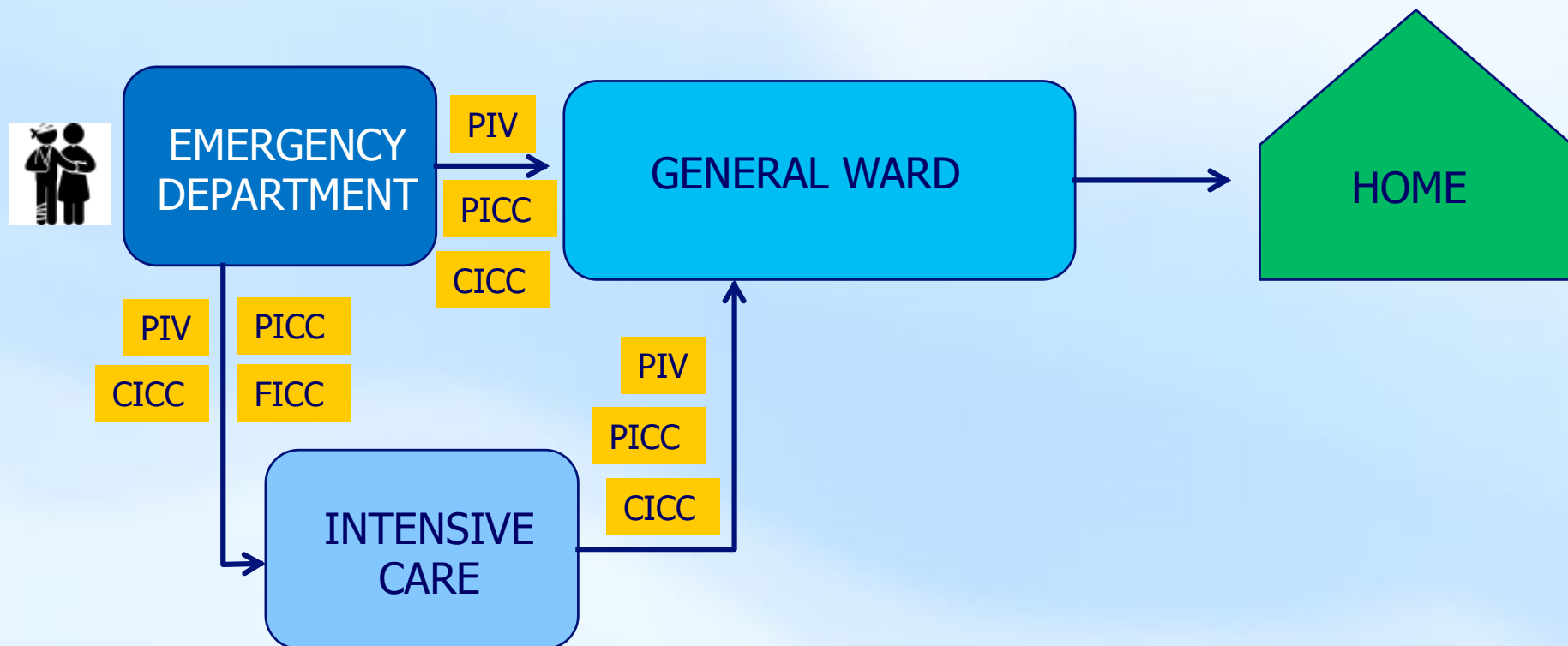
1 – "Accepted but Unacceptable: Peripheral IV Catheter Failure", Helm, et al. 2015 Infusion Nurses Society VOLUME 38 | NUMBER 3 | MAY/JUNE 2015 PG189

HOSPITALIZATION MAP

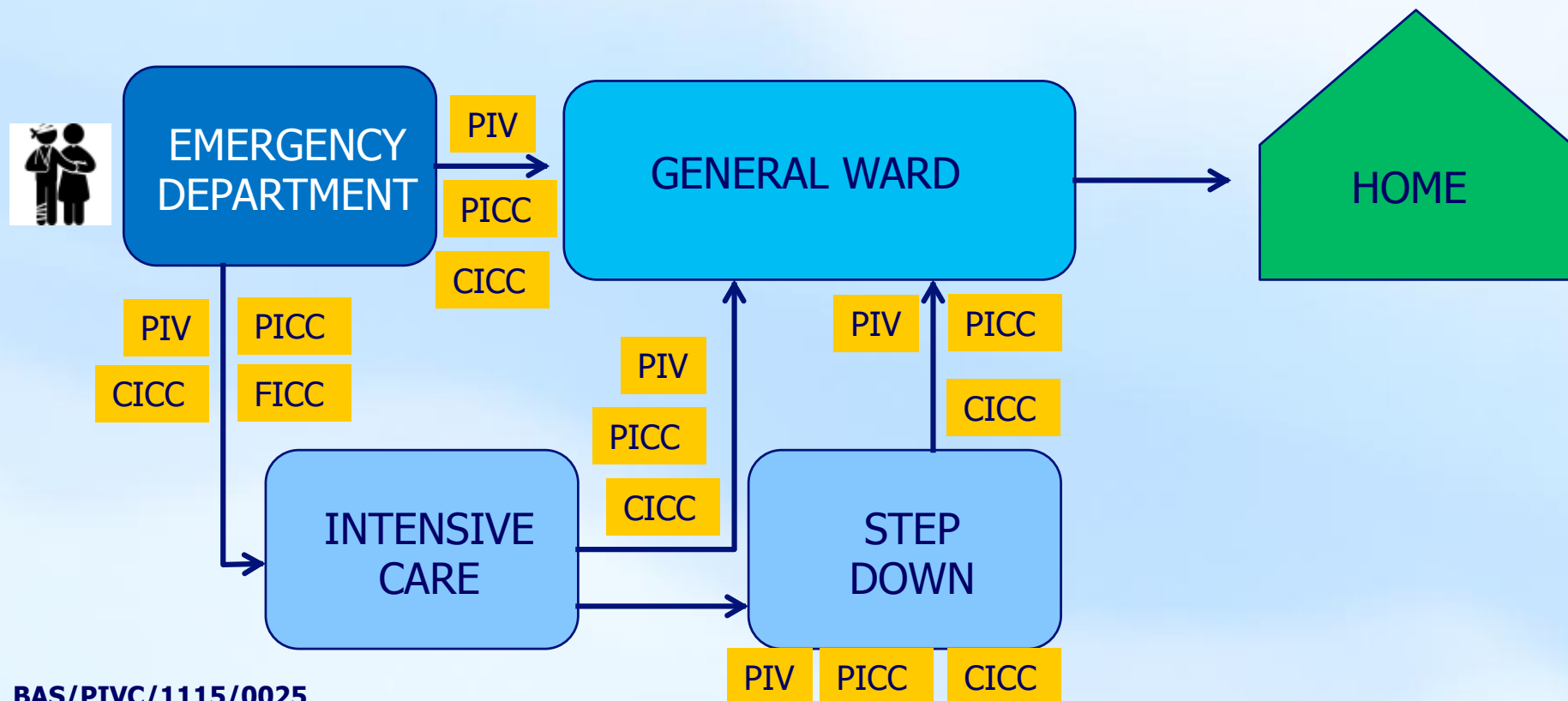


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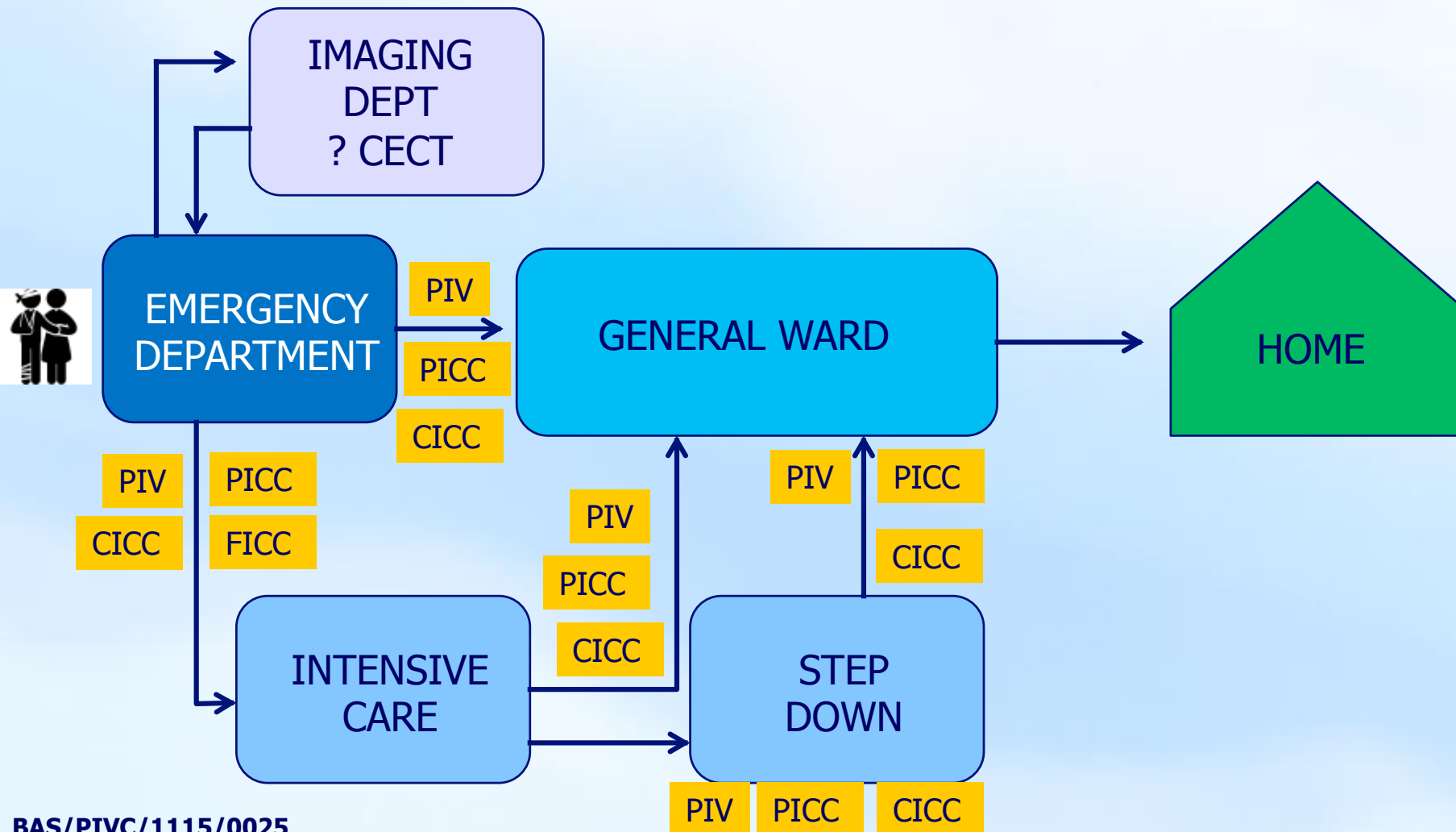
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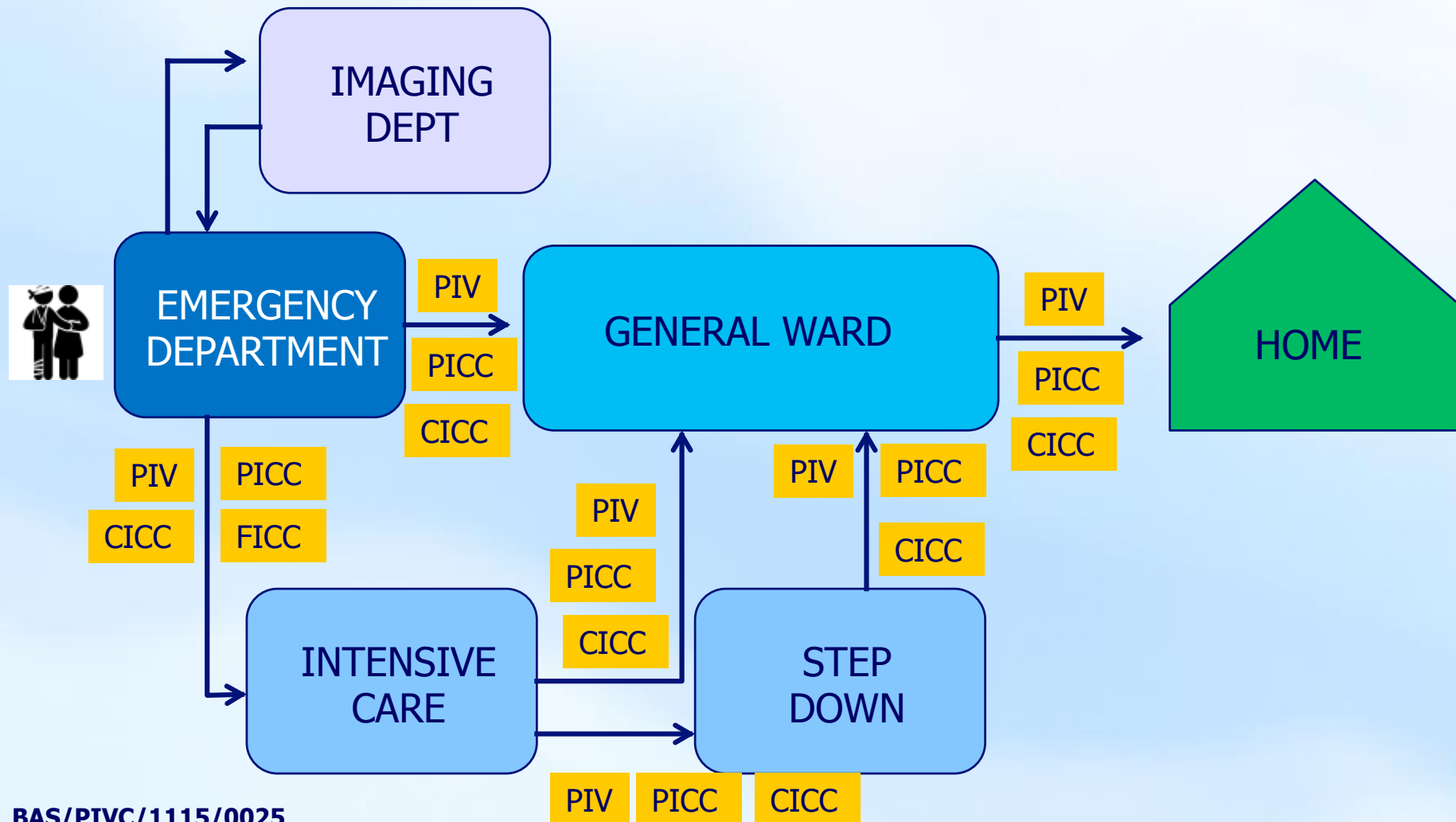
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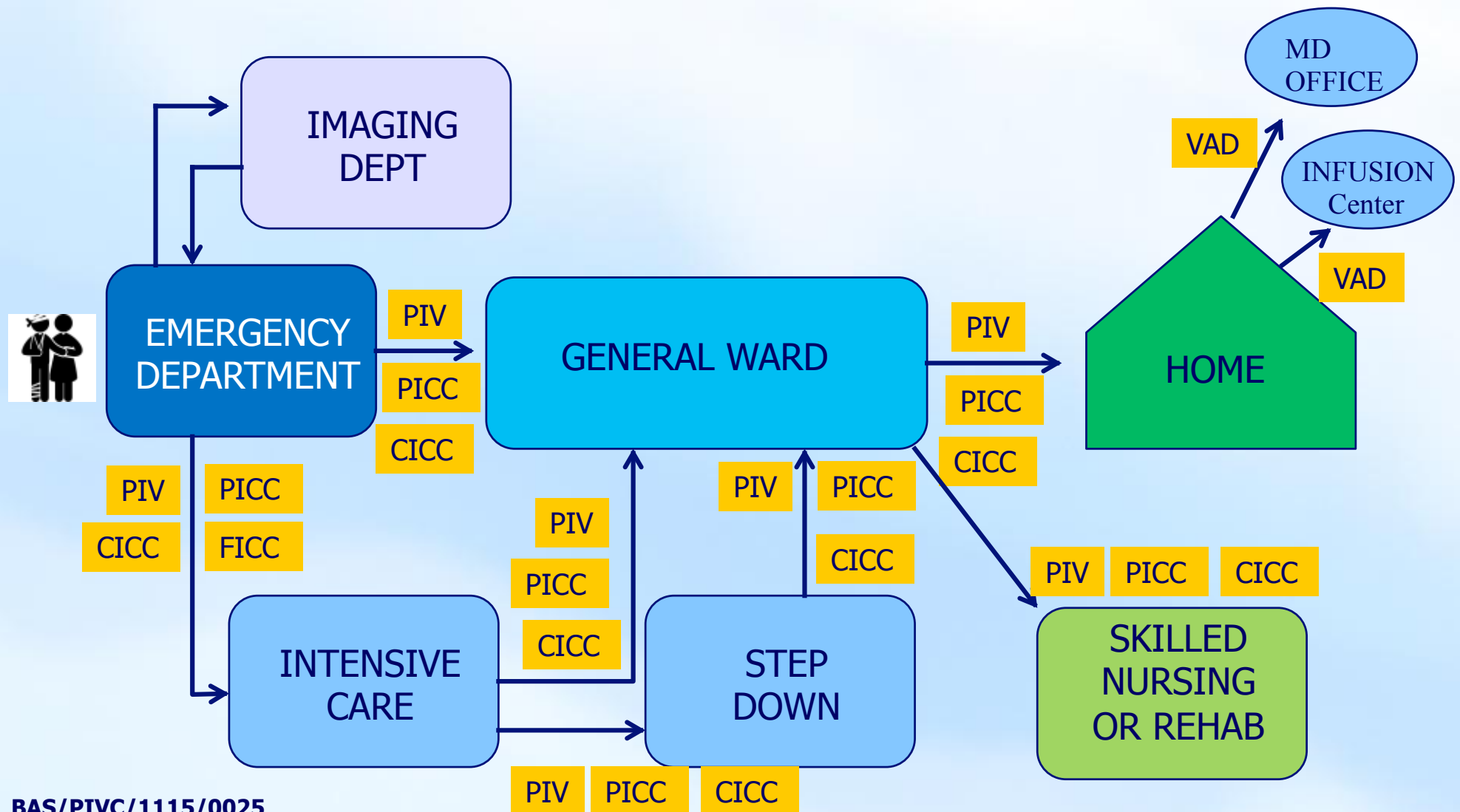
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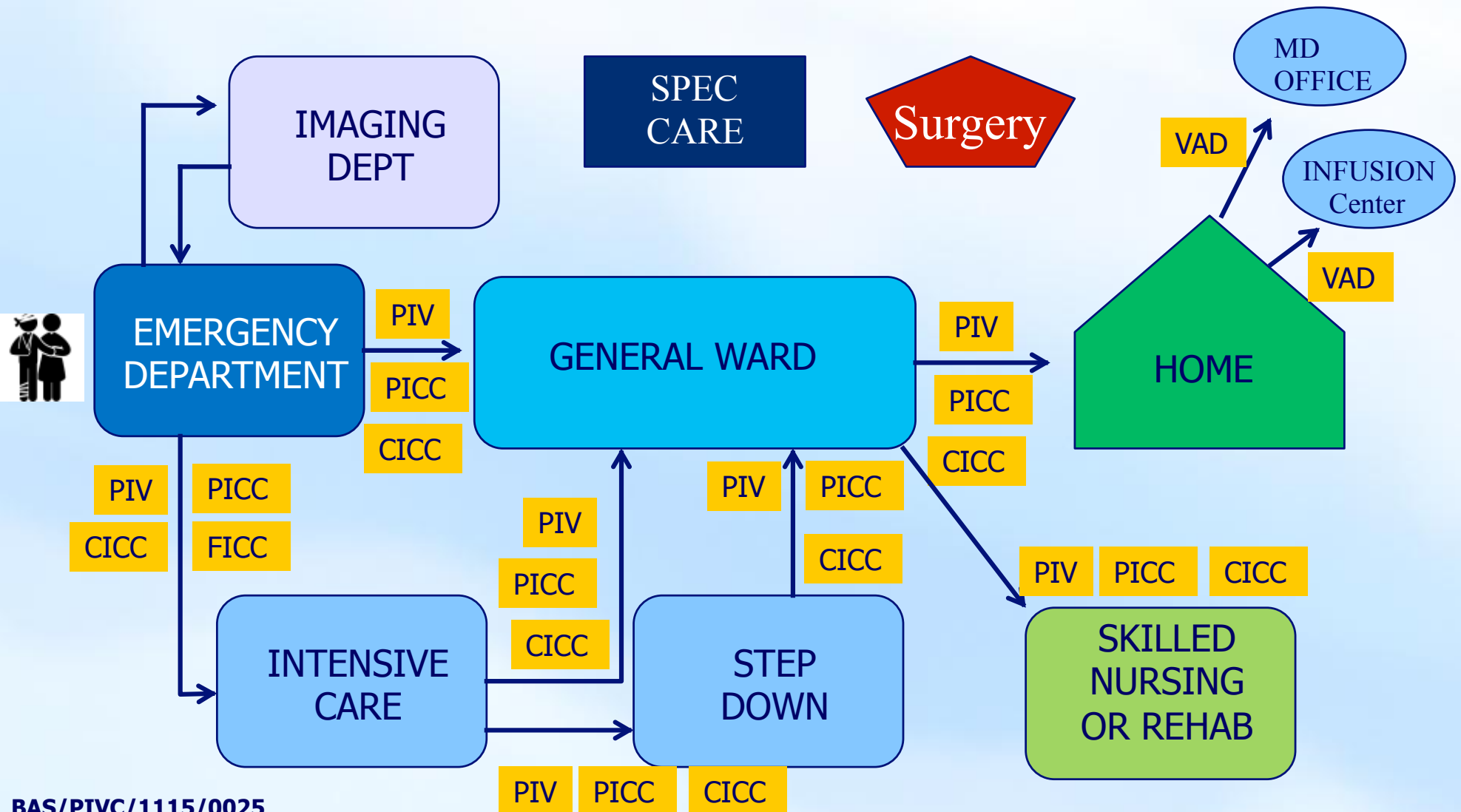
HOSPITALIZATION MAP



HOSPITALIZATION MAP



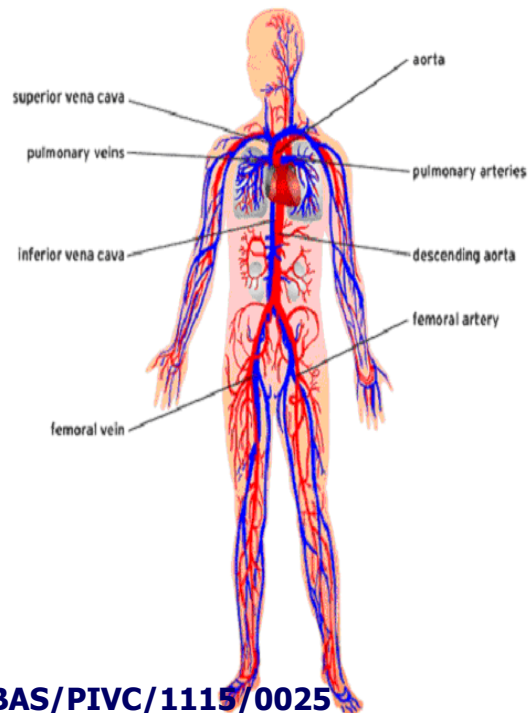
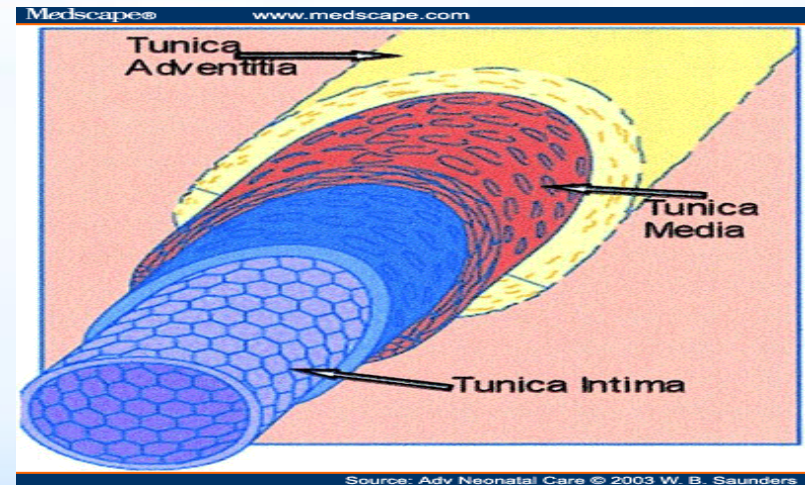
HOSPITALIZATION MAP



Navigating The VAD Roadmap

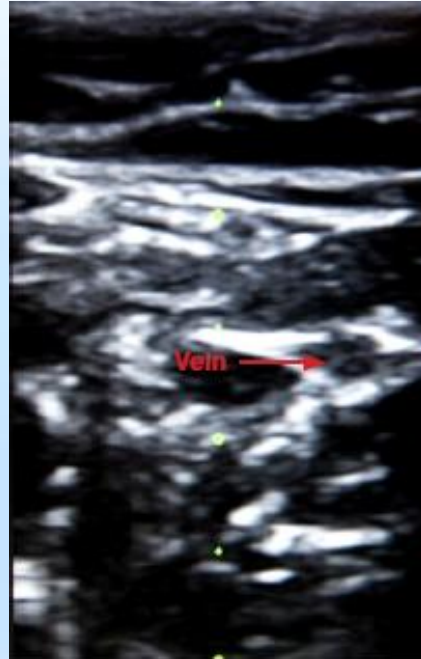
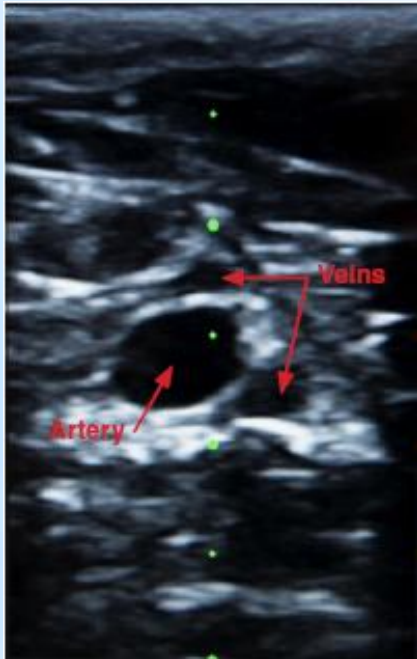
- Patients will have differing Vascular Access Device (VAD) needs during their treatment Cycle
- The correct VAD choice needs to be made early in their treatment
- Many clinicians will come in contact with the patient's VAD during their treatment
- These devices require frequent assessment and monitoring for best patient outcomes

Carefully Assess Patients



BAS/PIVC/1115/0025

Use Technology



- Ultrasound
- Near-Infrared Vein lights
- Transilluminator Vein Finders

Image Source: PICC Book, Angela Grosklags, Bard Access Systems

BAS/PIVC/1115/0025

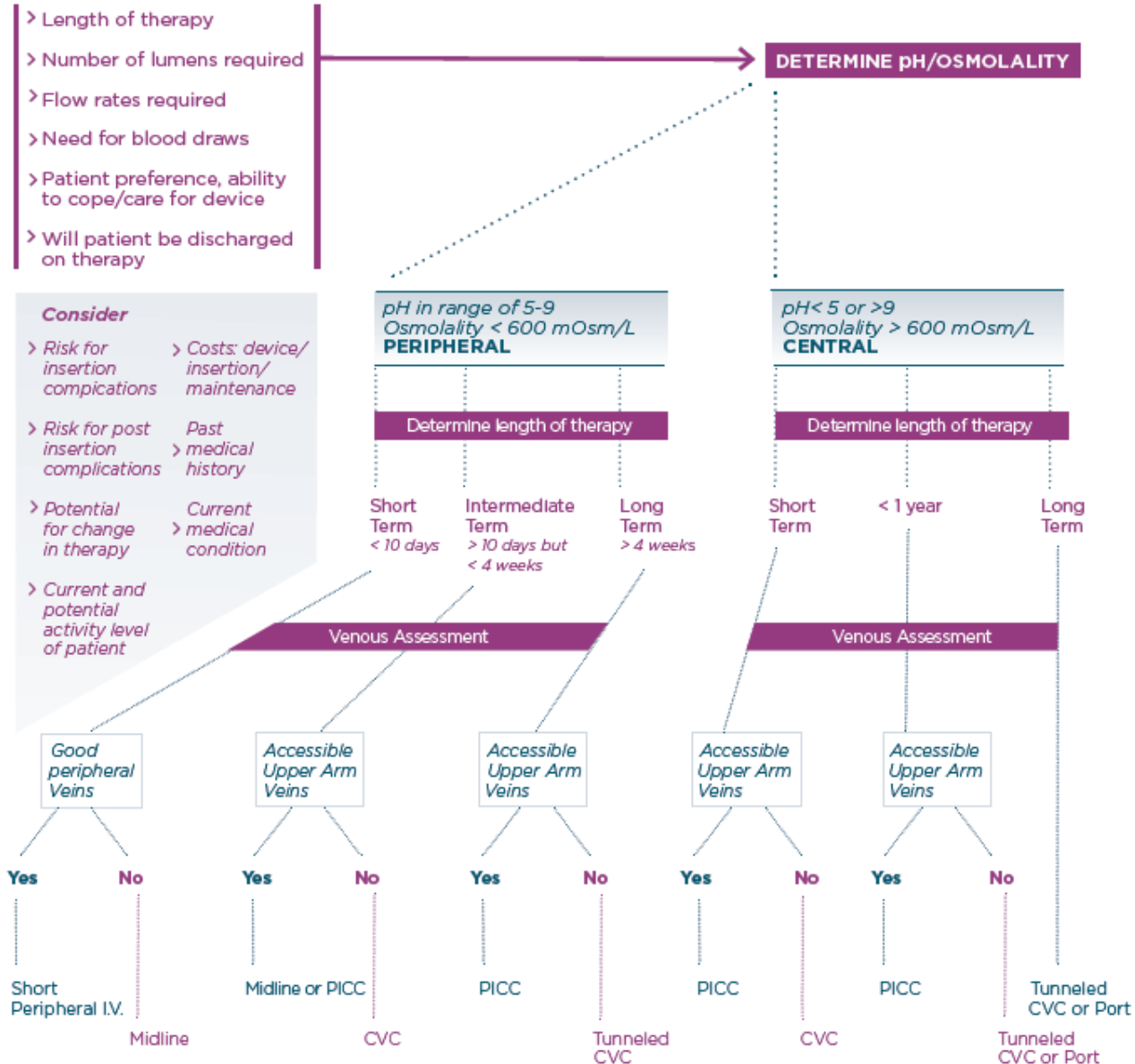
Follow the Appropriate Guidelines

- The clinician shall select the appropriate type of catheter (peripheral or central) to accommodate patient's vascular access needs based on:
 - Prescribed therapy or treatment regime
 - Length of treatment – duration of dwell
 - Vascular integrity
 - Patient preference – resources available to care for the device



Vascular Access Device considerations | *as prescribed by physician*

This chart is for informational purposes only and is not intended to replace current standards of care or institutional protocols.



Proactive IV Therapy

- Goal: Choose the most appropriate device for the patient's therapy



Versus "Reactive IV Therapy"



Frequent Site Assessment

- **At least every 4 hours**
- Patients who are receiving nonirritant/nonvesicant infusions and who are alert and oriented and who are able to notify the nurse of any signs of problems such as pain, swelling, or redness at the site.
- **b. At least every 1 to 2 hours**
- Critically ill patients
- Adult patients who have cognitive/sensory deficits or who are receiving sedative-type medications and are unable to notify the nurse of any symptoms
- Catheters placed in a high-risk location (eg, external jugular, area of flexion)
- **c. At least every hour**
- Neonatal patients
- Pediatric patients



INS Position Paper Recommendations for Frequency of Assessment of the Short Peripheral Catheter Site

Daily Assessment of VAD Need

- “prompt removal of unnecessary central catheters identified during daily patient rounds”
 - CDC Recommendation

Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011 Dept of Health and Human Services – CDC <http://www.cdc.gov/hicpac/BSI/01-BSI-guidelines-2011.html>

Teamwork Produces Better Outcomes

- By itself, even a bundle like SRMC's may be insufficient if it is not applied by a dedicated vascular access team whose efforts are supported by senior leadership – S. Harnage

From: Seven years of zero central-line-associated bloodstream infections, 2012

- Use small, specially trained teams and individuals (including intensivists in the ICUs) to conduct and/or oversee line insertion and maintenance throughout the hospital.

From: Eliminating Central Line Infections and Spreading Success at High-Performing Hospitals *Synthesis Report • December 2011*

- 2 Seven years of zero central-line-associated bloodstream infections" Harnage S. British Journal of Nursing, 2012 (IV Therapy Supplement), Vol 21, No 21
- 3 Eliminating Central Line Infections and Spreading Success at High-Performing Hospitals *Synthesis Report • December 2011*

