Ascension WI – Nurse Residency Evidence-Based Practice – Brief Report

Name(s)/Site/Department: Laura Geiger - SCU StSMH, Date: 2/1/18
Shania Simonis - SCU StSMH, Kristi Boriski - PACU StSMH

Clinical Question: The concern you have about your nursing unit or area of practice:

<table>
<thead>
<tr>
<th>P: Patient</th>
<th>I: Intervention</th>
<th>C: Comparison</th>
<th>O: Outcome</th>
<th>t: Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients in hospital with peripheral IV</td>
<td>Intervention - Changing PIV site every 4 days</td>
<td>Chaining PIV site as needed</td>
<td>PIV site infection is prevented by appropriately changing site</td>
<td>Question type - Prevention of Infection and Best Practice</td>
</tr>
</tbody>
</table>

"Due February 28th with signed approval by leader/manager PICO(t) topic"

Discussed with and Approved by Nurse Leader

Print: Bob Towne Signature: [Signature]
Date: 2/19/18

Additional notes:

Search terms: IV site, clinically indicated, routine replacement

Evidence: Summarize key findings and cite (APA format) – three sources


- Findings: There is no statistically significant difference in incidence of phlebitis, catheter occlusion, infiltration, or accidental removal in catheters changed routinely or catheters changed when indicated.

Findings: Patients are not adversely affected if catheters (PIV’s) are changed based upon clinical indications rather than routinely. Phlebitis + catheter-related bloodstream infections were examined.


Findings: Peripheral intravenous catheters can be removed as clinically indicated to save millions, reduce patient discomfort, and reduce staff workload. There is not increased incidence of infection compared to PIVs changed routinely.

Conclusion/Recommendations:
There is no evidence to support changing catheters every 72 to 96 hours and hospitals should change their policies such that PIV catheters are changed only if clinically indicated.

Ideas/suggestions for next steps: Discuss with nurse managers the benefits of changing this policy, which would save money, reduce waste, and reduce patient discomfort.

Identify your collaborative partners if you were to follow this through to next steps:
Colleen Ruhland or Marsha Wickman or Bob Towne.

*Due April 30th completed template (scan to brenda.monnot@ascension.org)