

Vascular Access Challenges in Community IV Therapy

Kate Owen,

Senior District Nurse,
Community IV Team
Queens Nurse



Vascular access

- Cannula



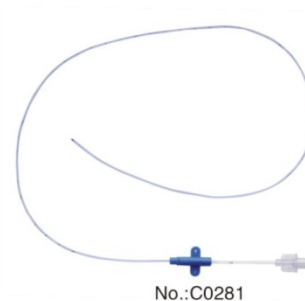
- Midline



- Winged Infusion Device



- CVC / PICC



Winged Infusion Device

Advantages

- Staff competent in venepuncture find them easy, quick to insert, cheap
- Patients state insertion is not as painful as a cannula
- Useful in elderly, care homes and dementia patients
- Patients can go to work, more independent

Disadvantages

- Needle inserted for each dose
- Patient must keep still – increased risk of extravasation



8cm Midline

- Clinical governance – establish a clinical guideline and competency document
- Develop training and competency assessment for community nurses
- Low risk: insert pink 20g cannula, flush with saline, then use Seldinger technique to insert the guide wire and midline
- Care and maintenance using nothing less than 10ml syringe and pulsatile (push-pause) technique when flushing the midline



8cm Midline

Advantages

- Great for IV therapy for >5 but <28 days
- Comfortable for patients
- Preserve veins in lower arm
- Easy care and maintenance
- Quick and easy to insert
- Cost effective

Disadvantages

- Unable to aspirate for blood sampling
- Some patients not able to have midline inserted
- Ensure patient is properly assessed

The future

- Publish recent audit
 - Continue teach care and maintenance to hospital staff
 - Educate patients and carers
 - Write governance for larger bore midlines
 - Always looking for vascular access solutions to the problem of vascular access
-
- Any questions?

