

Improving patient safety by doing less rather than more: many peripheral intravenous catheters are unnecessary

Diana
Egerton-Warburton^{1,2}
Simon Craig^{1,2}
Rhonda Stuart^{2,3}
Claire Dendle^{2,3}

1 Emergency Department,
Monash Medical Centre,
Monash Health, Melbourne,
Victoria, Australia

2 Department of Medicine,
Southern Clinical School,
Monash University,
Melbourne, Victoria, Australia

3 Monash Infectious Diseases,
Monash Health, Melbourne,
Victoria, Australia

Letter

Reply to: Improving patient safety during insertion of peripheral venous catheters: an observational intervention study. *GMS Hyg Infect Control*. 2013; 8(2):Doc18

We would like to congratulate Kampf and colleagues on their study, which demonstrates the effectiveness of a multimodal intervention to improve safety for the insertion of peripheral intravenous catheters (PIVC) [1].

The issue of nosocomial infection is a small but real risk associated with the insertion of PIVC [2]. While we support and agree with the approach of the authors, we feel they may have missed an important initial step – ensuring that the PIVC is needed in the first place.

We performed a study in our institution that demonstrated that 50% of PIVC inserted in adult patients in our emergency department were unused [3]. Of those subsequently admitted to hospital, a similar proportion still had an unused PIVC at 72 hours. While some of these unused PIVC may have still been appropriate, it is likely to be a small minority. We described this situation as “pain without gain”.

The safest, least painful and least costly peripheral venous catheter is one that was never inserted in the first place.

We would encourage vigilance by health professionals for all aspects of PIVC. This should include monitoring of usage rates and ensuring that they are only inserted if there is a reasonable likelihood of being used.

Notes

Competing interests

The authors declare that they have no competing interests.

Reply

Please read the reply to this letter: [4].

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Corresponding author:

Dr. Simon Craig
Emergency Department, Monash Medical Centre, 246
Clayton Rd, Clayton, Victoria, Australia, 3168
Simon.craig@monashhealth.org

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