



First Do NO Harm

Minimising Risk, Optimising Outcomes

Sydney IV Forum
September 2011

A Toast to Queenie



Key 2011 Documents Clinical Practice

- <http://www.cdc.gov/hicpac/BSI/BSI-guidelines-2011.html>
- www.ins1.org
- <http://www.resus.org.au/policy/guidelines/index.asp>
- http://store.untreedreads.com/index.php?main_page=index&cPath=6_150

The Right Line ▶ The Right Patient ▶ The Right Time ▶ The Right Securement

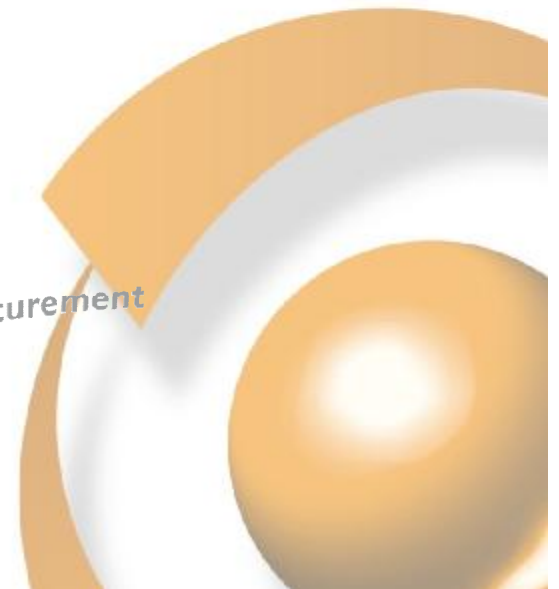


Intraosseous Devices

- Consensus Statements INS & Critical Nurses Association + ARC

<http://www.ins1.org/i4a/pages/index.cfm?pageid=3412>

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- Use a chlorhexidine /silver sulfadiazine or minocycline /rifampin impregnated CVCs in patients whose catheters are expected to be > 5 days (**Category 1A**) *CDC 2011 Guidelines*

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Securement Devices

- Use a sutureless securement device to reduce the risk of infection for intravascular catheters **(Category 11)**

CDC 2011 Guidelines

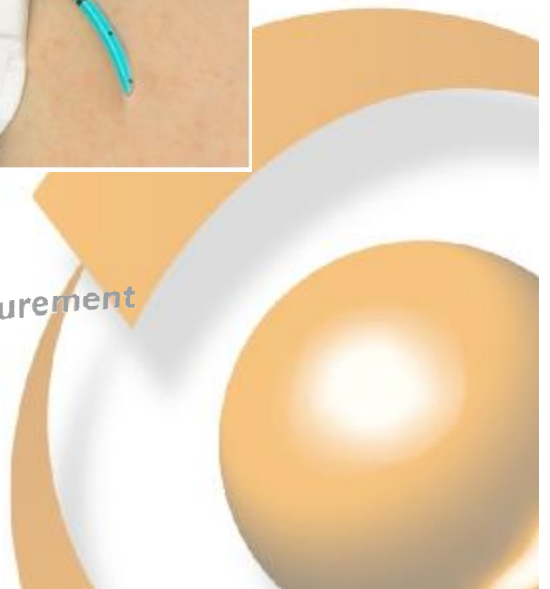
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Grip-LOK Securement Devices



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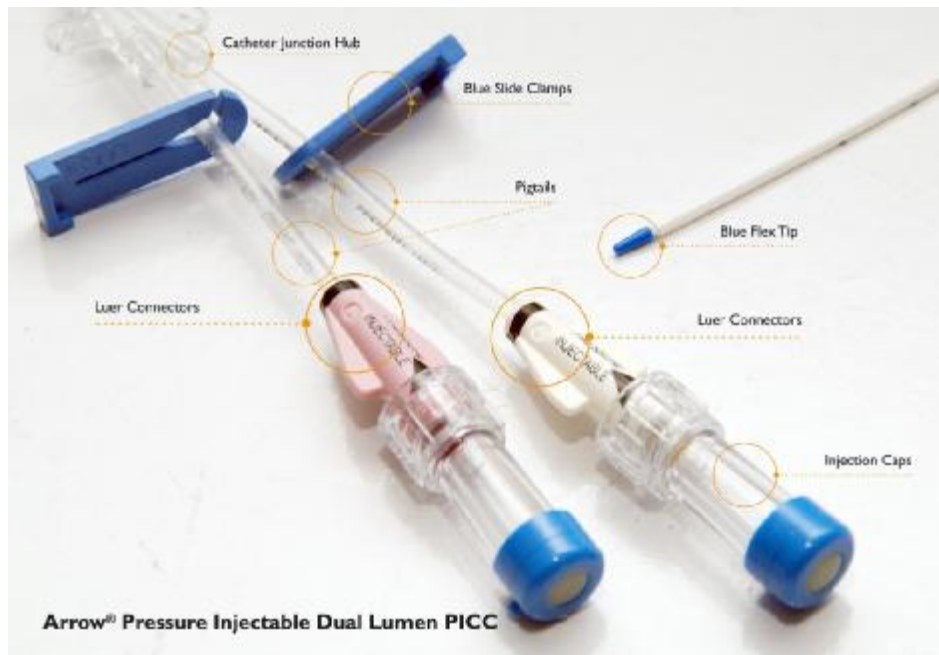
Device Choice

- Use a midline catheter or a PICC, instead of a short peripheral catheter, when the duration of IV therapy is likely to exceed six days . **(Category 11) CDC 2011 Guidelines**
- CVADs designed to withstand high-pressure injection (up to 300psi) have been found to be feasible & effective & with published reports of safe use. **(Category 11) INS SOP 2011**

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PICCs & Midlines



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Education

- Educate health-care workers regarding indication for ivcs, proper procedures for the insertion & maintenance of ivcs (Category 1A)
- Assess knowledge of & adherence to guidelines periodically for all persons who insert & manage intravascular catheters (Category 1A)
- Designate only trained personnel who demonstrate competence for the insertion and maintenance of peripheral & central intravascular catheters (Category 1A)

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Upcoming Workshops

- **Choices & Challenges with CVADs** (Sydney 13th October)
- **US & MST Insertion of PICCs** (Sydney 23rd November)
- **Clinical Resources**

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Together we can Make a Difference

- Mayo Healthcare NSW /ACT Vascular Access Team

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