CAN LABELLING OF INTRAVENOUS PERIPHERAL CATHETER DRESSINGS BE IMPROVED? AN AUDIT REPORT

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INTRODUCTION
Intravenous peripheral catheters (venflons) are a common source of inpatient bacteraemia and fungaemia[1] and venflon associated infections lead to prolongation of hospital admissions and morbidity due to additional treatment burden. Whilst relatively uncommon, each incident is an unsatisfactory outcome at odds with the current drive for safety and quality in healthcare as laid out in the Healthcare quality strategy for NHS Scotland [2].

NHS Greater Glasgow & Clyde Trust guidelines advocate consideration be given to removal of venflons after 72 hours, with the aim of reducing infective complications. Current practice involves active dating of venflons via its adhesive dressing during insertion to facilitate that decision.

This audit aimed to check current adherence to the guideline and the impact of an intervention.

METHODS
Conducted in a large (1000-bed) teaching hospital in Glasgow. Pre-intervention data was gathered from 5 wards.

Given the importance of venflon associated infections and the ease of recording the date of insertion the decision was made to set the standard at 100%. Intervention comprised provision of pre-printed labels with the date to 3 wards over 3 weeks.

Unannounced check of the uptake was performed during the third week.

A Dymo LetraTag LT100H Label Maker and sticker rolls were purchased to produce labels. The method and form of sticker preparation was piloted to ensure ease of production, effectiveness and acceptability to patients.

RESULTS
Pre-intervention adherence was poor at 50%. However nursing staff completion of associated paperwork was exemplary with all patients having a completed form associated with each intravenous peripheral catheter.

Following provision of pre-printed date stickers, adherence still appeared to be poor at 33%. However, on further investigation, the undated venflons belonged to patients who had just transferred into the ward (i.e. the venflons were inserted outwith the ward prior to transfer). Exclusion of this group yielded an improvement in adherence to 80%.

DISCUSSION & CONCLUSION
Whilst our simple intervention to improve adherence to trust guidance appear to have been effective but was diluted due to focused deployment.

Hospital wide intervention needs to be considered as this is, most likely, the most effective way to improve the success of the trialled intervention.

REFERENCES