Management of Peripheral Intravenous (PIV) Access Devices
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**Purpose:** To demonstrate that changing PIV catheters when clinically indicated instead of at prescribed intervals will increase patient satisfaction and decrease cost related to equipment and labor without increased clinical complications.

**Synthesis of Evidence:** Currently the CDC recommends changing PIV sites every 72-96 hours for adults. For pediatric and infant patients, the CDC recommends PIVs be replaced when clinically indicated. The Infusion Nurses Society (INS) recommends that a PIV be left in place until clinically indicated to be removed for both adults and pediatric patients. The evidence is strong that patient outcomes are not adversely affected if the PIV catheter is changed based on clinical indications rather than a particular interval of time.

**Proposed Change in Practice:** Instead of changing out PIV catheters every 72-96 hours, PIV catheters will be changed when clinically indicated which includes signs of infection or phlebitis, signs of infiltration, the patient is discharged, or if the patient requests a new PIV.

**Implementing Strategies:** We performed a literature review, synthesized data, and wrote a protocol based on the best evidence recommendations. A Patient Care Procedure outlining the practice change was approved and published. We presented the protocol and our EBP process to the Nurse Practice Council. An education plan for inpatient staff was created and 80% of staff trained within 2 weeks after the new policy was published.

**Evaluation:** Evaluation of this practice change is currently in progress. We coordinated with the Informatics Department to collect data from the electronic health record for PIV dwell time, reason for discontinuation, and clinical complications to show that increased time a PIV catheter is in place does not increase adverse clinical outcomes. We will also calculate cost savings related to supplies/nursing labor required to place a new PIV.

**Conclusions:** This EBP change will also contribute to patient satisfaction by avoiding discomfort due to an unnecessary needle stick, and nurse satisfaction by freeing up time for other nursing care.

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