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Background

- Intravenous therapy is consistently utilized throughout the hospital
- Nurses find that patient care is frequently delayed due to poor or no intravenous access
- When IV placement is unsuccessful, there is a delay while waiting for resource nurse
- Multiple IV attempts can lead to an increase in patient pain, inappropriate placement of IV sites, infection, and increased costs

Practice Change

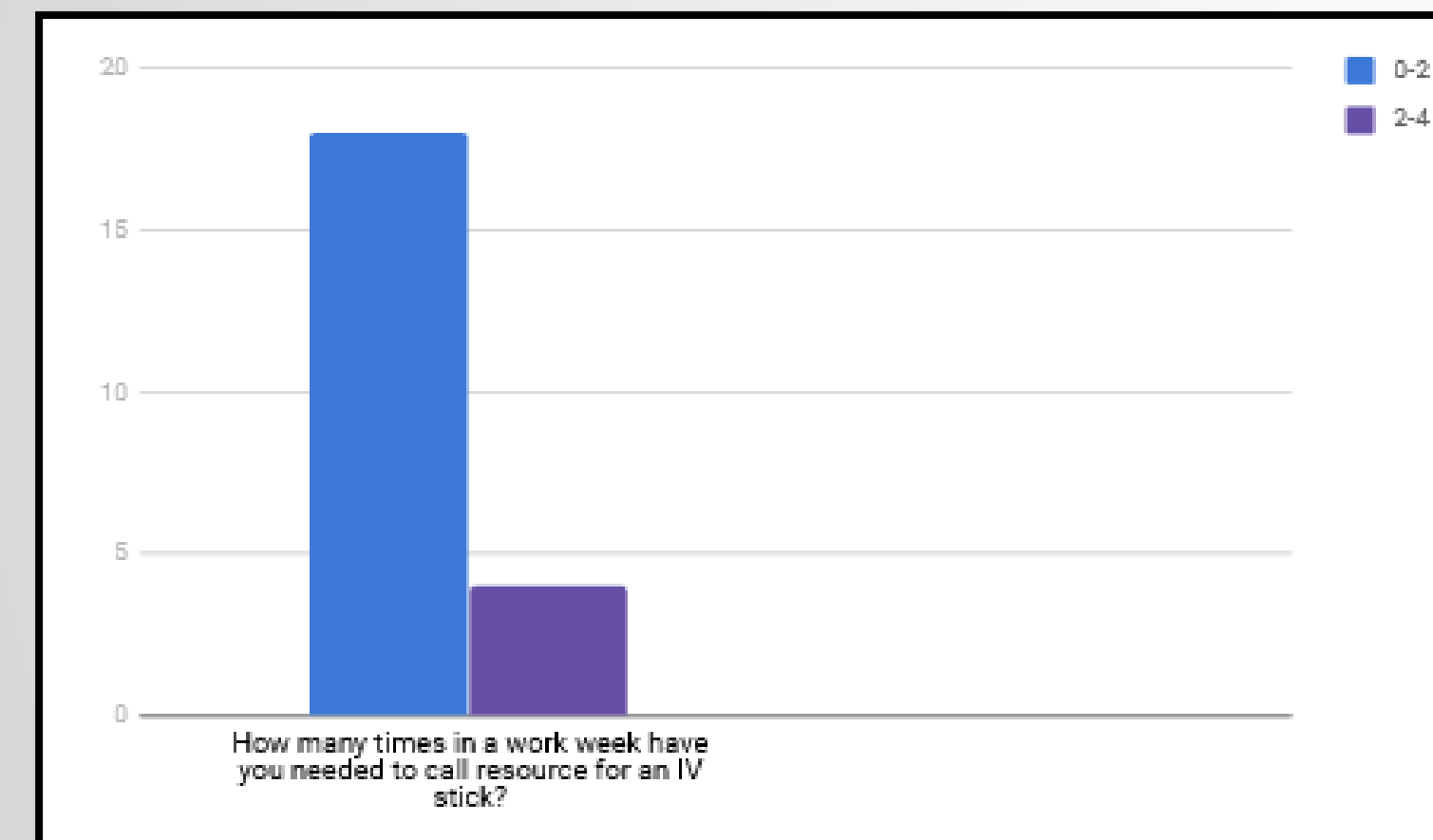
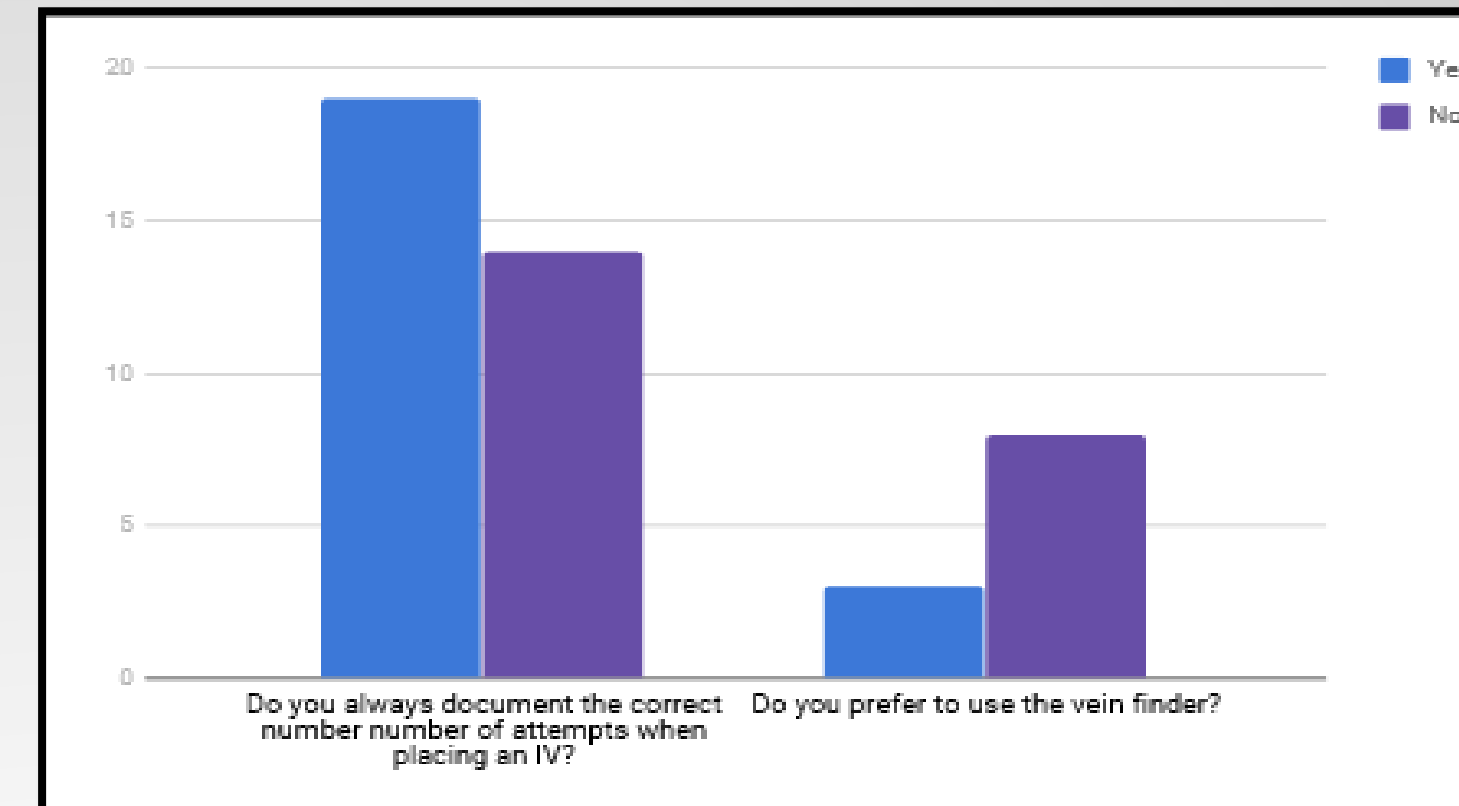
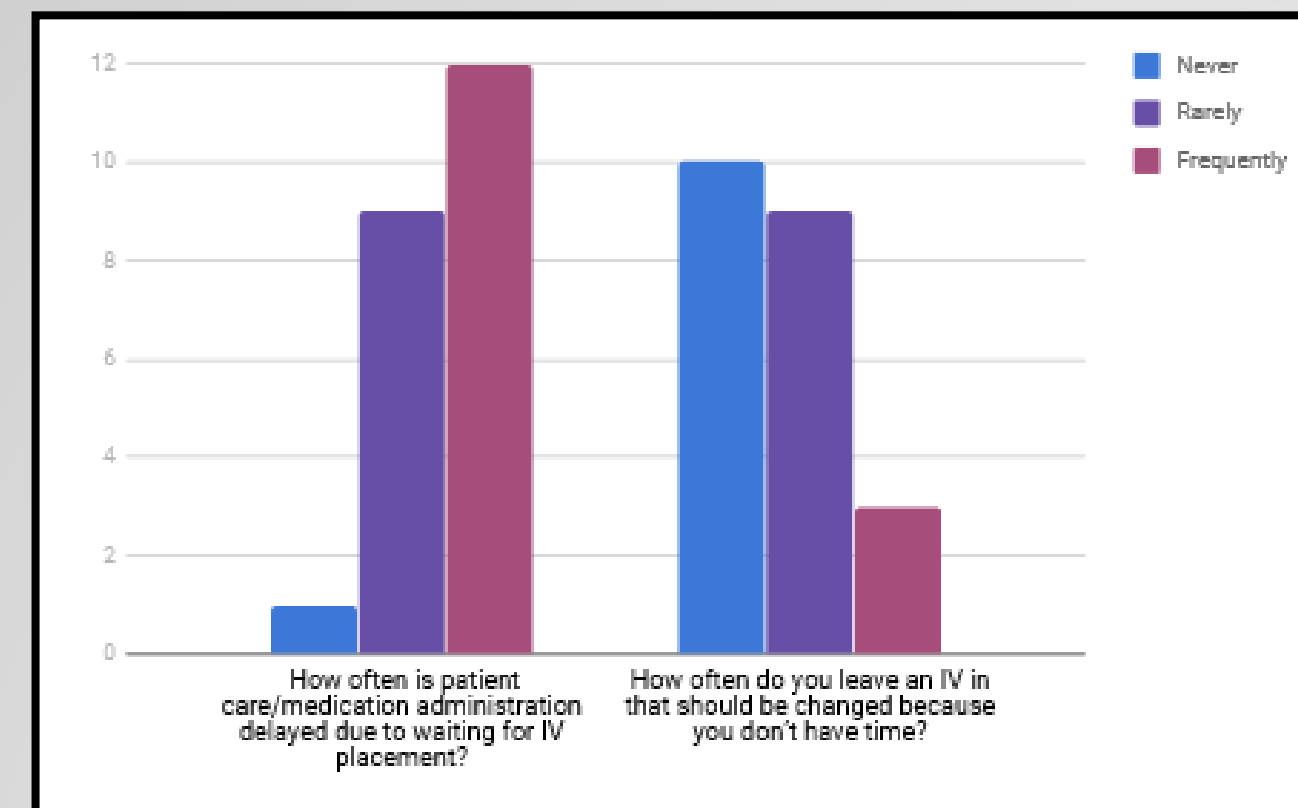
Understand RNs' perceptions of current practices without a IV team:

- Decrease delayed medication administration due to lack of IV access
- Infection rates

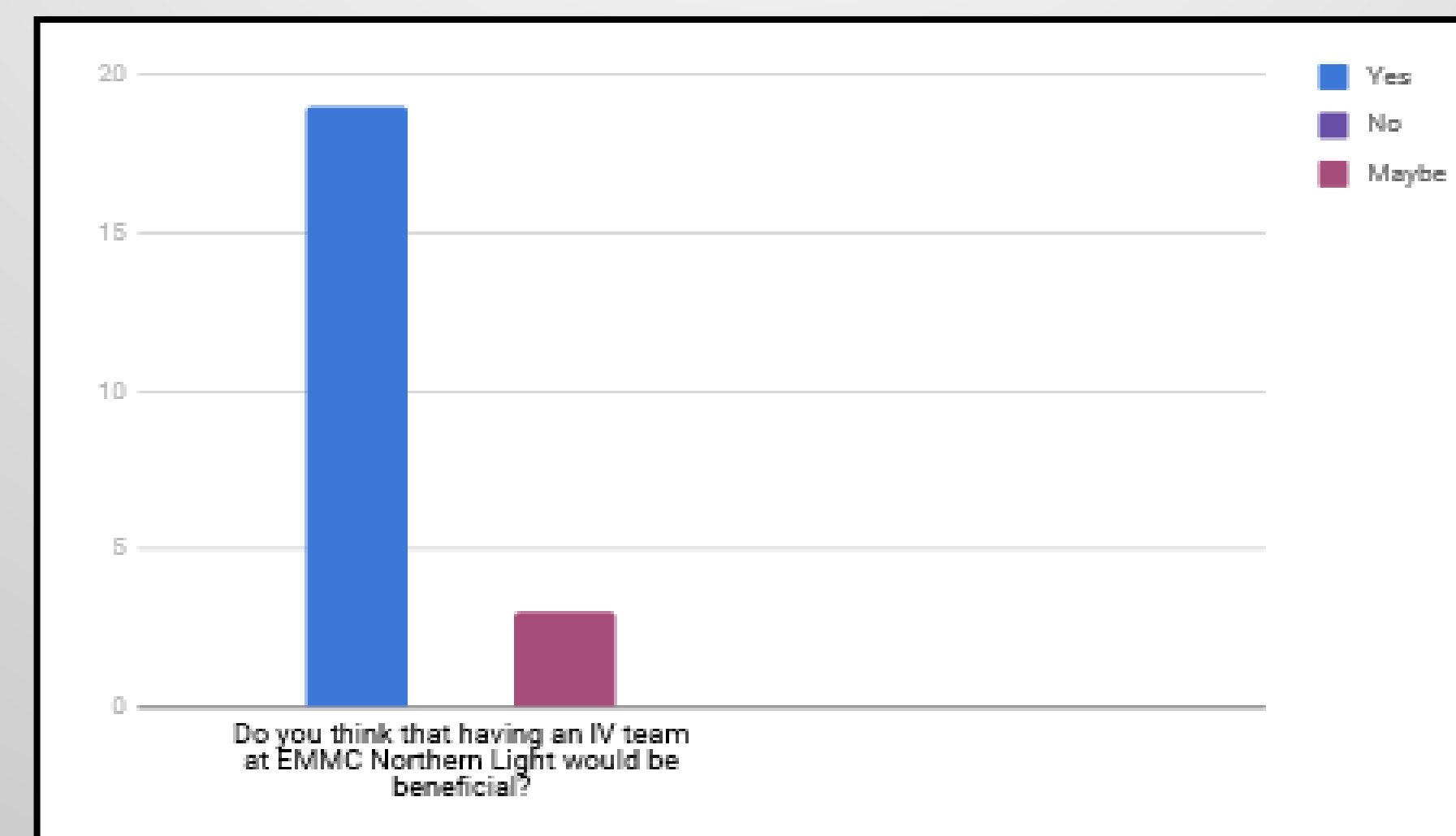
Methods

- Survey to identify need for IV team within inpatient units (4-8 weeks)
- Analyze and compile data regarding intravenous therapy survey
- Present survey results to staff and management via staff meeting/Huddles/meetings

Measures and Results



<https://www.flickr.com/photos/sugarhiccup/557104191>



References

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Summary/Discussion

- **Next Steps:**
 - Collaborate with nurses in radiology to initiate IV team
 - Work with HR to form and initiate staff for the IV team and complete orientation/training
 - Follow and track a patient who has documented phlebitis or infiltration from IV line and check the RNs documentation
 - Follow up with staff 6 months after IV team has been initiated to determine whether the IV team has been successful and improved workflow and patient safety/satisfaction
- **Barriers of this Study:**
 - Lack of staff
 - Lack of funding
 - Potential for losing skills/competency

Conclusion

- Rates of infection and decreased patient safety/satisfaction could improve with proper documentation and decreased number of IV sticks
- Staff will be educated on the use of the IV team
- Post survey results pending