



Global impressions on national vascular access: the United Kingdom update

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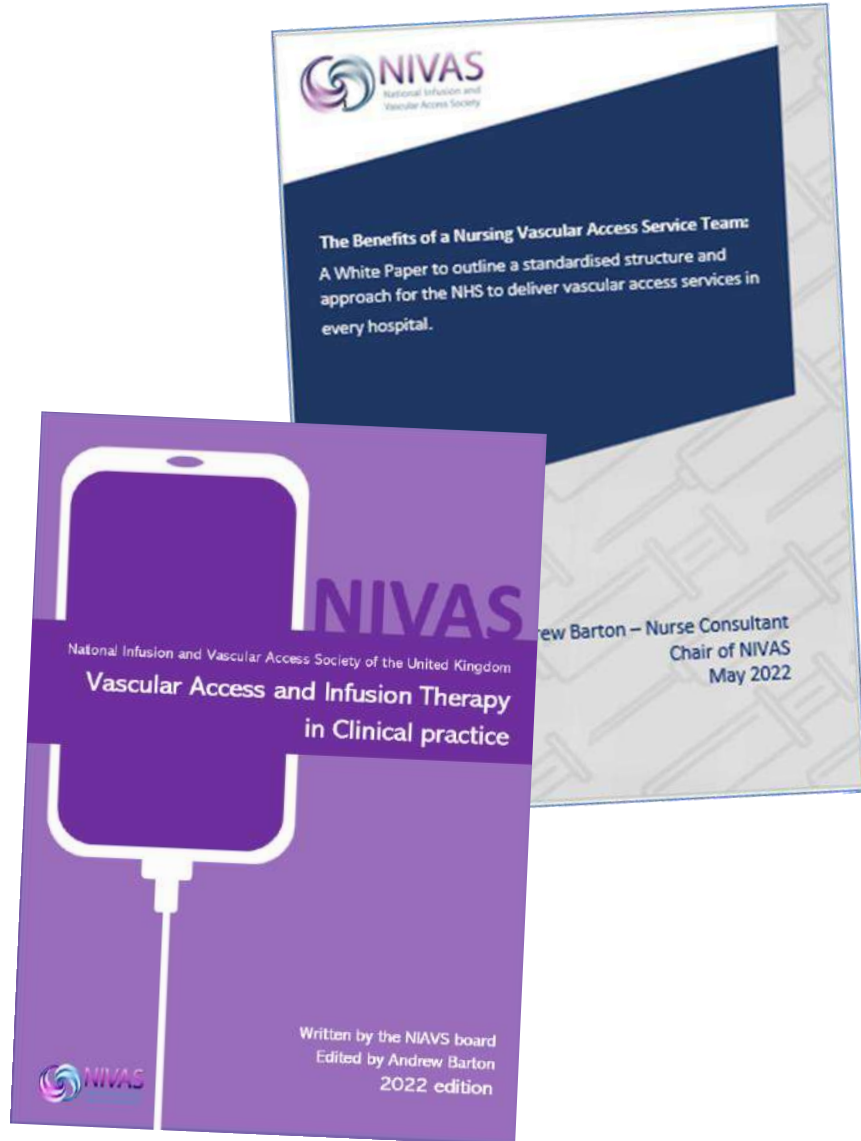
Consultant Nurse

National Infusion and Vascular Access Society UK Chair

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NIVAS 3 year strategy



- Standardisation of vascular access service teams in the UK – The White paper
- National UK guidelines
 - Vascular Access & Infusion Therapy
 - Extravasation (Chemo and Non-Chemo)
- UK National Accredited Vascular Access Qualification (NAVAQ)

White paper recommendations



- NHS England to implement standardised vascular access provision across the whole NHS with ringfenced funding.
- NHS England to conduct their own national survey to understand fully the vascular access provision within all Trusts. This survey needs to provide complete information on current practice and impact on patients, staff, the Trust, and the wider integrated care system (ICS).
- NHS England to support NIVAS in creating a national standardised training programme for vascular access.

White paper recommendations

- NHS England to support the creation of academically recognised professional qualifications for training in vascular access and establish a career pathway to include recognition of qualifications.
- Vascular access to be recognised as an essential specialist discipline with agreed national key performance indicators.
- Recording and reporting of all complications associated with vascular access to be mandatory

National Extravasation Campaign



NHS Resolution

Did you know? Extravasation

Extravasation is the accidental leakage of any liquid from a vein into the surrounding tissues, which can cause serious harm to the patient (NHS England, 2017).



Advise · Resolve · Learn



NIVAS
National Infusion and Vascular Access Society

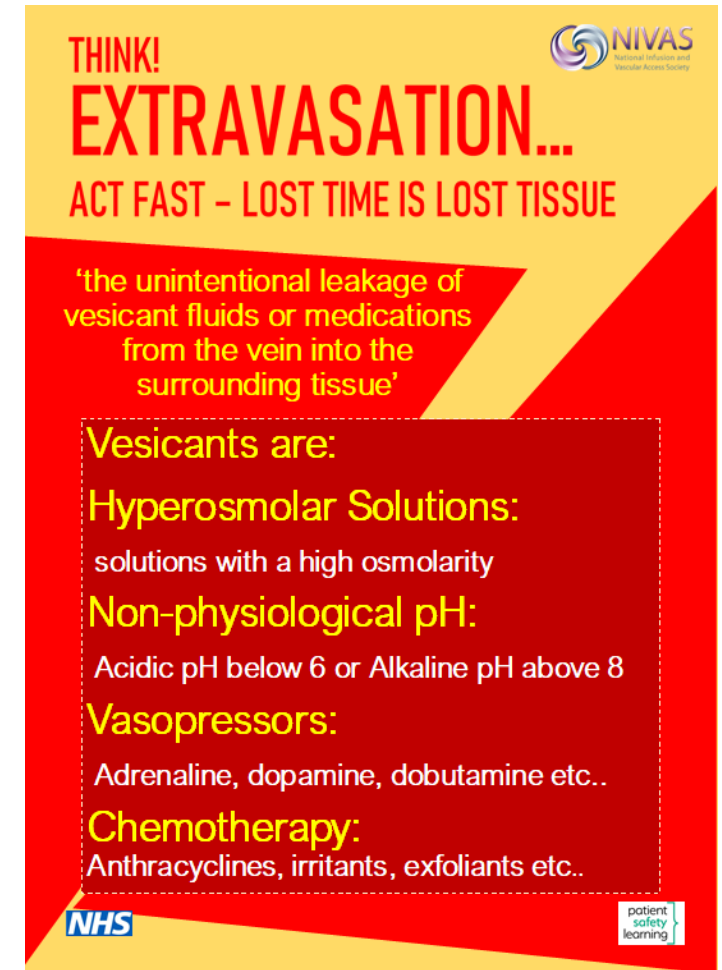
NHS
patient safety learning

Redness
Pain
Swelling
Hot
Blisters
Burning sensation
Non-blanching

During or post IV therapy?
Around a vascular access device?
Could it be a vesicant infiltration?

**THINK!
EXTRAVASATION...
ACT FAST - LOST TIME IS LOST TISSUE**

In case of extravasation contact:



**THINK!
EXTRAVASATION...
ACT FAST - LOST TIME IS LOST TISSUE**

'the unintentional leakage of vesicant fluids or medications from the vein into the surrounding tissue'

Vesicants are:
Hyperosmolar Solutions:
solutions with a high osmolarity
Non-physiological pH:
Acidic pH below 6 or Alkaline pH above 8
Vasopressors:
Adrenaline, dopamine, dobutamine etc..
Chemotherapy:
Anthracyclines, irritants, exfoliants etc..

NHS patient safety learning

Extravasation campaign goals



THINK!
EXTRAVASATION...
ACT FAST – LOST TIME IS LOST TISSUE

Prevention
Safe IV therapy administration and vascular access practice

Recognition
Diagnose the early stages of extravasation

Treatment
Early intervention and treatment to reduce or stop tissue damage

Follow-up
Ensure the patient is followed up and supported

Reporting
Standardised incident reporting on extravasation

In case of extravasation contact:



- Ensure all NHS hospitals have an extravasation lead
- Ensure all NHS hospitals are aware non-chemotherapy extravasation and have guidelines and protocols in place
- Ensure all NHS hospitals standardise the way they report extravasation incidents
- National extravasation guidelines – in partnership with Chemotherapy Council UK, NIVAS and MEDUSA

Uk Collaborative working



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NIVAS National Infusion and Vascular Access Society

#NIVAS2022
www.nivas.org.uk

The 10th NIVAS Conference
Vascular Access at the
Heart of Healthcare
28-29 June 2022
The Birmingham Conference & Events

We hope you enjoyed the recent annual conference 'Vascular Access' which took place face-to-face on Tuesday 28th and Wednesday 29th June at the NEC Birmingham.

Vascular Access Device Patient Pathway Guidance Device-Related Infection Prevention Practice (DRIPP)



- 1. Assess need for device incorporating potential risk and vessel health and preservation^{1,2}
- 2. Select the most appropriate device with the lowest lumen needed for the prescribed treatment³
- 3. Select smallest gauge catheter to minimise trauma⁴



- 1. Use ANTT (or other standardised aseptic technique)^{5,6}
- 2. Use proximal sterile barrier precautions for CVC^{7,8}
- 3. Disinfect the skin with a single use application of 2% CHG⁹ in 70% isopropyl alcohol and allow to dry¹⁰
- 4. Sterile gel and sterile probe cover must be used for vascular access ultrasound procedures¹¹
- 5. Use sterile transparent, semi-permeable adhesive dressing and document insertion^{12,13}



- 1. Use ANTT (or other standardised aseptic technique)^{5,6}
- 2. Decontaminate hub with 2% CHG in 70% isopropyl alcohol for 15 seconds and allow to dry¹⁴
- 3. Designate a lumen for parenteral nutrition (PN) (spike or non-spiked)
- 4. Change administration sets
 - 96 hours for continuous infusion¹⁵
 - 12 hours for blood or when complete or to infuse platelets¹⁶
 - At completion of each bag of PN infusion¹⁷
- 5. Flush with single use sterile sodium chloride 0.9% (or compatible solution) before and after administration



- 1. Use ANTT (or other standardised aseptic technique)^{5,6}
- 2. Dressing to be changed every 7 days or sooner if compromised (e.g. loose, or wet)¹⁸
- 3. Consider CHG dressing for CVC as a strategy to reduce CRBSI¹⁹
- 4. Consider securement device to prevent complications²⁰
- 5. Change needle-free connectors if the integrity of the device is compromised or according to manufacturer's guidance²¹
- 6. Follow manufacturer's guidance/call policy for flushing/lumens not in frequent use²²



- 1. Inspect insertion site for signs of infection and other complications at least each shift²³
- 2. Assess if the device is still required, if not remove²⁴
- 3. Continue to observe the insertion site for signs of infection for 48 hours after removal²⁵
- 4. Document findings and actions²⁶



- 1. Re-use PVC when clinically indicated and not routinely²⁷
- 2. Do not routinely remove and replace CVC²⁸
- 3. Remove when no longer required, or not prescribed by treatment plan²⁹



Scan for more information



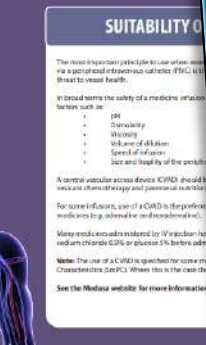
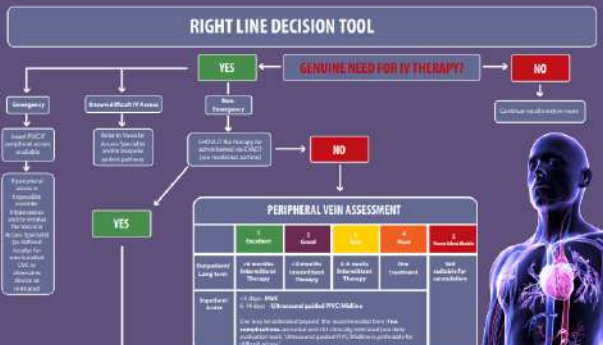
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W O C O V A

7th World Congress on Vascular Access

