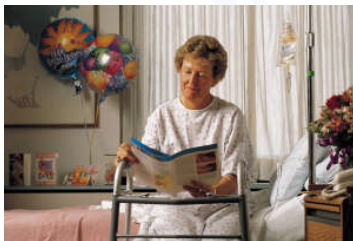


Translating Research into Practice (TRIP) Policy Revision: Peripheral Venous Lines

What does the evidence say?

- Replacing peripheral intravenous catheters only when clinically indicated does not reduce the incidence of catheter failure, on the basis of a composite measure of phlebitis and infiltration. ¹
- Changing of the primary administration set should coincide with the changing of the peripheral IV site. ²
- Rates of phlebitis are not substantially different in peripheral catheters left in place 72 hours compared with 96 hours ³ Administration sets that do not contain lipids, blood or blood products may be left in place for intervals of up to 96 hours without increase incidence of infection. ⁴
- **Peripheral catheters should ONLY be used for phlebotomy at the time of device insertion.** Exception: short term use, i.e., anticipated need less than 48 hours. Then the catheter should be used only for blood withdrawal, not for infusion of fluids or medications ⁵



Change in Practice/ Policy:

Peripheral IV sites must be changed every 72 to **96** hours, more frequently if signs of infiltration, phlebitis or if infusing solutions known to be venous irritants. If an IV site is maintained longer than 96 hours an MD order must be documented. Primary administration set changes should coincide with the changing of the peripheral IV site change. (except for blood products, neutropenia or lipid infusions.)

Phlebitis rating of grade 2 or higher should be reported to the physician and a PSN completed

For difficult IV starts: use dry heat source for warming (UCH- T pad use ®: see TRIP Sheet) ⁶

Selected References

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