



Reduce the risk of Venous Needle Dislodgement

At EDTNA in Hamburg 2009 Diaverum who is a leading global provider of renal care services presented a comprehensive study of HEDclip carried out at three of their clinics in Sweden and the United Kingdom. The study focused on how to improve the practice to reduce the risk of venous needle dislodgement. You can read the abstract here:



Abstract from the study

Background Venous needles may be at more risk of dislodgement if they have been poorly taped and if the blood lines have been improperly secured. In 2008 the EDTNA released educational guidelines on the prevention and detection of venous needle dislodgement (VND) that included guidance on the taping of dialysis needles and others practices to reduce the risk of VND.

Objective Following publication of the EDTNA guidelines we undertook a study to assess current practice patterns in relation to VND. In the first phase of this study we investigated current practice in relation to taping of needles and the practices used to secure blood lines. In the second phase of this study we assessed the use of a device to assist with the effective securing of blood lines (HEDclip, Health Equipment Denmark PLC).

Method This cross sectional study was performed in 2 clinics. A standardised assessment form was used to carry out 62 observational assessments in clinic 1 and 46 in clinic 2. During this phase of the study we identified the HEDclip device being used by a small number of patients in clinic 2. A sample of 10 clips was obtained and the device was evaluated in clinic 1. Following this initial assessment clips were obtained and used for all patients with arterio-venous (AV) access in clinic 2 and a short questionnaire was developed to assess both patients and nurses views regarding the device.

Results Findings of the practice patterns assessment identified several aspects of concern: 13 different taping methods were observed (7 different methods in each clinic). Bloodlines were secured inappropriately: directly to the bed or chair (7% clinic 1 and 4% clinic 2), directly to the patients' pillow in 50% of observations (clinic 1), directly to the hand (47% clinic 1 and 76 clinic 2). In 95% of observations in clinic 1 and 74% in clinic 2 the lines were assessed to be too tight. The first HEDclip evaluation results were positive 5 patients reported to feel safer and 4 reported feeling very secure using the device. In the second evaluation of the HEDclip 14 nurses and 19 patients completed evaluation forms. Only one patient preferred tape to secure the blood lines and 13 nurses felt the device should be used for all patients.

Conclusions Following this study we firstly made sure that the EDTNA guidelines were clearly displayed in all clinics throughout our dialysis clinic network. The second phase of our work has been to ensure that our procedures for taping have been standardised and are clearly understood by all staff throughout our clinics. We believe the HEDclip device helps to properly secure blood lines and reduce the risk of VND and we are currently looking at the potential cost of providing the HEDclip device for all patients throughout our clinic network.

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