



I.V. HOUSE®
Protection Over and Above



I.V. House®: Saving Lines...and So Much More

PIVs (peripheral venous access devices) deliver medication, fluids and nutrition that are often crucial for the survival of hospitalized neonates. And over the last forty years, PIVs have become a “common” sight in Neonatal Intensive Care Units (NICUs). Although they are an essential component of care for hospitalized neonates, they also carry a significant risk of complications for these most vulnerable patients.

“Removal of a PIV due to complications occurs in up to 78% of insertions, and can lead to premature removal of up to 95% of devices,” explains Janet Pettit, RNC, MSN, NNP. Pettit serves the dual role of clinical specialist and nurse practitioner in a 45-bed NICU in Central California.

IV complications run the gamut from mild to catastrophic. They may include infiltration, leaking, occlusion, and extravasation. Tissue sloughing is not uncommon. In extreme cases, complications can result in permanent nerve damage, loss of a limb, or death.

When PIV complications interrupt therapy, IVs must be reinserted. This may entail one or more attempts at reinsertion. Infants not only experience added discomfort, but additional risk of insertion-related complications and/or infection. Reinsertions also mean added costs in time and materials, and may extend hospital stays. Those reinsertions carry risks to healthcare workers too, by exposing them to potential needle sticks. Is it any wonder that IV therapy is a significant source of litigation?

Several factors influence successful IV therapy: site and device selection, catheter placement, infusates, care, protection and maintenance of the IV. According to Pettit, the average dwell time of a PIV ranges from 15-54 hours. “Less traumatic insertions and proper securement can improve these numbers,” she adds. According to Pettit, NICU nurses receive intensive and ongoing infusion training. And virtually every insertion is protected with an I.V. House UltraDome.™

“About six years ago our facility began using I.V. House,” says Pettit. “One of our staff nurses had attended a neonatal conference, saw I.V. House and brought back the idea. We started a trial. We liked I.V. House. We felt it protected our IVs and they seemed to last longer.”

Nurses have long recognized the need to protect IVs, often finding their own solutions. “In the old days, we used to protect IVs by cutting medicine cups in half and padding them with tape,” says Pettit. But using such a makeshift device has its own risks, and in fact, was the subject of a legal case.

Still, the need to protect these crucial IV lines didn’t diminish. Adds Pettit, “I would see babies – especially the bigger babies – hitting their IVs on the bed when they moved. We wouldn’t see external damage. But internally, we know that the catheter was connecting with the vein wall, which increases the risk of thrombosis and extravasation, both of which can shorten the lifespan of the device.”

(continued)



I.V. HOUSE®
Protection Over and Above



I.V. House®: Saving Lines... and So Much More

(continued from other side)

Adopting I.V. House as a routine part of IV therapy in the NICU met with enthusiastic approval. “We thought it was important to get I.V. House,” says Pettit. “Cost of the product was only one factor considered; the safety for the babies is crucial. We had to protect our peripheral devices— it really wasn’t an option to go without it.”

“Today, nearly 100% of our IVs are covered with I.V. House UltraDomes.™ We also use it on some central catheters. It’s just something that’s so important that you have to do it,” says Pettit. “It’s the kind of thing where you just can’t use a cost figure.”

Given the importance – and challenges – associated with IV therapy, how can nurses and their hospital meet the challenge?

“Education. Education. Education” says Pettit. “Standardized educational preparation is key. Our professional associations need to establish a foundation for the minimum level of training on devices, care, and monitoring.”

In the meantime, Pettit recommends utilizing resources in each NICU. “A PIV is so commonplace that we tend to forget the injuries that can occur,” says Pettit. But if 90% of babies have a vascular device and IVs are one of the highest areas of litigation in the NICU, it’s clearly a high risk area that should be addressed on a regular basis.”

Saving Lines & So Much More

800-530-0400

Learn More: visit our website: www.ivhouse.com
Instructive Videos / Usages / Directions / Product Details and Ordering Information