Reducing peripheral cannula infection through better documentation and utilisation of stickers.

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Background

There is a clear association between intravenous cannula and the risk of local and bloodstream infection. Such infections add significant morbidity, duration of hospitalisation and cost. Patients with prosthetic valves are at highest risk to develop this infection and as the ward had witnessed twice can be proven fatal. The aim of this project is to establish a process to prevent infections through observations, management, evaluation and documentation of intravenous cannula.

Following investigations for the two cannula related sepsis, questions were asked on how as a nursing staff looking after a patient could be certain of the cannulas condition when we are looking after a patient. The answer was unanimous. They believed that if they could see quickly when the cannula was put in, then they know exactly when it should come out.

Method

To improve monitoring and documentation of intravenous cannula, the team created a simple tool to easily view the site and condition of the intravenous cannula in a form of a sticker. The pre-printed cannula sticker will be placed in the progress notes when the cannula is inserted, removed and after every shift. All indwelling intravenous cannula will be inspected for infection and results documented in the progress report.

In addition to using cannula sticker, intravenous cannula inserted from other areas will be removed within 24 hrs. Intravenous cannula that are not being used for 24hrs will also be removed even if it is less than 3days old.

Regular monthly audit is conducted on intravenous cannula and results has been consistent. The process of observation, monitoring, evaluation and documentation of intravenous cannula has become a

Initial Data

An initial audit was done in May-July 2012 looking at documentation of intravenous cannulas. Total number of patient audited was 109. 71.6% had cannula dated on their body, 79.3% has cannula documented in the progress notes. 75% of total cannula audited are being used.

Results:

An audit was done in July 2013, 6 months after implementation of the initiative. There was no reported intravenous cannula infection for 6 months. 100% of patients with intravenous cannula had insertion date written on the site. 83% of intravenous cannula documented in the progress notes using cannula stickers.

Ongoing Results: 2016

Recent survey on the cannula sticker was conducted from both medical and nursing staff. 94% feels the cannula sticker is easy to use and gives useful information. 84% feels that it improves their care to their patient.

Reference:

Anastasius, M & Kritharides, L 2013, Monitoring surrogates of optimal cannula practice can prevent infection and staphylococcal bacteraemia in a tertiary audit of intravenous cannulation in a cardiology centre, Heart, Lung and Circulation, 22:5126-266.


Level 3East-CCU is a 24-bed combined Coronary care unit and Cardiac Stepdown in Concord RGH.

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