

# Consider the patient's voice

Gillian Ray-Barruel, Research Fellow, AVATAR Group, Menzies Health Institute Queensland, Griffith University, Australia



**T**oo often in the past, patient preference has not been considered a high priority when selecting a vascular access device (VAD). However, as patient populations become increasingly unwell, with complex health requirements necessitating reliable intravenous (IV) therapy amid rising healthcare costs, the concept of choosing the device that can best meet the physical and psychological needs of the individual patient is becoming more important.

No patient wants to undergo repeated catheter insertions. Unfortunately, too many catheters become blocked, dislodged and unusable before therapy is completed, resulting in patient discomfort, delays in treatment, extended length of hospital stay, and the need for insertion of replacement devices. Appropriate device selection, aseptic insertion technique, avoiding insertion in areas of high flexion, and proper catheter securement would go a long way to preventing device failure and improving the patient experience (Wallis et al, 2014).

Technological advances have created many new VADs. The use of peripherally inserted central catheters (PICC) in particular has greatly expanded in recent years, but these devices carry a risk of thrombosis and bloodstream infection (Chopra et al, 2013), and should not be regarded as the 'benign cousin' of centrally inserted devices. No device inserted into the body is ever risk-free. Therefore, it can prove challenging to select a VAD for optimal patient care, particularly for sicker and more compromised patients, such as the neonatal and elderly populations, patients undergoing chemotherapy, who are immunocompromised, obese, or with skin disorders, and those with chronic vascular access needs, such as haemodialysis and long-term parenteral nutrition. The Michigan Appropriateness Guide for Intravenous Catheters

(MAGIC) is a structured clinical decision framework for choosing the most appropriate VAD for the desired type and duration of therapy (Chopra et al, 2015). You can read an overview of the guide in this supplement (page S15–S24).

Patient experience surveys can provide a valuable adjunct to clinical audits. Not enough is known about the patient experience of having a VAD, and more studies in this area would provide clinicians with a greater understanding. Seeking the patient's opinion will become increasingly relevant as patients are encouraged to take a more active role in their own healthcare journey. Many organisations now encourage patient and caregiver involvement in infection prevention, for instance, giving people the right to speak up if they observe a health professional has not washed their hands (Longtin et al, 2010). With the availability of online healthcare information at their fingertips, we should not be surprised when patients request an expert inserter or express a preference for a certain type of VAD.

In the belief that much can be learned from hearing about patients' experience, the Alliance for Vascular Access Teaching and Research (AVATAR) group at Griffith University is currently undertaking a survey on the consumer experience of having a peripheral IV catheter (PIVC). We would like anyone who has had a PIVC in the past 5 years to complete a short, anonymous survey online (<http://tinyurl.com/avatargroup>). Parents of paediatric patients are also encouraged to complete the survey. If you know of someone who fits the criteria, I encourage you to pass on the opportunity for them to have their say.

The best VAD is not always the easiest to insert, but is the one that will be comfortable for the patient and stay in place for the duration of treatment. Let's make it our goal to choose the best every time. **BJN**

- Chopra V, Anand S, Hickner A et al (2013) Risk of venous thromboembolism associated with peripherally inserted central catheters: a systematic review and meta-analysis. *Lancet* **382**: 311–25
- Chopra V, Flanders SA, Saint S et al (2015a) The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results From a multispecialty panel using the RAND/UCLA Appropriateness Method. *Ann Intern Med* **163**(6 Suppl): S1–40
- Longtin Y, Sax H, Leape LL, Sheridan SE, Donaldson L, Pittet D (2010) Patient participation: current knowledge and applicability to patient safety. *Mayo Clinic Proc* **85**(1):53–62
- Wallis MC, McGrail M, Webster J et al (2014). Risk factors for peripheral intravenous catheter failure: a multivariate analysis of data from a randomized controlled trial. *Infect Control Hosp Epidemiol* **35**(1):63–8

## Editorial Board

### Jackie Nicholson

Nurse Consultant, Vascular Access, St George's University Hospitals NHS Foundation Trust

### Beverley Carter

Infusion Specialist Nurse, St Mark's Hospital Berkshire Healthcare NHS Foundation Trust

### Gemma Oliver

Nurse Consultant, Integrated IV Care, East Kent Hospitals University NHS Foundation Trust

### Editor

Sarah Kahn

### Subeditors

Daniel Davies  
Vicqui Stuart Jones

### Associate Publishers

Julie Smith  
Andrew Iafrafi

### Publisher

Anthony Kerr

If you would like to submit an article for publication in this supplement please contact Sarah Kahn on 020 7738 5454 or [bjn@markallengroup.com](mailto:bjn@markallengroup.com)



[www.markallengroup.com](http://www.markallengroup.com)

The British Journal of Nursing is published by MA Healthcare Ltd, St Jude's Church, Dulwich Road, London SE24 0PB

Tel: 020 7738 5454  
Editorial: 020 7501 6716

Sales: 020 7501 6726  
Email: [bjn@markallengroup.com](mailto:bjn@markallengroup.com)

Websites: [www.britishjournalofnursing.com](http://www.britishjournalofnursing.com)

## MAG ONLINE LIBRARY

© MA Healthcare Ltd, 2016. All rights reserved. No part of the British Journal of Nursing may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photocopying, recording, or otherwise without prior written permission of the Publishing Director.

The British Journal of Nursing is a double-blind, peer-reviewed journal. It is indexed on the main databases, including the International Nursing Index, Medline and the Cumulative Index of Nursing and Allied Health Literature (CINAHL)

The views expressed do not necessarily represent those of the editor or the British Journal of Nursing. Advertisements in the journal do not imply endorsement of the products or services advertised.

ISSN 0966 – 0461  
Print: Pensord Press Ltd, Blackwood, NP12 2YA  
Distribution: Comag Distribution, West Drayton, UB7 7QE  
Cover picture: iStockphoto.com



The paper used within this publication has been sourced from Chain-of-Custody certified manufacturers, operating within international environmental standards, to ensure sustainable sourcing of the raw materials, sustainable production and to minimise our carbon footprint.

Copyright of British Journal of Nursing is the property of Mark Allen Publishing Ltd and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.