Patient Safety Practices

Introduction

Approximately 90% of all hospitalized patients have intravenous catheters (IVs), and 25 million Americans have them placed annually (Institute of Medicine, 2000 para.4). There is therefore a huge potential of hazard to the population hence the need for maximum sterile conditions. They are used because of their effectiveness in administering fluids to patients. Catheters have two major problems; they are significant in the catheter-related bloodstream infections (CRBSIs) and they have a complex and high cost of insertion (Institute of Medicine, 2000 para6).

Causes of the infections

Whether one is using a standard short cannula, a midline catheter or a peripheral inserted central catheter, maximum sterile procedures should be followed to minimize cases of other infections. The Agency for Healthcare Research and Quality (AHRQ) is the body responsible for the patientsâ€™ safety and has developed measures to ensure all patients are safe.

Infections in the process of catheter insertions may arise from the infused fluids, additional medication, the containers and water used, at the injection point, or due to changing the infusion set. Strict insertion procedure should be followed and the insertions should be due to severe dehydration or blood transfusion, or parental feeding. The catheter should be removed as soon as possible. And a good aseptic technique should be used in the procedure (International federation of Infections Control, 2008).

Measures of maximum sterility

Thorough hand disinfection and use of sterile gloves by the one performing the insertion and thorough disinfection of the site of insertion is necessary. The catheter should be removed if there are any signs of infections, and the need to use catheters should be assessed every 24 hours. Catheters should be secure to prevent any movement and irritation. The one performing the insertion should rub hands with alcohol or antiseptic for disinfection or wash hands for 20 seconds (US Department of Health and Human Services, 2009).

Shaving of insertion site should be avoided. And maximum barrier precautions such as gloves, gowns, caps, and masks for the operators and a large sterile drape to cover the patient. Use of antimicrobial ointment should be avoided and the site should be dressed as soon as possible. For replacements, it should be after 72 hours incases of blood infusions.

Conclusion

The practices of the safe use of catheters to prevent infections have been due to the occurrence of infections from catheters. When such practices are used, then the patients are safer and we build a healthy society. The Agency for Healthcare Research and Quality (AHRQ) has been much involved in patient protection and the evidence of progress is much seen in more prevention of the infections.

About the Author

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