#02 Peripheral Vascular Access Placement techniques (SPVC/Mids)

Transcript:

00:00:00 **Servane Pelle-Lombardy**

Hello, everyone and welcome to the BD IV News podcast and more specifically to our special series Vascular Access Insights.

This is the place where we unpack the science, technique and real-world know-how behind everyday clinical practice.

We're here to support and empower your practice one episode at a time.

And in today's episode, we especially dive into the art and precision of peripheral vascular access placement.

from choosing the right site and device to mastering insertion techniques that boost first-stick success rates and patient comfort.

I'm your host, Servane Pelle-Lombardy, Associate Director of Medical Affairs for BD's MDS in EMEA.

And I'm now very, very happy, I have to confess, to welcome our two experts who will bring a wealth of clinical experience to discuss this crucial topic.

So hello, dear Professor Mussa.

Welcome.

00:01:00 **Prof. Baudolino Mussa**

Hello, Servane.

Hello, all.

Thank you for your hospitality here today.

00:01:05 **Servane Pelle Lombardy**

Very happy to have you joining.

So you are the general and oncology surgeon in the Surgical Science University Hospital Department in Turin, Italy, where you're also leading the vascular access team.

And I want to also warmly welcome Maciej Latos.

Welcome, Maciej.

00:01:24 **Maciej Latos**

Hello.

Thank you for having me today.

00:01:27 **Servane Pelle Lombardy**

Very welcome, very happy to have you joining.

You're anesthesia and intensive care nursing specialist and the head actually of the vascular access and infusion team at the University Clinical Center of the Medical University of Warsaw in Poland.

And you're also the president of the board of directors in the Polish Society of Infusion Nursing.

So to set the scene, I mean, looking at the literature, it looks like a lot of patients actually suffer multiple attempts before successful peripheral IV placement, leading to delays in care, patient pain, discomfort, higher complications.

So looking at that, when you think about peripheral IV placement today, based on your experience,
what would be the strategies that you found most effective to overcome these challenges?

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00:02:21 **Maciej Latos**

Yeah, so of course, the patient is a really challenging group of patients, and I think the new technology can bring us some solutions for that.

For example, using a ultrasound in my hospital now, it's really common for all kinds of patients.

Not only for peak lines or mid lines, but it's for common peripheral lines.

So Baudolino, for example, in my hospital, I try to establish programme for all nurses to use ultrasound, not only for vascular access teams.

What do you think about it?

It's a good approach to have the ultrasound in each kind of department, for example, to find the good vein.

00:03:01 **Prof. Baudolino Mussa**

I agree with you because in my hospital we started this experience with the emergency department, but now in many medical ward and surgical ward, some nurses started to use echo machine to found the vein, find vein in the patients with normal and also with Diva, in Diva patients.

But I think to extend the whole ward of the use of echo machine to find the right vein, I think it is important to use technology because it's important that the machine is very easy, quickly to use, possible portable, and with some technique trick that permit to nurse to see very easy the needle inside of the tissue and find quickly the vein and the placement of the device.

00:03:54 **Maciej Latos**

Yes, and I agree with you, of course.

And sometimes I think that, okay, we can focus on ultrasound, of course, because it's a really great device.

But sometimes we forget about the basics, about the bundles of insertions and so on.

So sometimes I want to teach nurses about the principles.

So try to find the best vein.

Be careful.

Try to access all veins on the patient.

Use the comfortable position for you and for patient.

Use the tourniquet, warm compress, and something like that.

If you have the time, you can spot everything sometimes, of course, because of course not only not each patient has Diva.

Yes.

So sometimes we lose on normal patient without Diva.

So what do you think about this bundle of insertion, for example, because I try to establish this in my hospital in new procedures, but it doesn't always work, to be honest.

00:05:03 **Prof. Baudolino Mussa**

I agree, but not only the bundle, but it's important to start with a basic culture about vascular device, vein preservation in the patients, and what meaning place a needle or a tube inside the vein of patients.

That is an important lack in the culture, medical and nurses don't know when they came out from a university.

Many news, many information about this procedure.

So often they approach the patients with the wrong solution, but also the wrong matter.

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So it's important to bundle, but also the culture in the basic.

Otherwise, the bundle is not adopted by anyone and you have a beautiful bundle but no one use it.

So it's important the general culture in medical and nurses university.

00:06:04 **Maciej Latos**

Yeah, it's true, and I think we can we should avoid the puncture and the insert, for example, numerous of short peripheral catheters.

So, I think we should teach people to assess the patient, for example, for using other devices like long peripheral catheters.

which is staying for a long time to preserve the vein.

So the appropriate devices is the most as important as the good approach for the good assess and good management of Diva and pain in the patients.

00:06:44 **Prof. Baudolino Mussa**

Absolutely.

And the pain is a key point because a painful procedure is something that make a very bad quality of life in our patients.

So if we look at the quality of life of our patient, we must start from the pain of the procedure.

So choose the right device, but choose the right position and also prepare the skin with tissue anesthesia with cream could be a solution, but also reduce the stress, the tension of the patients because he's afraid by the procedure that you must do.

So take time to do the procedure is very important.

It's time that we use to take care of our patients.

It is important to give to the patients every time.

00:07:37 **Maciej Latos**

Yes.

And just talk to the patient.

00:07:40 **Prof. Baudolino Mussa**

Exactly.

00:07:42 **Servane Pelle Lombardy**

So thank you both a lot for joining us today and for sharing this expertise in such a clear and very practical manner.

I'm confident our listeners from today are leaving with valuable insights, actually, and actionable takeaways they can apply in their clinical practice.

And what I've noted as most important, I mean, you said a lot of things, but I've noted those ones especially.

I would say peripheral IV catheter insertion shouldn't be banalized as a procedure.

And it's especially very important if I get it well for healthcare professionals to be trained in spotting patients with difficult intravenous access early on.

so as to make sure that catching those early will help using the right techniques to avoid multiple needle sticks and help, at the end of the day, save the veins.

I also captured the use of ultrasound for IV placement.

That can be a game changer and is especially helpful potentially for those tricky, difficult venous access patient cases.

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But also you refer to some other technologies such as needle tracking technologies, for example, that should be considered to support and help in placing in the first take.

Sticking to evidence-based insertion bundles, so you've been referring to those best practice bundles.

Seems not always easy to your point, Maciej, but it's important.

It's not only a best practice, it's absolutely key to make vascular access safer and more effective.

So the compliance to those bundles should be considered.

And finally, I like the point, obviously, around the patient: don't overlook the quality of life and the emotional side, and I like the recommendation that there should be clear protocol to assess and manage the patient anxiety before and during the procedure as well, because then...

it can make a significant difference in their comfort and overall in the success to placing that peripheral vascular access.

So I think that's a wrap for today.

Huge thanks again.

Huge thanks everyone listening for tuning in.

And be sure to catch our next episode.

We'll be diving into best practices for peripheral vascular access device care and maintenance.

So you won't want to miss it.

And remember, you are the VAM ambassadors.

So good access saves lives.

So stay connected.