**‘THE GOOD, THE BAD AND THE UGLY’ IN PERIPHERAL INTRAVENOUS CATHETER MANAGEMENT: POINT PREVALENCE STUDY REVISITED AT FIVE YEARS**

**Authors** Dr Sarah Berger1,2,3, Jill Rodricks1, Leah Wilkins1, Pip Francis2, Elizabeth Culverwell2

**Affiliations**

1. Te Ratonga Ārai Mate | Infection Prevention and Control Service, Canterbury and West Coast, New Zealand

2. Arakato o Tangaroa | Vessel Health Preservation and Intravenous Access Team, Canterbury and West Coast, New Zealand

3. Ōtākou Whakaihu Waka | University of Otago, Department of Nursing, New Zealand

**Introduction:** poor adherence to best practice standards for peripheral intravenous catheter (PIVC) management is ‘accepted but unacceptable’. Premature catheter failure results in treatment delays, extended length-of-stay and potentially compromised venous access for subsequent therapy. A local PIVC point prevalence study showed significant room for practice improvement and drove quality initiatives in documentation and patient engagement.

**Objective**: to re-evaluate PIVC prevalence and policy adherence in adult inpatients at a tertiary care university hospital after five years.

**Methods:** Observational point prevalence study undertaken on all adult acute care medical, surgical and oncology wards in 2024 (compared with 2019 findings). Data collected by senior registered nurses working in pairs on a single day. Descriptive statistics used to analyse data.

**Results:** 359 (vs 449) adult inpatients surveyed. 188 (vs 197) had one or more PIVCs in-situ. Total number of PIVCs in-situ was 220 (vs 212). PIVC prevalence was 61.3% (vs 47%). PIVCs were inserted in points-of-flexion such as antecubital fossa, back of hand or wrist in 68% (vs 52%) of patients. 78% (vs 19%) of cases had documented assessment of 8-hourly visual infusion phlebitis (VIP) score. Local signs of phlebitis identified in 9.5% (vs 14.4%) of cases. Patients were not aware of the reason/need for their PIVC in 21% (vs 44%) of cases.

**Conclusion:** Impact of quality initiatives demonstrated through improved VIP score documentation and patients’ increased awareness of reason for PIVC. Of concern was not only the increase in PIVC prevalence but also placement in points-of-flexion, which will inform next quality improvement targets.

Word count: 250/250