ABSTRACT TITLE: "ACDC" Antecubital Discontinuation Project

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Problem: In Spring 2014, Vascular Access Team (VAT) RNs discovered IVs placed at the Antecubital (AC) site experienced a higher than expected rate of complication when compared to other IV sites. Chi-square analysis indicated that there was a statistically greater likelihood of complications occurring at the AC site compared to other common IV site locations. Safety reports revealed that a large number of Anticubital intravenous sites had phlebitis and one in particular resulted in a thrombus.

Background: The Infusion Nursing Society Nursing Standards of Practice recommends avoiding areas of flexion such as the anticubital site for intravenous catheter insertion. Catheter or arm movement at the antecubital site can cause the tip of an intravenous catheter to erode the vein wall, restrict the normal venous blood flow and thereby cause mechanical phlebitis from vein irritation.

Aim: Reduce anticubital site complications from 37% of all complications to less than 25% by October 31, 2014.

Methods/Strategy: The VAT team performed intravenous site rounding daily to determine if complications were present. If they found an anticubital site, they moved it to another location whenever appropriate and possible.The nurses explained intravenous options to the patients, noting that the anticubital site may lead to increase risk of complications and the need to change the IV site if complications arose.

Results: After implementing AC site rounding, AC site complications reduced from 37% to 19.7% thereby exceeding the anticipated aim of 25%.

Conclusions: Implementing the ACDC project improved patient satisfaction, allowed for better coordination of care, and reduced IV placement. Proactively auditing IV sites for complications has a significant impact on preventing complications and patient discomfort.

Going Forward: VAT Team continued to monitor IV sites for complications and conducted periodic audits to assure sustainability.