

A Passion for Knowledge: The Canadian Vascular Access Association Guidelines on Vascular Access and Infusion Therapy

The Canadian Vascular Access Association

A non-profit multi-disciplinary organization of healthcare professionals who are dedicated to enhancing the practice of vascular access and infusion therapy

What are Best Practice Guidelines

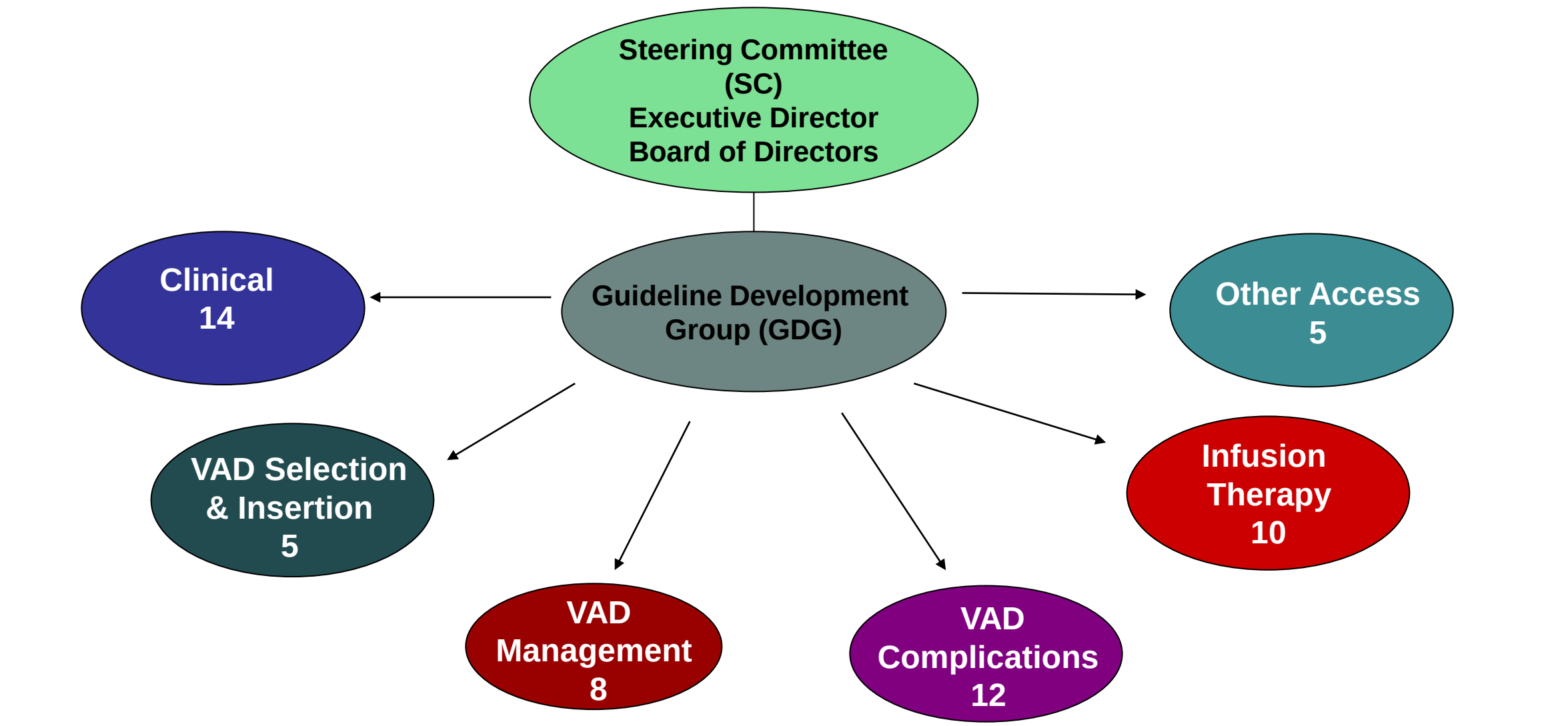
“Systematically developed statements (based on best available evidence) to assist practitioner and patient decisions about appropriate health care for specific clinical (practice) circumstances” *Field & Lohr, 1990.*



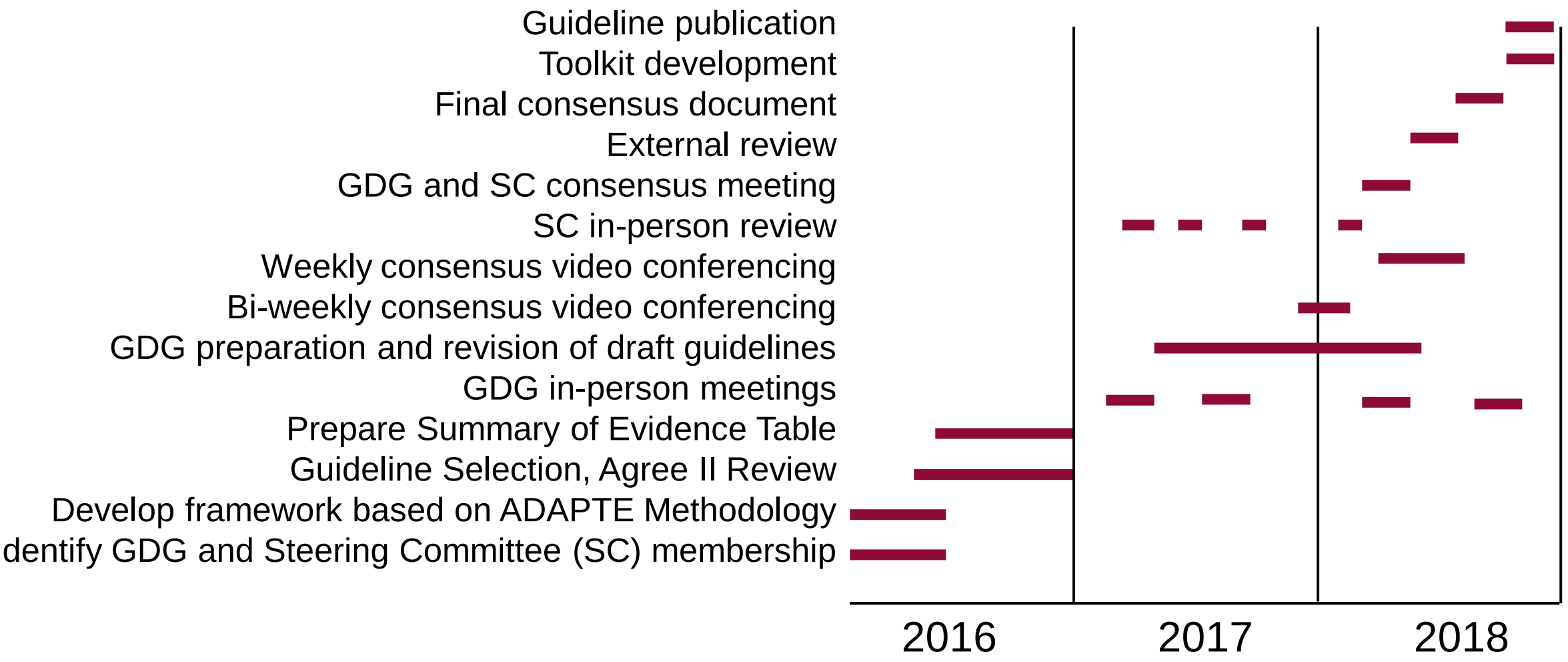
Objectives

- To develop consensus based, standardized, evidence-informed recommendations for safe vascular access and infusion therapy practice
- To provide bilingual Canadian standards of practice that can be used as the basis for evaluation of policies, procedures and practice guidelines for an organization
- To increase an organization’s capacity to implement the guideline recommendations and evaluate their organization’s vascular access and infusion therapy programs
- To develop resources to guide the implementation of the guideline recommendations into the healthcare provider’s practice

Guideline Development Structure



Implementation Timelines



Sample Recommendations

A. CLINICAL PRACTICE	
1. SPECIALIST SERVICE	(Clinical Practice)
Practice Recommendations	
1. Support the development of a designated specialist service (team or individual HCP) to lead the pursuit of excellence and quality care in vascular access and/or infusion therapy within the organization (INS, 2016; RCN, 2016). [IC]	
2. Use a collaborative multidisciplinary team approach (e.g., administrators, dietitians, infection prevention and control, nursing, pharmacy, physicians, social work) across the continuum of care. [ICVAA]	
3. Ensure members of the specialist service are educated and knowledgeable in specific theory and practice related to vascular access and/or infusion therapy such as: assessment, insertion, care and maintenance, administration, monitoring, complications and removal (INS, 2016; RCN, 2016). [IC]	

A. INFUSION THERAPY	
POWER INJECTION	
Practice Recommendations	
1. Use IVAD for power injection only when IVAD is identified as manufacturer-rated for power injection by unique identifier labeled as “CT”, as seen on radiographic image or two identifiers if using documentation (e.g., operative report, patient card) (INS, 2016). [IC]	
a) Do not rely on palpation bumps on set, tum as the sole identifier.	
b) Use only non-coring needles that are labeled and rated for power injection. This type of needle can be used for subsequent/non-power-required treatment.	
c) Assess the IVAD, needle placement, and surrounding skin after power injection to ensure needle was not dislodged and is still safe to use for infusion therapy.	

A. OTHER ACCESS	
1. IVAD	(Other Access)
Practice Recommendations	
1. Identify type of IVAD (single or double port body) and assess location and skin depth prior to access and use (INS, 2016). [IC]	
2. Do not access IVAD when pocket infection is suspected (e.g., red, tender, swollen). Draw blood cultures peripherally (not through IVAD). [ICVAA] Refer to Blood Sampling	

Impact & Next Steps

- Released in 2019, 1000+ copies disseminated to date
- Institutional licenses purchased to provide full staff access
- Developed Implementation Toolkit modules to supplement
- Revised Occlusion Management Guidelines

Acknowledgement

The Board of Directors would like to acknowledge the Steering Committee and Guideline Development Group for their enthusiastic and tireless commitment to this initiative.