

VASCULAR ACCESS DEVICES (VAD) AND COVID-19 PATIENTS NOT ADMITTED IN THE ICU

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Background

The study of COVID-19 patient's management with vascular access has been very low but a consensus has been reached to improve care in this type of patient. The importance of care, the proper choice of the vascular access device (DAV), the reduction of adverse effects and the minimization of contagion risks by health personnel are a new axis of study.

Aim

Highlight the work of the Vascular Access Unit from Arnau de Vilanova Hospital with Covid 19 patients who didn't require admission to the Intensive care Unit.

Methodology

Observational, descriptive and retrospective study by auditing the digitized medical records of 104 patients with medical discharged from the Arnau de Vilanova hospital from March 2020 to July 2022.

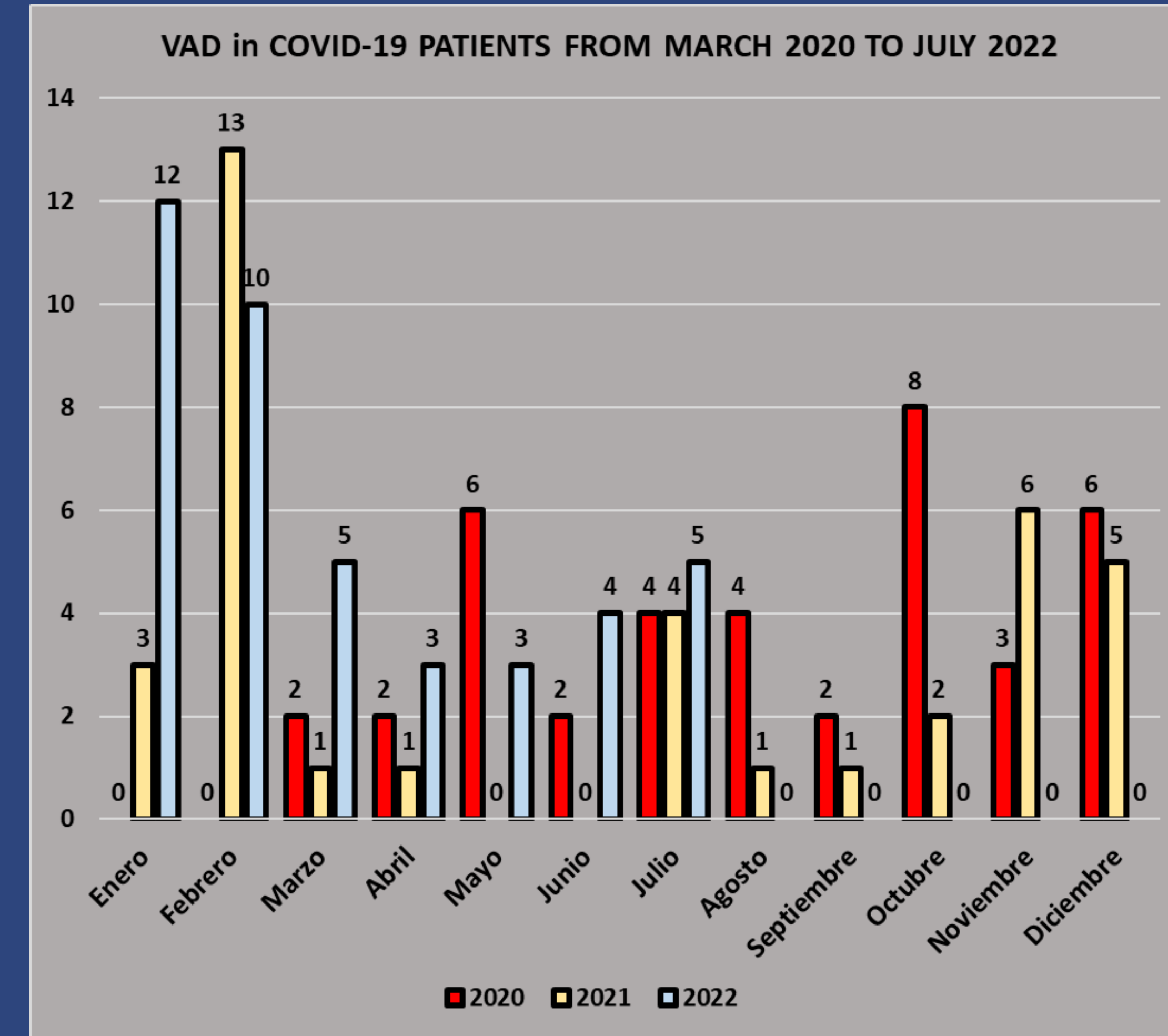
Conclusions

The existence of a UAV has meant an increase in patient safety and has allowed to be carried out the therapy for COVID 19 patients who were not included in the ICU

The UAV has been able to insert the DAVs at bedside, improving the safety profile of the personnel. The use of new materials such as cyanoacrylate has reduced the workload and the risk of occupational exposure, while also reducing costs.

Results

The 90% of DAVs were removal at the end of the therapy. In the 100% of the cases the first change dressing was 7 days later the insertion due to the use of cyanoacrylate use at the exit site. The average use was 16 days. 5 devices were remove for malfunction, 12 for exitus and 35 were removed for end of treatment. The average number of days from the time the patient is admitted until the day insertion is requested is 5 days.



VAD device types

