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BACKGROUND

The choice of vascular access device (VAD) in intravenous therapy can significantly influence clinical and economic outcomes. Nurses play a key role in selecting the most appropriate device based on the patient's profile and the proposed therapy. Although the peripherally inserted central catheter (PICC) is widely used, its high cost and associated complication risks have supported the adoption of the long peripheral intravenous catheter (LPC) as an alternative for patients undergoing therapeutic regimens suitable for peripheral infusion..

OBJECTIVE

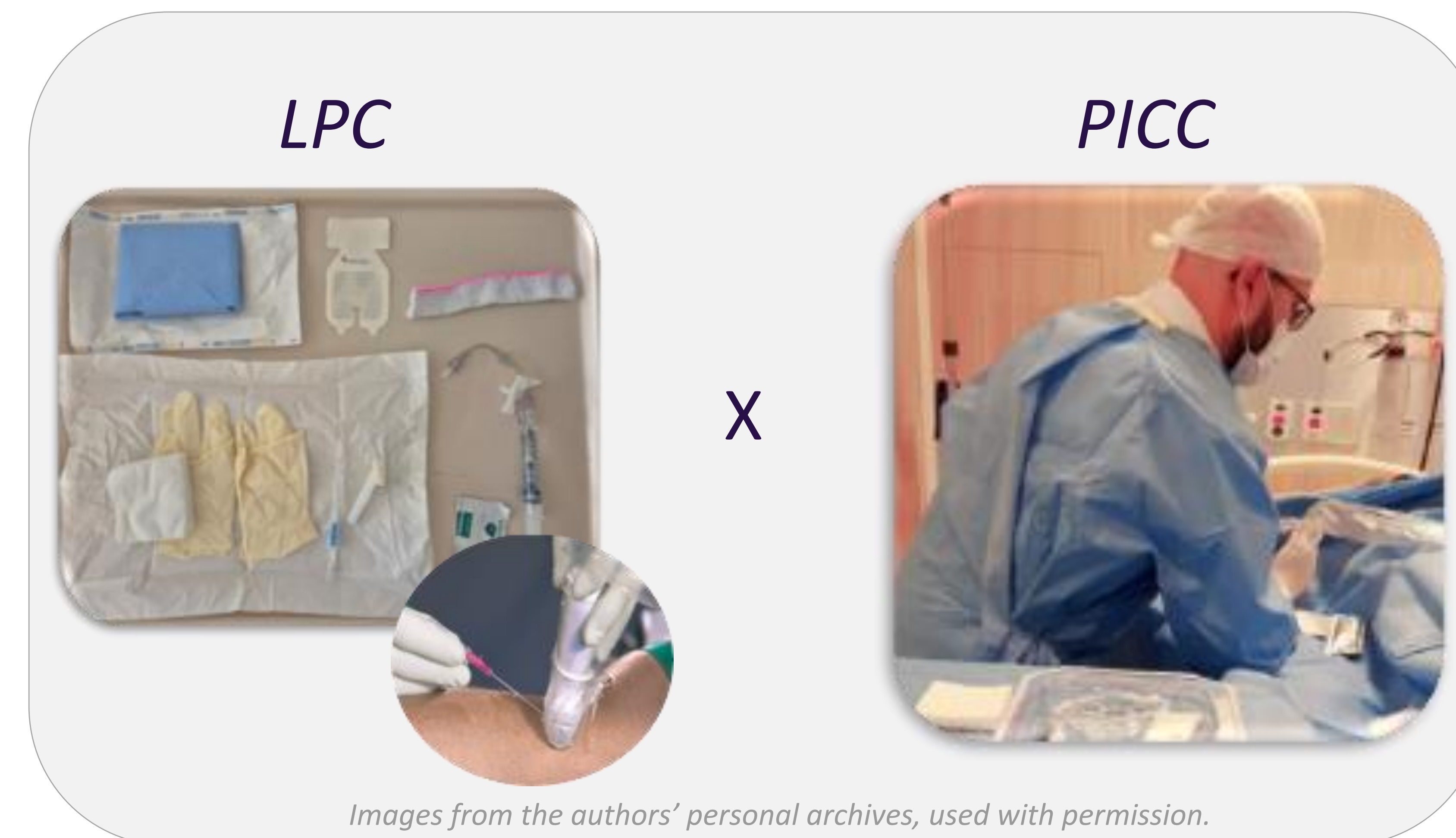
To perform a cost-effectiveness analysis of LPC use as an alternative to PICC for therapies appropriate for peripheral intravenous infusion, and to compare hospital sustainability aspects related to the use of LPCs and PICCs

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METHODS

This is a descriptive, retrospective cohort study with a census sample of hospitalized patients undergoing intravenous therapy with solutions indicated for peripheral infusion. Two consecutive 12-month periods were evaluated—before and after the implementation of LPC. Data were extracted from electronic medical records and supplemented by institutional records. Data analysis is being conducted using descriptive and inferential statistics, as well as the calculation of the incremental cost-effectiveness ratio. Strategies were adopted to control bias and confounding variables.



RESULTS - KEY FINDINGS

As this is a master's thesis, the results are preliminary.

38% <i>Reduction PICC inserted</i>	1.085 <i>LPC</i>	7d <i>Mean dwell time (2–32days)</i>
COMPLICATIONS	ECONOMICALLY	PLANETARY HEALTH
○ 2% phlebitis ○ 0.9% infiltration ○ 0.18% PLABSI	○ cost reduction of R\$ 484,275.00 ○ 365 hours IV team	○ approximately 540 kg less hospital waste,

CONCLUSIONS

The adoption of LPC as an alternative to PICC proved to be a cost-effective, safe, and sustainable strategy for peripheral intravenous therapies. There was a significant reduction in PICC use, hospital costs, waste generation, and specialist nurse time, with a low incidence of complications. These findings reinforce the importance of the nurse's role in the appropriate selection of vascular access devices, promoting more efficient, safer, and environmentally sustainable care.