

HUMANIZATION IN VASCULAR CARE: MIDLINE CATHETER IN A PATIENT WITH DIFFICULT VENOUS ACCESS

Francisco José López Escoz; Montserrat Sánchez Aguilera. Hospital Universitario Torrecárdenas (Almería).

INTRODUCTION

Humanization in vascular care involves focusing of the patient's physical and emotional well-being, reducing their pain, anxiety, and the aggressiveness of procedures. In patients with Difficult Intravenous Access (DIVA), the use of a midline catheter represents a key humanization strategy, as it replaces repeated needle punctures with a single safe, comfortable and durable insertion.

Repeated venipunctures may cause a major source of stress, anxiety, pain and loss of trust in healthcare for chronic patients or those with difficult venous access.

Comfort and safety: as it is a more stable access, it decreases the risk of phlebitis, medication extravasation and thrombosis.

Enables home care: it is an excellent option for prolonged antibiotic treatments, facilitating early hospital discharge and allowing treatment to continue at home.

METHODOLOGY

A 75-year-old woman was admitted to the ICU and required the implantation of a pacemaker on the left side. She presented with thrombophlebitis in the left upper extremity, where a peripherally inserted central catheter had been placed during a previous unit stay.

The intravenous therapy nursing team was notified of the need to establish a new venous access. Due to the inability to use the left upper extremity, the right upper extremity was assessed; however, it presented multiple previous puncture sites.

The patient exhibited anxiety and pain as a result of the aforementioned complications. The intravenous therapy team carefully explained the procedure to the patient and, using a sterile technique, an ultrasound-guided midline catheter was inserted.

The insertion of a midline catheter facilitated early hospital discharge and allowed home care for prolonged antibiotic treatment

RESULTS

- Stable and functional vascular access
- No device-related complications
- Reduced physical discomfort
- Reduced emotional stress
- Increased trust in the healthcare team
- Inner arm midline placement improves patient comfort and arm mobility

CONCLUSIONS

- Improves patient experience
- Optimizes clinical outcomes
- Reliable venous access
- Less pain and fewer venipunctures
- Technical procedure
- Patient preparation
- Emotional support
- Information and follow-up

