VESTRE VIKEN

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Improving vascular access by early identification of difficult veins

Quality improvment initiative – Department of Anesthesia, Bærum Hospital, Norway

Introduction

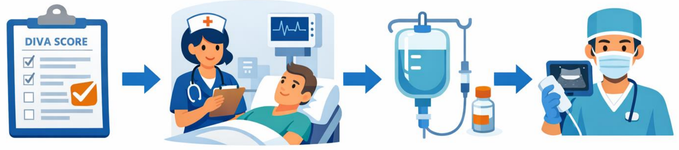
- The experiences of the vascular access team (VAT) shows that inpatients receiving potentially irritating intravenous medications are often referred to the VAT late in their hospital stay.
- These patients often endure multiple painful peripheral venous cannulations, are subjected to repeated insertion attempts and the cannulas typically last only for a brief period of time.
- Doctor of Nursing Practice, Lise Husby Høvik, has shown in her research that the care and follow-up of intravenous catheters in Norwegian hospitals can be significantly improved.

Aim

- We aim to implement preventive measures by initiating interventions at the time of patient admission.
- The purpose is to assess venous status in patients admitted through the emergency department before hospitalization.
- We want to achieve earlier referrals for patients meeting the criteria's, ensuring optimal intravenous access as quickly as possible and reducing venous injury.

Method

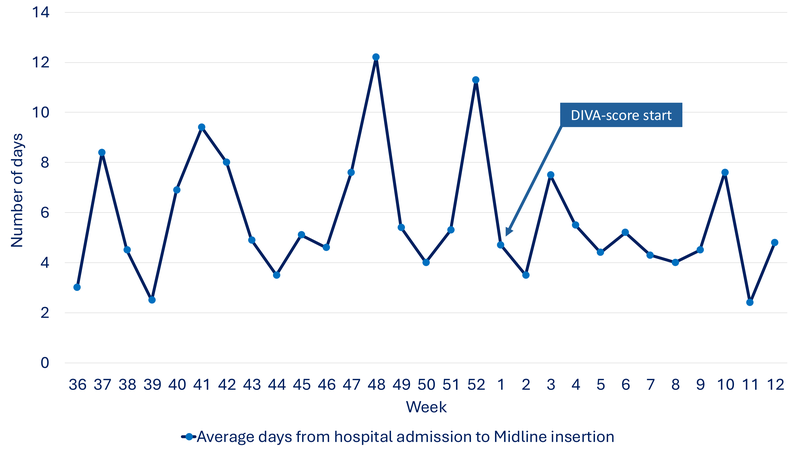
- We developed a scoring form based on the modified A-DIVA score.
- Patients included in the project are those admitted to the medical clinic.
- Nurses in the emergency department score patients prior to the insertion of intravenous access.
- Based on the assigned score and the intended use of intravenous access, patients will be referred to the VAT.
- Nurse anesthetist in the VAT evaluate the refferals and determine the most appropriate type of intravenous access.



DIVA-score (1 point per cross):_____

- ❑ No visible veins
- ❑ No palpable veins
- ❑ Thin, sclerotic veins
- ❑ Previous problems with venous access
- ❑ Many bruises
- ❑ Emergency patient or dehydrated patient

0-1 point: Low risk. Await referral to Midline.
2-3 points: Moderate risk. Consider referral to Midline.
4-6 points: High risk. Refer to Midline.



Results

- The project is in its initial phase, and we have begun scoring patients in the emergency department in January 2026.
- We are comparing the number of days from hospital admission to the establishment of optimal vascular access, for this project a Midline, before and after implementing scoring in the emergency department.
- Data are being collected from our electronic patient record system and registered in LifeQi.
- We have a good collaboration with the emergency department and are continuously working to increase the scoring percentage.

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