MISSED CARE, INCIDENTS, AND VASCULAR ACCESS: INTEGRATIVE REVIEW FOR THE DEVELOPMENT OF THE MISSCARE-IV

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Introduction

Missed care is a complex, multidimensional phenomenon arising from cognitive failures or violations, with the potential to compromise patient safety. In the management of vascular access devices, missed care may contribute to high rates of adverse events. Instruments to measure and identify the causes of these omissions could support their identification and mitigation. This literature review represents the first phase in developing the MISSCARE-IV tool.

Objective

To synthesize evidence on the association between missed care and safety incidents related to vascular access, identifying critical domains and contributing factors to support the modeling of a new assessment instrument.

Methods

- Integrative review conducted in accordance with PRISMA.
- Searches were performed in the following databases: BDENF, LILACS, MEDLINE, and SciELO.
- Articles published in the last ten years were included.
- Descriptors used: vascular access devices, central venous catheters, peripheral catheterization, omission, negligence, safety incidents, adverse events.
- Articles published in Portuguese, English, and/or Spanish were considered.
- Subsequently, peer review analysis was performed in two stages: data interpretation and categorization.

Results

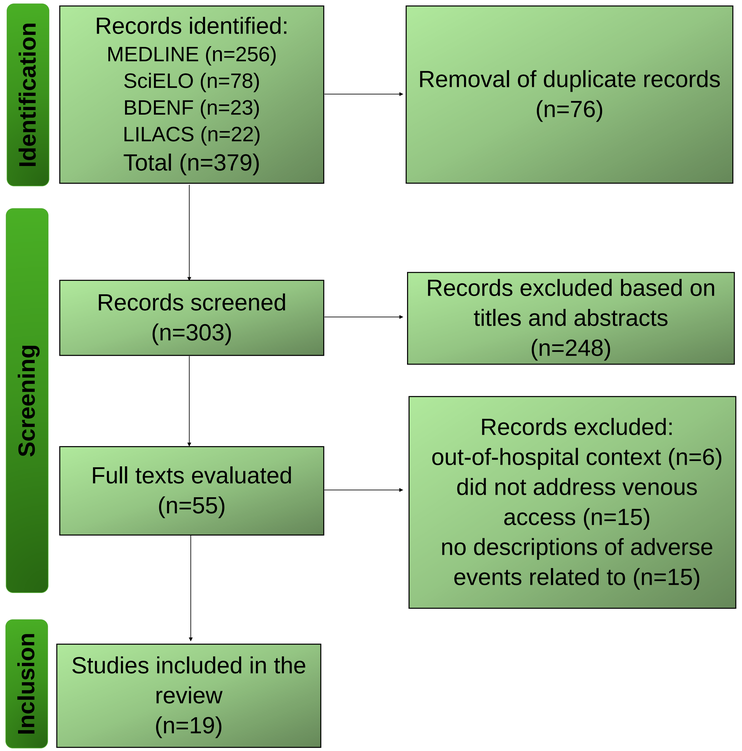

Figure 1. PRIMA flow diagram of the article selection steps.

- The search yielded 19 articles.
- The most recurrent missed care was grouped into four domains: device maintenance (absence of flushing/locking, inadequate stabilization); clinical surveillance (lack of assessment, delayed recognition of inflammatory signs); infection control (failures in connector disinfection, insufficient aseptic barriers); and technological/procedural gaps (nonuse of ultrasound or confirmation of catheter tip position, inappropriate device selection).
- Associated incidents included device occlusion and loss, phlebitis, extravasation, infiltration, displacement, fractures, malposition, and catheter-related bloodstream infection, with greater impact in pediatrics, neonatology, and intensive care.
- Missed care was favored by organizational factors, such as inadequate staffing, fragile safety climate, and underreporting, and by individual factors, including inconsistent adherence to protocols and insufficient technical proficiency.

Conclusion

Missed care in vascular access is not an isolated phenomenon but a systemic marker of care quality. Therefore, addressing missed care requires not only technical protocols but also investment in a safety culture, adequate staffing, incorporation of technologies, and the development and validation of instruments that systematically identify these omissions, as the proposed MISSCARE-IV, supporting structured reporting to promote patient safety.

Descriptors: Patient Safety; Nursing Care; Vascular Access Devices.
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