

# AVA Publishes Standards of Care for Peripheral Intravenous Catheters

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**Association for Vascular Access (AVA)**  
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Evidence-based expert consensus on PIVC safety in vascular access is endorsed by 16 organizations.

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The [Association for Vascular Access](#) (AVA) announced the publication of “Standards of Care for Peripheral Intravenous Catheters: Evidence-Based Expert Consensus” in the Journal of the Association for Vascular Access (JAVA). This open access article is available [\[here\]](#).

“Standards of Care for Peripheral Intravenous Catheters: Evidence-Based Expert Consensus” details a comprehensive, evidence-based expert consensus on the standards of care for peripheral intravenous catheters (PIVCs)—a thin, flexible vascular access device used to administer fluids, medications, or other treatments.[\[i\]](#) This groundbreaking document aims to form a unified consensus on PIVC insertion, maintenance, and removal to eliminate implicit bias and provide safe, effective vascular access for all patients.

The insertion of a peripheral intravenous catheter is the most common invasive procedure performed in healthcare,[\[ii\]](#) with more than 350 million devices sold annually in the United States.[\[iii\]](#) However, 35-50% of PIVCs fail before the completion of treatment.[\[iv\]](#) Collectively, this can lead to serious implications for patients, including increased costs and length of treatment. Considering the mere volume of PIVCs placed in patients, the human impact is momentous. These startling statistics inspired AVA to lead a collaborative effort with experts from the Infusion Nurses Society (INS), the American Association of Critical Care Nurses (AACN), ECRI, and other content experts from vascular access, infusion therapy, infection prevention, critical care, pediatrics, and healthcare leadership in addition to a physician and a patient representative.

“The magnitude of peripheral intravenous catheter failure is simply unacceptable. To address the problem, AVA recognized the need for a single, unified framework to guide PIVC education, insertion and care,” said Judy Thompson, MSNEd., RN, VA-BC™, AVA Director of Clinical Education. “We hope these guidelines can be a catalyst for action on a global scale, including policy changes. AVA is committed to advancing quality, equitable vascular access to patients, and we’re thrilled to lead this collaborative effort to develop a standard practice for PIVC care.”

AVA's aim is to provide guidance that will enhance and standardize practices related to peripheral intravenous catheters. By consolidating current standards of practice into a comprehensive concise document, our framework seeks to advance the quality of care and improve patient safety. This document has undergone meticulous scrutiny to ensure its quality; including incorporation of current standards, a modified RAND/UCLA methodology for consensus from the expert panel, and input received from more than 400 public comments and 16 endorsing organizations.

AVA and those involved in this collaborative effort anticipate that this work will have a significant impact on healthcare professionals, policymakers, and patients' experience by promoting a consistent, high-quality treatment advancing safety and comfort for patients receiving a PIVC.

"As clinical experts, it is our responsibility to provide guidance and education to the greater health care community of those who insert, care for, and use PIVCs in practice" said Dr. Marlene M. Steinheiser, PhD, RN, CRNI®, Infusion Nurses Society, Director of Clinical Education. "Beyond being clinicians, we may all one day experience the need for a PIVC or be the caregiver/family member of a loved one or friend receiving infusion therapy via a PIVC. The issue of PIVC failure impacts us all as clinicians, care recipients, and patient advocates. This article consolidated current standards of practice to provide clinical guidance to promote safety and improve patient care".

Swapna Kakani said "As the patient representative and a research collaborator on the team, I appreciate the involvement of patient and caregiver perspectives throughout the development and dissemination of this publication. For 35 years having received IV care across the US, I have accepted complications of multiple PIV attempts as normal. I thought inequities in experience were part of the process because the procedure was just an IV and felt more important than my own discomfort. But we deserve so much better. We deserve to have 'one-stick wonders' and quality, consistent, care no matter where you are, who you are, and the clinician who cares for you".

Through this joint effort, the expert panel adopted sixteen content domains for PIVC insertion, such as maximizing first insertion success and PIVC quality management. The full sixteen recommendations and details for implementing these steps can be found in the journal article. Additionally, the recommendations will be presented at the 2024 AVA Annual Scientific Meeting on September 29th in Denver.

The strength of this work is bolstered by the organizational collaboration and support.

Thank you to the following organizations for their collaboration and support: Association for Vascular Access (AVA); Infusion Nurses Society (INS); ECRI, American Association of Critical-Care Nurses; International Nosocomial Infection Control Consortium (INICC); Association for Professionals in Infection Control and Epidemiology (APIC); Emergency Nurses Association (ENA); The Society for Healthcare Epidemiology of America (SHEA); Alliance for Vascular Access Teaching and Research (AVATAR); Canadian Vascular Access Association (CVAA); American Association of Nurse Anesthesiology (AANA); American Academy of Emergency Nurse Practitioners (AAENP); Society of Nurse Science, Innovators, Entrepreneurs & Leaders (SONSIEL); Pediatric and Neonatal SIG (PediNeoSIG); Beyond Acute Care SIG; and Association for Safe Aseptic Practice (ASAP).

On behalf of the Association for Vascular Access, we want to thank the expert panel who dedicated their time, talent, and knowledge on this important work: Judy Thompson, Marlene M. Steinheiser, J. Blake Hotchkiss, James Davis, Michelle DeVries, Katie Frate, Robert Helm, Chris W. Jungkans, Swapna Kakani, Sean Lau, Karen Lindell, Kristen McNiff Landrum, Karen A. McQuillan, DJ Shannon, Lorelle Wuerz, and Stephanie Pitts.

#### About:

The Association for Vascular Access (AVA) is the dominant thought leader in the vascular access specialty and has a long-standing commitment to educating clinicians and pre-licensure students who represent a broad spectrum of healthcare professions around the globe. Founded in 1985, AVA is at the forefront of protecting and saving lives by establishing best practices and promoting patient advocacy. AVA's multidisciplinary membership advances research provides professional and public education to shape practice and enhance patient outcomes, and partners with the device manufacturing community to bring evidence-based innovations in vascular access. To learn more about AVA and the Fundamentals of Peripheral Intravenous Vascular Access, visit [avainfo.org](http://avainfo.org).

[Read more about](#)

[Standards of Care for Peripheral Intravenous Catheters: Evidence-Based Expert Consensus](#)

[i] Cleveland Clinic <https://my.clevelandclinic.org/health/treatments/24930-peripheral-iv>

[ii] Tripathi S, Gladfelter T. Peripheral intravenous catheters in hospitalized patients: Practice, Dwell times, and factors impacting the dwell times: A single center retrospective study. J Vasc Access. 2021 Mar 30;11297298211000874. doi:10.1177/11297298211000874. Epub ahead of print. PMID: 33784876.

[iii] iData Research I. U.S. Vascular Access Device and Accessories Market – 2023.

<https://idataresearch.com/product/vascular-access-devices-market-united-states/>.

[iv] Helm RE, Kalausner JD, Klemperer JD, Flint LM, Huang E. Accepted but unacceptable: peripheral IV catheter failure. J Infusion Nurs. 2015;38:189–203. doi:10.1097/NAN.000000000000100

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