Peripheral intravenous catheter/cannula (PIVC)-related infections

Worldwide, over 1 billion **PIVCs** are used every year

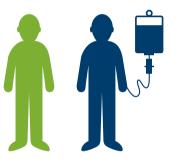
for the administration of fluids, medication, blood products and contrast media. It is the most commonly performed invasive procedure in hospitalised patients.1







Up to 80% of hospitalised patients receive at least one PIVC during their hospital stay.2







In New Zealand and Australia, up to 1 in 4 PIVCs remain in place after they are no longer needed.9

Up to 50% of PIVCs fail before completion of therapy due to complications.3,4

Complications of PIVC include:

infection, occlusion, infiltration, dislodgement, phlebitis, extravasation, haematoma and air embolism.



At least 1 out of 5

healthcare associated Staphylococcus aureus bacteraemia (SAB) cases are linked to PIVC in New Zealand.5

The 30-day all-cause mortality for SAB is **20%-26%.** 6,7



As of 2010, for every case of HA-BSI (healthcare associated bloodstream infection), the cost to the health system was



New Zealand Government







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 URL: www. journalofhospitalmedicine.com/jhospmed/article/166494/hospital-medicine/ use-short-peripheral-intravenous-catheters-characteristics (accessed 5 June 2018).