Resolution

Resolution Title: Ultrasound-Guided Peripheral Intravenous Access

Whereas, peripheral intravenous cannulation is a frequent procedure in emergency department patients; and

Whereas, patients with difficult peripheral venous access may undergo multiple attempts to achieve intravenous access with resultant delays in diagnosis and treatment, utilization of additional staff resources, and decreased patient satisfaction; and

Whereas, patients with difficult peripheral venous access may require central venous access which increases patient morbidity and mortality as well as healthcare costs; and

Whereas, the utilization of ultrasonography for the placement of peripheral intravenous cannulation is a well validated procedure that decreases time to diagnosis and treatment, increases patient satisfaction, and decreases patient throughput time; and

Whereas, there are data to support the ability of emergency nurses to safely and effectively perform ultrasound-guided peripheral venous access after appropriate education and training, now, therefore, be it

Resolved that, the Emergency Nurses Association develop a position statement to support the inclusion of ultrasound-guided peripheral venous access within the scope of practice of registered nurses.

Resolution Background Information:

Peripheral Intravenous (PIV) cannulation is a common procedure for patients in the Emergency Department. Obtaining PIV access in patients with obesity, shock, dehydration, extremes of age, vascular pathologies, chronic illness, a history of intravenous drug use, or a history of multiple previous cannulations can be difficult even for the experienced nurse (Stein, George, River, Hebig, & McDermott, 2009; White, Lopez, Stone, 2010). Patients with difficult peripheral access often undergo multiple venipunctures, which may include blind attempts to access a vein based on knowledge of “normal” anatomy. Failed attempts to obtain access may result in patient dissatisfaction, deterioration and/or suffering and culminate in the placement of a central line. Central line placement can have both immediate and delayed adverse events for patients including arrhythmia, pneumothorax, cardiac tamponade, thrombosis, great vessel damage, or sepsis. Additionally, patients with difficult PIV access utilize more staff resources, suffer from delays in diagnosis and treatment, and have decreased satisfaction (White, Lopez, Stone, 2010).

The effectiveness of ultrasound to guide the placement of PIV cannulation is well established (Blaivas & Lyon, 2006; Bauman, Braude, & Crandall, 2009; Constantin, Parikh, Satz, & Foštik, 2005; Stein, George, River, Hebig, & McDermott, 2009; Schoenfeld, Boniface, & Shokoohi, 2010). The use of ultrasonography for peripheral line placement has several benefits including decreasing time to diagnosis and treatment, decreasing patient throughput time, and increased patient and provider satisfaction. Additionally, patients who undergo peripheral ultrasound guided PIV cannulation are spared from both short-term and long-term central line

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adverse events, which increase morbidity, mortality, and healthcare costs (White, Lopez, Stone, 2010).

Multiple evidenced-based articles validate the competency of the emergency nurse in the use of the ultrasonography for PIV cannulation (Blaivas, 2005; Blaivas & Lyon, 2006; Chinnock, Thorton, & Hendey, 2006, White, Lopez, & Stone, 2010). Research has demonstrated that emergency nurses performing ultrasonography for PIV cannulation have placement rates similar to physicians, protect patients from central lines, and decrease the time to diagnosis and treatment (Blaivas, 2005; Blaivas & Lyon, 2006; Chinnock, Thorton, & Hendey, 2006).

References:
Infusion Nurses Society (2011) Infusion Nursing Standards of Practice. Journal of Infusion Nursing, 34, 1S.

Relationship to ENA Philosophy and ByLaws:
The mission of the Emergency Nurses Association is to “advocate for patient safety and excellence in emergency nursing practice”. This resolution serves ENA’s the mission by:
• Defining a standard to serve as a basis for emergency nursing practice;

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- Identifying and disseminating information regarding key trends affecting and pertinent to emergency nursing; and
- Advocating for effective patient care.

This resolution supports the following beliefs from the ENA Code of Ethics:
- The emergency nurse acts with compassion and respect for human dignity and the uniqueness of the individual.
- The emergency nurse maintains competence within, and accountability for, emergency nursing practice.
- The emergency nurse acts to protect the individual when health care and safety are threatened by incompetent, unethical or illegal practice.
- The emergency nurse exercises sound judgment in responsibility, delegating, and seeking consultation.

ENA’s Vision Statement states: “ENA is indispensable to the global emergency nursing community.” This position statement would provide support for emergency nurses seeking to implement evidence-based practice changes to improve care for patients.

Financial Considerations:
Development of the position statement would be accomplished within the current ENA committee structure. As such, it would incur no additional expenses.

Resolution Outcomes:
That the ENA develops a position statement supporting the inclusion of ultrasound-guided peripheral venous access in the registered nurses’ scope of practice. This position statement would be available to nurses desiring to implement an ultrasound-guided peripheral venous access program in their institutions.

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