

Summary of Recommendations

	RECOMMENDATION	*LEVEL OF EVIDENCE
Practice Recommendations	Assessment and Device Selection 1. All clients requiring vascular access, regardless of duration of therapy, require the use of a structured approach such as an algorithm to facilitate a comprehensive client assessment and the development of a vascular access care plan prior to the initiation of therapy.	IIb
	2. To determine the most appropriate type of vascular access device, the nurse needs to consider the following factors: <ul style="list-style-type: none"> ■ Prescribed therapy – Level Ib; ■ Duration of therapy – Level Ib; ■ Physical assessment – Level IV; ■ Client health history – Level IV; ■ Support system/resources – Level IV; ■ Device availability – Level IV; and ■ Client preference – Level IV. 	
	Client Education 3. Nurses will discuss the options for vascular access devices with the client and family caregivers. Device selection is a collaborative process between the nurse, client, physician and other members of the health care team, however, the nurse has a role to educate and advocate for clients in relation to the selection of appropriate devices.	IV
	Documentation 4. Nurses will document comprehensive information regarding assessment of infusion therapy and device recommendations. This documentation should include, as a minimum: <ul style="list-style-type: none"> ■ Assessment completed and the written plan of care developed; and ■ Client and family caregiver education. 	IV
Education Recommendation	5. The principles and practice of infusion therapy should be included in the basic education of nurses in their core curriculum, be available as continuing education, be provided in orientation to new organizations and be made available through continuing professional development opportunities.	IV

*See pg 12 for details regarding “Interpretation of Evidence”.



	RECOMMENDATION	LEVEL OF EVIDENCE
Organization & Policy Recommendations	6. Health care organizations should have access to infusion therapy nursing expertise to support optimal vascular access outcomes.	III
	7. Health care organizations must have quality improvement systems in place to monitor client outcomes. This should include an interdisciplinary process that will monitor quality indicators related to vascular access and infusion therapy, the provision of timely feedback for improved client outcomes, and systems for reporting and capturing data to support practice improvements.	IV
	8. In order to support continuity of client care within and between organizations, all clients with a vascular access device and/or their caregivers need to have available comprehensive information about the device, which should include, as a minimum: <ul style="list-style-type: none"> ■ Details of therapy; ■ Type of vascular access device, including number of lumens; ■ Date of insertion; ■ Tip location, for all central vascular access devices; ■ Delivery system in use; ■ Client education plan; ■ Client specific instructions; ■ Details of any complications experienced; and ■ Appropriate resources, as required. 	IV
	9. Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as appropriate facilitation. Organizations may wish to develop a plan for implementation that includes: <ul style="list-style-type: none"> ■ An assessment of organizational readiness and barriers to education. ■ Involvement of all members (whether in a direct or indirect supportive function) who will contribute to the implementation process. ■ Dedication of a qualified individual to provide the support needed for the education and implementation process. ■ Ongoing opportunities for discussion and education to reinforce the importance of best practices. ■ Opportunities for reflection on personal and organizational experience in implementing guidelines. 	IV

Interpretation of Evidence

LEVELS OF EVIDENCE

Ia - Evidence obtained from meta-analysis or systematic review of randomized controlled trials.

Ib - Evidence obtained from at least one randomized controlled trial.

IIa - Evidence obtained from at least one well-designed controlled study without randomization.

IIb - Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III - Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies and case studies.

IV - Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities

