

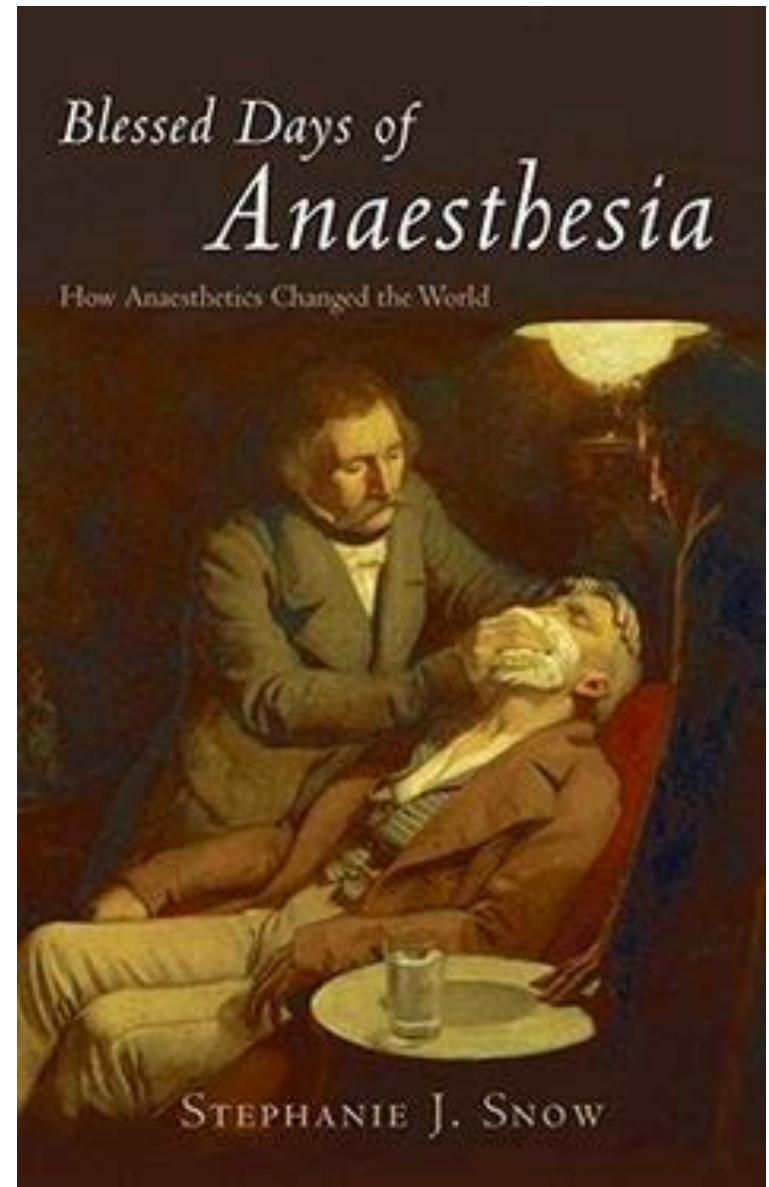


Vascular Access Devices Decision Making in the Cancer Setting

Samantha Gibson
Oncology Nurse Practitioner
CEO Cancer Nurses Society Australia

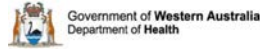


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+ Unfortunately for him!!

JOURNAL OF CLINICAL ONCOLOGY
Official Journal of the American Society of Clinical Oncology



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ASCO SPECIAL ARTICLES

Central Venous Catheter Care for the Patient With Cancer: American Society of Clinical Oncology Clinical Practice Guideline

Charles A. Schiffer, Pamela B. Mangu, James C. Wade, Dawn Camp-Sorrell, Diane G. Cope, Bassel F. El-Rayes, Mark Gorman, Jennifer Ligibel, Paul Mansfield, Mark Levine

Intravenous Nursing New Zealand
Incorporated Society

Provisional Infusion Therapy Standards of Practice

March 2012

Strategies for Prevention of Catheter-Related Infections



- ▶ Education, Training and Staffing
- ▶ Selection of Catheters and Sites
- ▶ Hand Hygiene and Aseptic Technique
- ▶ Patient Cleansing
- ▶ Catheter Securement Devices
- ▶ Antimicrobial/Antiseptic Impregnated Catheters and Cuffs
- ▶ Antibiotic/Antiseptic Ointments
- ▶ Antibiotic Lock Prophylaxis, Antimicrobial Catheter Flush and Catheter Lock Prophylaxis

▶ Guidelines on the Prevention of Intravascular Catheter - Related Infections. 2011



Insertion and Management of Peripheral Intravenous Cannulae in Western Australian Healthcare Facilities Policy



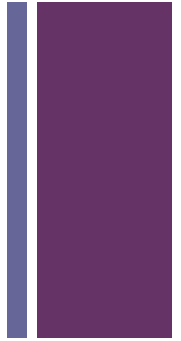
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"...and this is Ralph, your anesthesiologist."

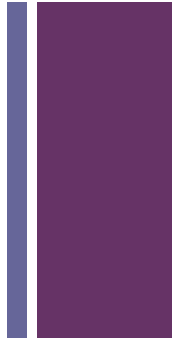
+ CNSA and EviQ Vascular Access Guideline review



- Between 2015-16 CNSA and EviQ undertook a review of guidelines relating to vascular access.
- 35 guidelines were reviewed
- Based on endorsement criteria 3 guidelines were fully endorsed (https://www.cnsa.org.au/search?command=search&search_terms=CVAD&search_order=Relevance)
- Multiple guidelines exist pertaining to vascular access, however there is variance in what each guide covers and the focus of the guideline vary and many are many are not available without purchase or are outdated



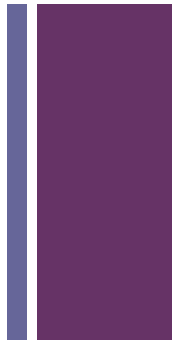
+ Guidelines



- Guidelines are based on best available evidence that is critically appraised
- Recommendations within guidelines can be based on expert opinion and may be made on being a GPP
- Insufficient evidence to recommend one type of CVAD for all patients with cancer over another (ASCO 2013, Journal of Clinical Oncology volume 31 number10)
- Data from epic3 (2014) recommended use of tunneled or implanted CVAD where long-term access is required (epic3 2014, Journal of Hospital Infection 86S1 (2014) S1-S70)
- RNAO (2008) – all patients require a structured approach to assessment prior to Rx start, suggest an algorithms (IIB) (Registered Nurses Association of Ontario (2004), revised supplement 2008)



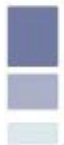
+ Evidence



<i>Level of evidence</i>	<i>Source of evidence</i>	<i>Grades of recomend.</i>
I	SR, RCTs	A
II	Cohort studies	B
III	Case-control studies	
IV	Case series	C
V	Expert opinion	D

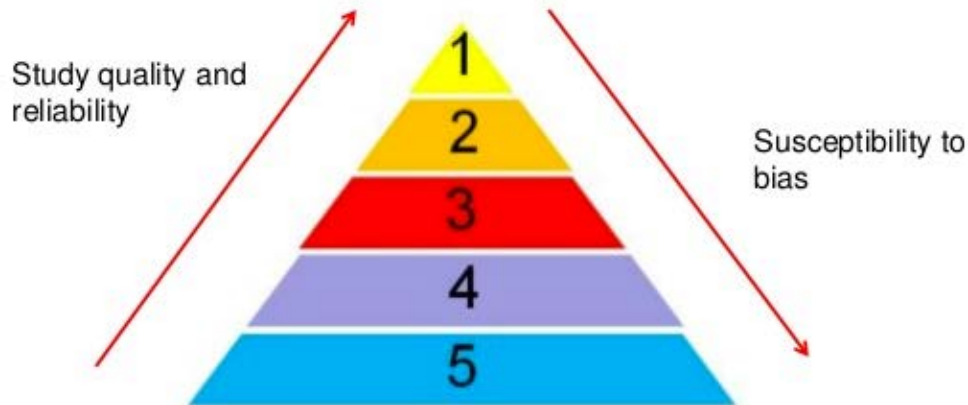


+ Impact of Evidence Level



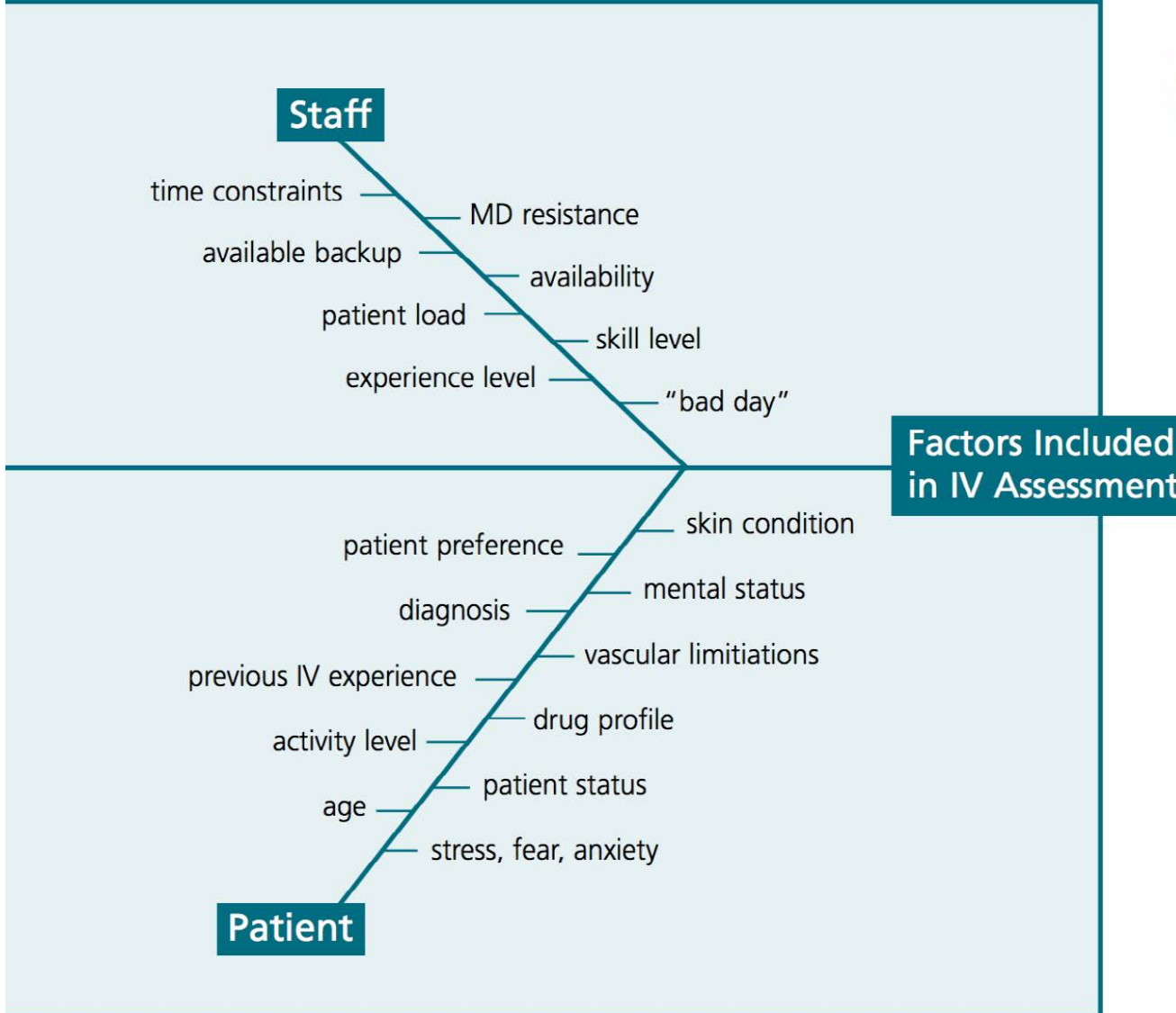
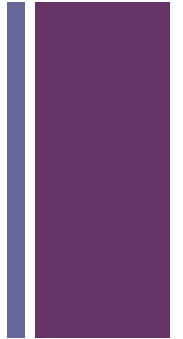
What are levels of evidence?

The hierarchy is not an absolute measure of evidence. It is a logical way to demonstrate the differing strengths of studies.



+ Factors Included in IV Assessment

RNAO 2008

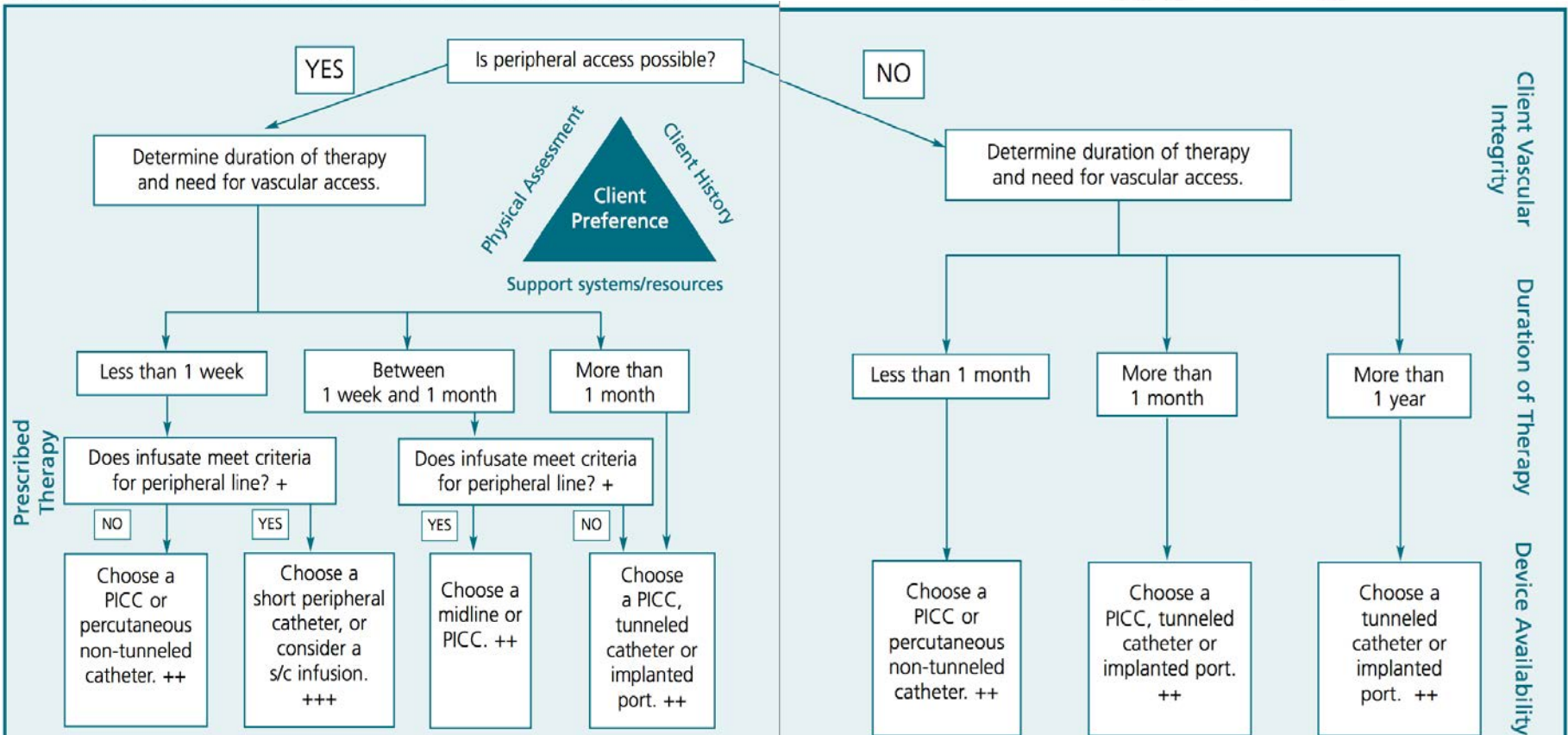


+ RNAO Guidelines 2008

Adapted from Halderman, F (2000). Selecting a vascular access device. *Nursing* 2000, 30 (11)59-61



Reproduced with permission. Adapted from: Halderman, F. (2000). Selecting a vascular access device. *Nursing* 2000, 30(11), 59-61.





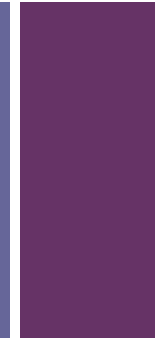
Dear Patient:
PICC line does not
does not stand for
Patient Initiated
Convenience Catheter
(just so you know)



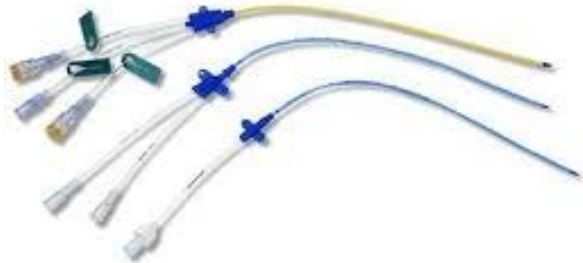
Oh, you must work in a hospital too.

*Original crude med-card humor
from The Happy Hospitalist Blog*

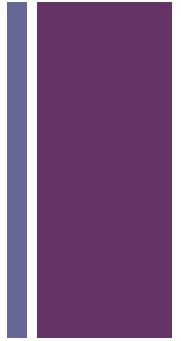
+ So What Is The Right Device?



+ Which Device Is Best?



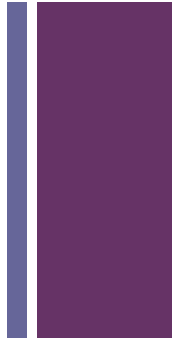
+ What we Don't Know is.... One Size Does Not Fit All



- Treatment prescribed
- Duration of treatment
- Physical assessment of patient
- Health history, medications, confounders
- Support systems/resources
- Availability
- Cost
- Preference



+ Basically, more research is needed



Hickman catheter and implantable port devices for the delivery of chemotherapy: a phase II randomised controlled trial and economic evaluation

Olivia Wu^{*1}, Kathleen Boyd¹, Jim Paul², Elaine McCartney², Moira Ritchie^{1,3}, D Mellon⁴, Linda Kelly⁵, Judith Dixon-Hughes² and Jon Moss³

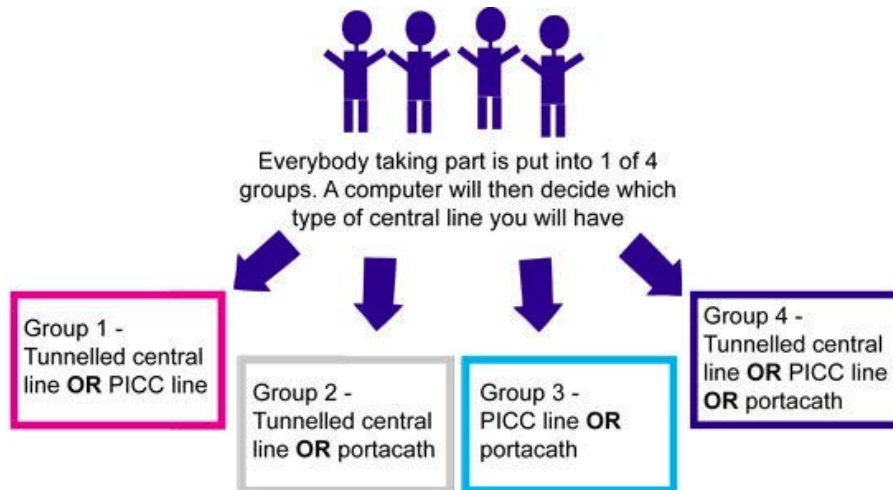
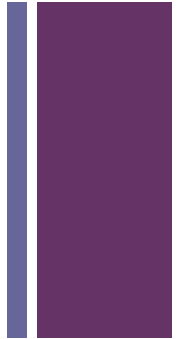
¹Health Economics and Health Technology Assessment, Institute of Health and Wellbeing, University of Glasgow, 1 Lilybank Gardens, Glasgow G12 8RZ, UK; ²Cancer Research UK Clinical Trials Unit, Institute of Cancer Sciences, University of Glasgow, 1053 Great Western Road, Glasgow G12 0YN, UK; ³Interventional Radiology Unit, Gartnavel General Hospital, 1053 Gre Road, Glasgow G12 0YN, UK; ⁴Beatson West of Scotland Cancer Centre, 1053 Great Western Road, Glasgow G12 0Y ⁵School of Health Nursing and Midwifery, University of West of Scotland, Caird Building, Hamilton ML3 0JB, UK

- Important because our personal experiences often create bias



+ Work is underway

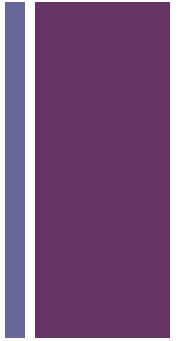
- UK multi-site trial, recruiting 11/2013 - 02/2018
- Aim to recruit 2000 participants
- Randomised to one of 4 groups
- Clinical, economic and QOL evaluation



<http://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial/a-trial-looking-central-lines-for-long-term-chemotherapy-cava>

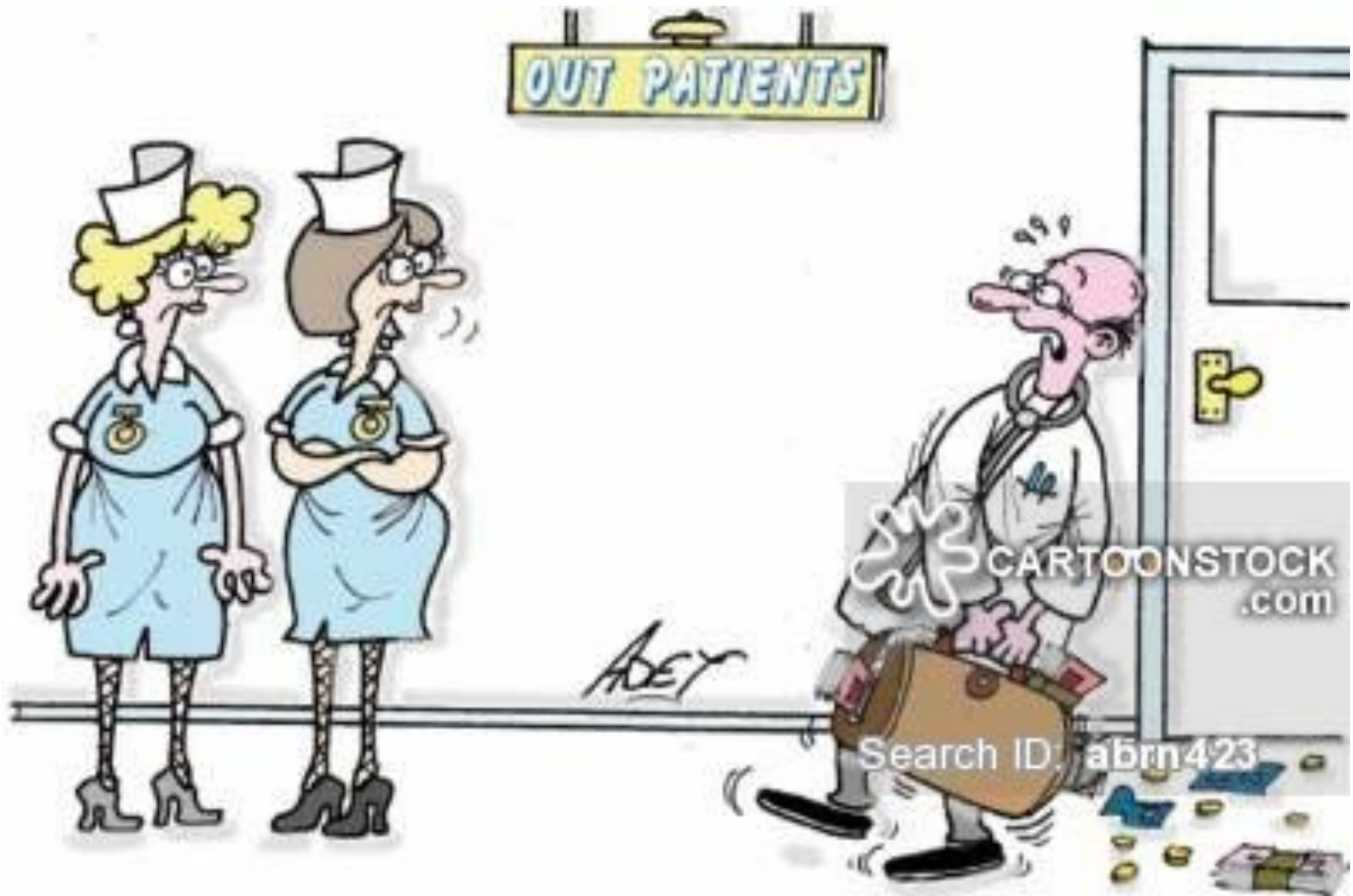


+ Nursing role



- Enquire
- Participate in research – nurses ideally placed
- Advocate – be prepared to challenge
- Stay informed – read and evaluate
- Participate in activities of peak professional bodies
- Take a seat at the table – it's not just everyone else's job





**"Don't just stand there gawping women! -
Give me a hand with my monthly salary!"**