

# 20<sup>th</sup> European Cardiology Conference

October 16-18, 2017 | Budapest, Hungary

## Comparison of peripheral intravenous catheter complications during 72 and 96 hours after insertion in heart surgery ward's inpatients in Iran, 2016

Atefeh Ghanbari, Ezzat Paryad, Sarah Amouye Foomani and Ehsan Kazemnezhad Leili  
Gilan University of Medical Sciences, Iran

Intravenous catheterization is the most common invasive procedure among hospitalized patients that can accompany with complications. Existent evidence to assist nurses to determine exact catheter indwelling time to reduce complications is rare. This study aimed to determine peripheral intravenous catheter complications during 72 and 96 hours after insertion. This clinical trial study was conducted on heart surgery ward inpatients of DR. Heshmat educational-therapeutic center in Rasht. 123 patients with inclusion criteria were chosen by block randomization. Catheter insertion site was assessed by surgery ward nurses using Infusion Nurses Society scales on assessment of leaking, infiltration and phlebitis and also assessing signs of obstruction. If signs of complication weren't observed, catheters were assessed up to 72 hours in control group and up to 96 hours in intervention group. Data were analyzed by descriptive statistics such as frequency, mean and standard deviation and inferential statistics such as Chi square, Mann Whitney, Fisher's exact test, Kruskal Wallis and logistic regression. Data analysis was performed by SPSS version 22. There was no significant between two groups regarding prevalence level of phlebitis, infiltration, leakage and obstruction. But comparing complications in two groups of control and intervention before and after 72 hours showed significant statistical difference (phlebitis  $p=0.0001$ , infiltration and leakage  $p=0.014$ , obstruction  $p=0.002$ ). This complications were less in catheters in intervention group during 72-96 hours. Result of this study indicate that catheters can keep in site if hadn't complications to 72 hours. It seems that with assessment of intravenous lines using standard scales of assessing catheter insertion site, unnecessary catheter changes can be prevented. Therefore, patients experience less pain and nurses' time and equipment will be saved.

### Biography

Atefeh Ghanbari has completed her MSc in Nursing from Tehran University of Medical Sciences and PhD from Tabriz University of Medical Sciences. She has published many articles in different journals. She is Editorial Board Member in *Nursing and Midwifery Journal* in Iran.

at\_ghanbari@gums.ac.ir

### Notes: