

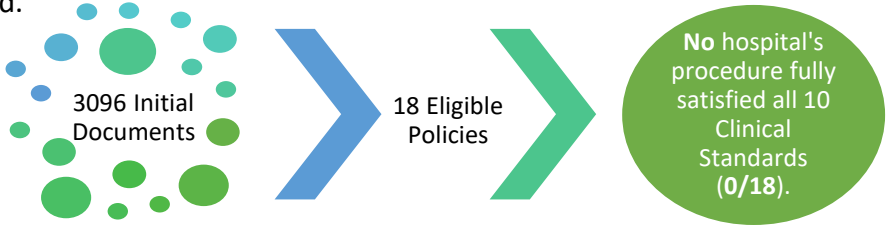


Do We Follow the Rules? A Comparative Document Analysis of Queensland Peripheral Intravenous Cannulation Policies

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Purpose: The May 2021 ACSQH PIVC National Standard is the first national attempt to standardise cannula care in Australia. This comparative document analysis evaluated existing Queensland hospitals’ policies against this new Standard.



- 🔍 Policies retrieved via systematic search of QLD Health Intranet.
- 📁 Data extraction and analysis matrix to rate each of the 10 ACSQH Clinical Standards as Fully, Partially, or Not Met.
- 🔍 Only policies concerning adult patients included.
- 📁 Policies reviewed by two separate authors, with consensus marking.

Results: Which Clinical Standards were least met and why?

Ensure Competency

- Lack of ongoing competency assessment (0/18).

Choosing Right Insertion Side and PIVC

- No systematic support for choosing PIVC sites and devices (9/18).

Maximise First Insertion Success

- Most policies encouraging 2-4 attempts before any escalation to more expert inserters (12/18).

Table 1. Summary of Hospitals’ PIVC Procedure’s Compliance With National Standard

Clinical Standard	Hospitals & Health Services																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Assess Intravenous Access Needs	✓	✓	✓	✗	✓	✓	✓	✓	✓	✗	✓	–	✓	✗	✓	✓	–	✓
2. Inform and Partner with Patients	–	✓	✗	✓	–	✓	✓	✓	✓	✓	✓	–	✓	✓	✗	✓	✓	✓
3. Ensure Competency	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
4. Choose the right insertion site and PIVC	✓	–	✓	✓	–	–	✓	–	✓	✓	✓	✗	–	✓	–	✓	–	✓
5. Maximise First Insertion Success	–	–	–	–	–	✓	✓	–	✓	✓	✓	✗	✗	✗	✗	✗	✗	✓
6. Insert and Secure	✓	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7. Document Decisions and Care	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
8. Routine Use: Inspect, Access and Flush	✓	✓	✗	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9. Review Ongoing Need	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✗	✓	✓	✓
10. Remove Safely and replace if needed	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key: Clinical Standard are... ✓ Fully Met; ✗ Not Met; – Partially Met

Despite the National Standard encouraging technology-assisted insertion, **ultrasound use** was not mentioned in **8/18 (44.4%)** policies. All hospitals recommended routine (72-96 hr) re-sites rather than clinically indicated removal.

Conclusions: This is the first State-wide policy analysis since the National Standard’s introduction. **No policy** fully met all 10 National Standards. Hospitals must update their procedures to support decision-making, maximising first attempt success and compliance training to reflect the Standard.