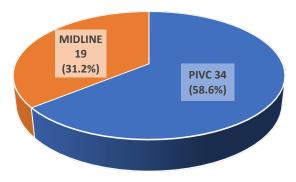
# Managing intravenous devices among patients with limited vascular access or prolonged therapy: a pilot randomised control trial

Marsh, N<sup>1,2,3</sup>, Larsen, E<sup>1,3</sup>, O'Brien, C<sup>1</sup>, Groom, P<sup>1</sup>, Hewer, B<sup>1</sup>, Rickard, CM<sup>1,2,3</sup>

<sup>1</sup>Royal Brisbane and Women's Hospital, <sup>2</sup>University of Queensland, <sup>3</sup>Griffith University



Device Failure



MIDLINE 19 (31.2%)

**Conclusions:** 

MCs are a promising device with less insertion and post-insertion failure compared to PIVCs. Although not designed to provide conclusions about efficacy, post-insertion failure was statistically significant. Future trials should target patients with prolonged IV treatment.

## **Purpose:**

Despite pervasive need for peripheral intravenous catheters (PIVCs), they are often difficult to insert and fail prematurely. Midline catheters (MC) are a longer device inserted in the upper-arm. The purpose of this study was to test feasibility of the study protocol, and efficacy of MCs compared PIVCs.

### **Methods:**

Single centre, parallel group, pilot randomised controlled trial. Medical/Surgical patients from the RBWH, ≥ 18 years, with difficult vascular access (≤ 2 palpable veins) and/or requiring ≥ 5 days intravenous (IV) therapy were randomised to receive a PIVC (standard care) or MC.

### **Results:**

Feasibility criterion was met except for eligibility (>80%); 231 patients screened for recruitment and 62% (n=143) eligible for study inclusion. MCs had less failed device insertions 9/70 (13%) versus 11/69 (16%) for PIVCs (relative risk (RR) 0.81; 95% confidence interval (CI) 0.36 to 1.82; p=0.61). Post-insertion failure was significantly (p=0.004) lower for MCs (n=19; 31%) versus PIVCs (n=34; 59%) (RR 0.53; 95% CI, 0.34 to 0.82). The dwell time for MCs (117 hours) was double that of PIVCs (61 hours), with a median difference of 55 hours (95% CI, 22.5-87.6; p=0.001). Infiltration/extravasation was the most common PIVC complication (n=13; 22.4%), however no episodes were reported for MCs. PIVC failure from phlebitis (n=14; 21.1%) and occlusion (n=5; 8.6%) were higher than for MCs (phlebitis: n=6; 9.8%, p=0.05) (occlusion: n=1; 1.6%). Thrombosis was present in 2 MCs compared to none for PIVCs



PIVC 34 (58.6%)













