CONCLUSIONS

Consistent with the Mercy Model of Caring, Pediatric Nurses strive to provide holistic, atrumatic patient/family centric care that minimizes the psychological and psychological stressors (pain and fear) associated with common interventions, such as IV placement. Frequent PIV restarts due to D/I/P may have a significant negative impact on a child’s overall hospitalization, including: increase pain/discomfort associated with multiple IV restarts, parental anxiety/dissatisfaction with care, and delay in treatment plan due to loss of IV access. The results of this project support the use of the StatLock® device to help decrease the incidence of PIV restarts due to D/I/P, potentially decreasing further traumatization for the child and family associated with the restarts. The practice change also supports the organizational goals for overall effective pain management and patient/family satisfaction. The results provide the team with further opportunity to compare potential cost savings of supplies and nursing resources using the StatLock® vs. cost of PIV restarts, as well as overall patient/family satisfaction with care. The study also provides the department the opportunity to explore the feasibility of using a standardized stabilization device in the NICU environment to decrease PIV restarts with neonates.

BIBLIOGRAPHY


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For further information

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