

Using SecurAcath on ICU Dr Matt Jones Consultant Anaesthetist Clinical Lead for Vascular Access UK NIVAS Board Member





One of 2 Main sites - 15 ICU Beds









History

- Securacath used for PICC lines by IV access team
- What about use on CICCs (CVCs) on ICU?
- Looked at evidence around sutureless fixation
- Looked at our current practice



Evidence





Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011

Catheter Securement Devices

Sutureless securement devices can be advantageous over suture in preventing catheterrelated BSIs.

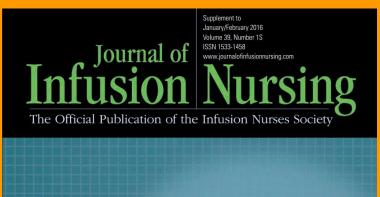
Catheter Securement Devices

Use a sutureless securement device to reduce the risk of infection for intravascular

catheters [105]. Category II







Evidence INS 2016

Infusion Therapy Standards of Practice

Consider use of an engineered stabilization device (ESD) to stabilize and secure VADs as inadequate stabilization and securement can cause unintentional dislodgment and complications requiring premature VAD removal.

B. Avoid use of tape or sutures, as they are not effective alternatives to an ESD. Rolls of nonsterile tape can become contaminated with pathogenic bacteria, although its contribution to VAD infection has not been quantified. Sutures are associated with needlestick injury, in addition to supporting the growth of biofilm and increasing the risk of catheter-related bloodstream infection. 7-10 (II, Regulatory)





Current Practice 2014/5

- Looked at securement options
- Looked at dressing options
- Undertook local trials of many products and examined published evidence
- Concluded that best combination was:
 - Securacath -SECUREMENT
 - Biopatch INFECTION PREVENTION
 - Grip-Lok CVC -CONVENIENCE
 - Tegaderm Advanced CVC Dressing





Current Practice 2014/5

- Undertook Audit of CVCs
- Snapshot on Monday every week
- 6 months in Total
- Looking at Securement and Dressing (Often inter-related)





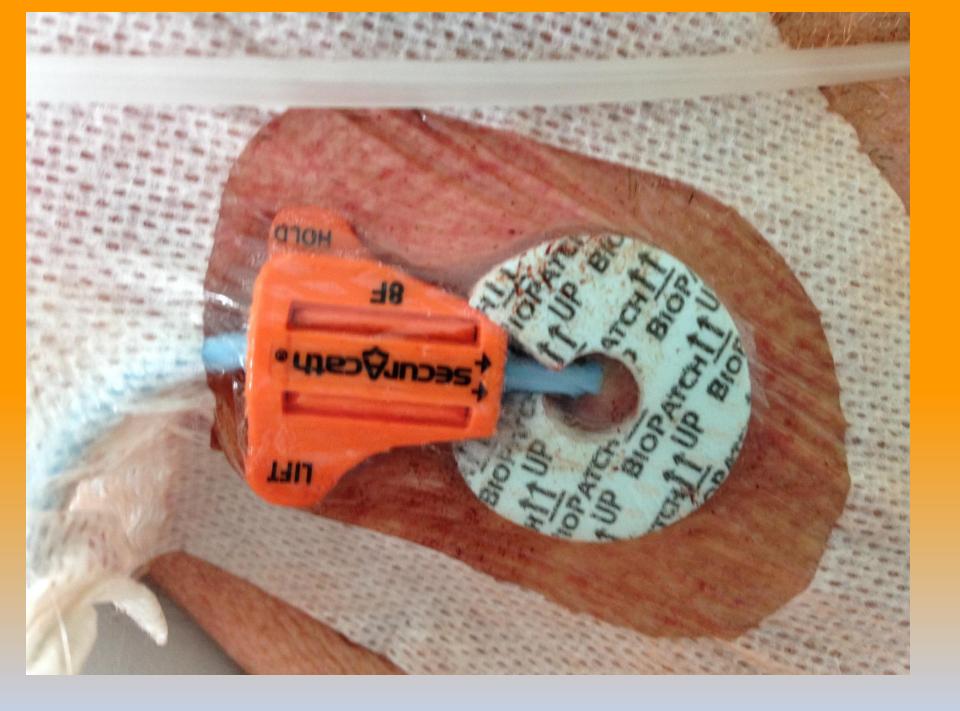
Audit Collection

Date:	Bed No.	Hosp. No:	
SECUREMENT		BIOPATCH	DRESSING
Securacath / Suture (circle)	Griplok	Present Y / N Score 1 / 0	Correct Position Y / N Score 1 / 0
Present Y / N Score 1 / 0	Present Y / N Score 1 / 0	Correct Position Y / N Score 1 / 0	Type Tegaderm: Y / N Score 1 / 0
Correct Y / N Score 1 / 0	Correct Y / N Score 1 / 0	Correct Size Y / N Score 1 / 0	Sealed: Y / N Score 1 / 0
Tip Position on CXR:		TOTAL SCORE	Soiled: Y / N
cms above carinacms		/ 11	Score 0 / 1





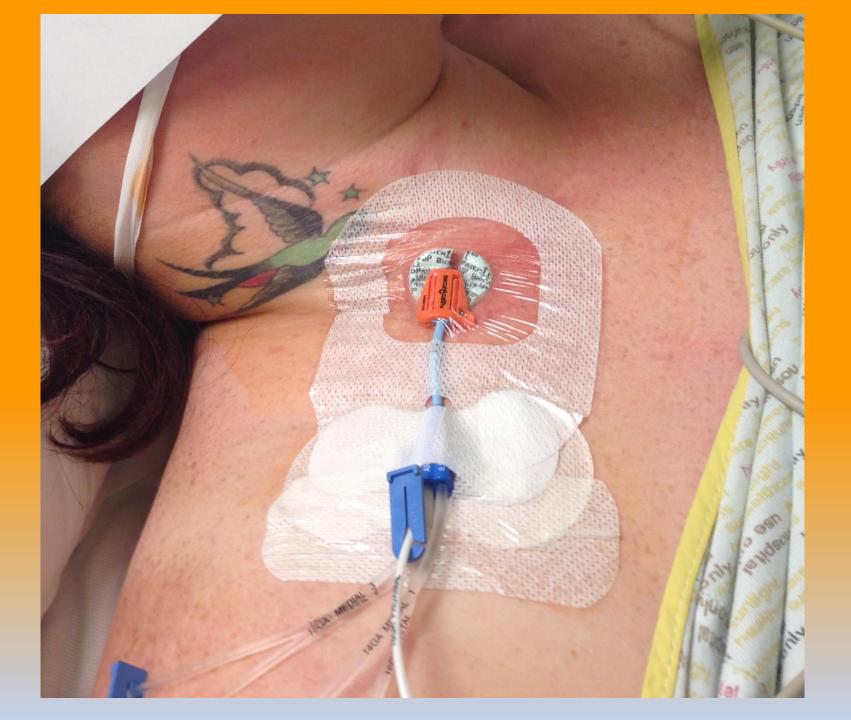














- Challenging. "Old habits die hard"
- Removed sutures from packs
- Lots of complaints/failures initially
- Lots of training, posters and practice essential
- Regular auditing
- Gradual acceptance
- Now routine, no complaints





• Use an 8Fr Securacath for an 8.5Fr Catheter







- Use an 8Fr Securacath for an 8.5Fr Catheter
- May need a longer CVC as need space on outside for securacath (16cm) 20cm)
- Expand hole using introducer/dilator





Expand Hole







- Use an 8Fr Securacath for an 8.5Fr Catheter
- May need longer CVCs as need space on outside for securacath (16cm) 20cm)
- Expand hole using introducer/dilator
- Make sure securacath is deep enough
- Insert in direction of catheter positioning
- Make sure both sides are clicked down properly





Benefits

- Less dislodgement
- Easier cleaning (360°)
- Less bleeding and "mess" (no suture holes)
- No needle disposal/injury
- Patient comfort (especially when awake)



Comfort (movement and beard)









Benefits

- Less dislodgement
- Easier cleaning (360°)
- Less bleeding and "mess" (no suture holes)
- No needle disposal/injury
- Patient comfort (especially when awake)
- ?Less line infections and CRBSI
- Now very high staff and patient satisfaction





National Institute for Health and Care Excellence

Home > NICE Guidance > Service delivery, organisation and staffing > Surgical care

SecurAcath for securing percutaneous catheters

Medical technologies guidance [MTG34] Published date: June 2017 Register as a stakeholder





Questions?

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