

Evidence-Based Guidelines for
Developing Standardized Care for Central Venous Catheter (CVC) Skin Issues in BMT Patient
Population

Belinda Lovo, RN : beflores@stanfordmed.org

Stanford Hospital and Clinics

PURPOSE:

BMT patients can experience painful and debilitating skin conditions that also place them at high risk for developing life threatening infection. The aim of this evidenced-based practice project was to determine if implementation of a standardized central venous catheter (CVC) dressing method algorithm in Blood and Marrow Transplant (BMT) recipient will increase nurses' knowledge on the subject and improve CVC skin assessment and proper dressing management to improve patient outcomes around CVC care.

BACKGROUND:

The aim of Blood and Marrow Transplant treatments can impact recipient's skin quality and immune response. All BMT recipients utilize a vascular access device and or central venous catheter (CVC) while undergoing the treatment process. Chemotherapy can greatly diminish the immune response making it difficult to see skin irritation. Currently, there are no clear guidelines as to which type of dressing is the most appropriate. A baseline assessment of nurse treatment options for patient's with this skin condition and review of actual patient device care revealed wide variation in practices and product use.

METHODS:

Since there was no prior literature specific to this issue, a CVC Dressing algorithm was developed based on....or using...After a pre-test and audit, inpatient nurses were educated on the Algorithm via staff in-service and small group meetings which included assessment of CVC skin, documentation and education. Then, medical records audits and post-test were performed at the completion of the project to assess the effectiveness.

RESULTS:

73% staff nurses on E1 received educational in-services and 1:1 teaching on the Dressing Method Algorithm. Of x patients observed prior to the project, y% had dressings completed using best practice guidelines. Following the project, # patients had dressings using the best practice guidelines. Documentation of skin issues improved with % of records contained all elements

CONCLUSION:

When education is provided and a standard of care is used, documentation of assessment improves. Ongoing education of the Dressing Method Algorithm for CVC skin issues and nursing treatment must be continued to ensure the change.