

MULTIDISCIPLINARY MANAGEMENT OF CENTRAL VENOUS CATHETERS (CVCS) IN HEMODIALYSIS PATIENTS

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BACKGROUND AND IMPORTANCE

The role of the Clinical Pharmacist in the multidisciplinary context conducted to support the management of devices is fundamental in the treatment and prevention of CVC-related infections.

AIM AND OBJECTIVES

The role of the Clinical Pharmacist in the multidisciplinary context conducted to support the management of devices is fundamental in the treatment and prevention of CVC-related infections.

MATERIAL AND METHODS

Following a procedural and risk-cost-benefit analysis of CVC management operations in hemodialysis patients, it is decided to change the CVC washing procedure. We proceed with the purchase of pre-built washing devices which replace the physiological bottles, spikes, syringes and everything contemplated by the Guidelines for the preparation of the sterile field in a single solution, facilitating operations and reducing washing manipulations for the 36 CVC carriers who represent 43% of hemodialysis patients.



RESULTS

The use of a single device consisting of a pre-filled syringe, rather than six, has made it possible to reduce the washing procedure to two maneuvers, rather than eight different maneuvers, reducing the risk of infections hypothetically by six times with the same operation. paradoxically also a 7% reduction in the cost of the single operation. Considering that on average 3 washes/patient are performed, for three accesses/week the saving translates into approximately 1000 euros/year.

CONCLUSION AND RELEVANCE

The continuous search for improvement in the care processes defined by the gold standards generates the need for targeted and accurate interventions, which do not always correspond to an increase in costs, but to a need for multidisciplinary supported by training and knowledge. The experience of what has been implemented it has generated appropriateness of operations with direct benefits on the quality of care, with significant repercussions in terms of sustainability and direct and indirect savings given the impact that poor management of CVCs generates in terms of hospitalizations, antibiotic treatments, explants and replacements of the same as well as of care time and risk for the patient.

