Purpose
• To identify the impact of ultrasound guided peripheral intravenous access (USGPIV) in the Emergency Care Center on:
  • The timeliness of IV start
  • The number of intravenous (IV) attempts
  • Patient comfort and satisfaction
• To determine if the DIVA (difficult IV access) score contributes to patient ratings, timeliness, and number of attempts

Background
• Failure to obtain intravenous access delays patient care and decreases patient satisfaction with care delivery in the emergency department.
• Successful peripheral IV placement is associated with a more positive patient experience.
• Few studies focus on the patient’s overall experience and satisfaction as it relates to ultrasound guided peripheral-intravenous access (USGPIV).

Methods
• Design: Evidence-based Practice with quality outcome measures
• Setting/Sample: Emergency Care Center patients receiving a USGPIV.
• Instruments: DIVA Tool & patient satisfaction survey after USGPIV.
• RN performing USGPIV collects data.

Results
• N = 87 patients
  • 76 out of 87 scored > 4 on DIVA tool (87%).
  • 78 total surveys conducted; no survey data on 9 patients due to altered level of consciousness or language barriers.
• 72% patients indicated “very satisfied” with USGPIV.

Discussion
• Majority of patients are identified as having DIVA.
• Patients are satisfied with USGPIV.
• Obtaining intravenous access is painful!
• Limitations:
  • ALOC/language barriers
  • Nurse Bias
  • “I forgot to do the survey.”
  • Key Lessons
  • Adequate training & dissemination is essential

Implications for Practice
• USGPIV improves patient safety & satisfaction by expeditious IV access.
• DIVA tool identifies patients that may benefit for USGPIV.

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References available upon request.