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# Can the nurse request a long-term vascular access device?

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# Report

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Nurse is used to **insert**, use, monitor, and remove various vascular access devices

- French nurse does not have the right to prescribe a vascular access device
- Transfer a medical practice "laying a central venous line" is not so common among caregivers in France
- Medical power?
- Fear of the delegator's responsibility?
- Financial loss ?



# New practices, new equipment

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**2009**

21 July

- Article 51 of the Act of 21 July 2009, which aims to extend the principle of cooperation between health professionals by taking them out of the experimental framework

**2013**

22 August

- Authorisation of the Memorandum of Cooperation « Skill transfer: Central venous line placement by the nurse » (Dr Rosay, centre de lutte contre le cancer Léon Berard LYON)

April

- Midline in France

**2013**



# The Midline in France

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- Recently introduced: 2013
- Alternatives to central line or short peripheral cannula (spc)\*
- Indicated when a middle term IV therapy is prescribed or when a spc can't be used or inserted
- Easy assimilation by health care teams
- No need to skills' transfer with nurse and anesthesiologist nurse

**> real questioning of vascular access practices**

Should a skill transfer be preferred for the insertion of central vascular accesses rather than a global vascular access organization (a quality criterion in a healthcare institution)?

→ Nurses (IDE)

# The vascular access process is part of a nursing care project

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## Priority objective:

- Make long-term IV catheters available for patients in a short delay

## Consequences:

- Efficient treatment, security and comfort for patients
- Care practices improvement

# « Vascular access request : Exclusive to the doctor ? »

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**2018**

Focus on two 6-month periods in 2018:

**July–Dec.**

computer rights are also given to  
nurses to prescribe Midline

only the doctor is allowed to prescribe  
PICC-line or Midline.

**Jan.–June**



# Our daily practice

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Agree or Disagree  
???

Medical Demands  
• Doctors

IDE Demands  
• Nurses

Final decision at the  
intervention :

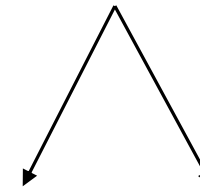
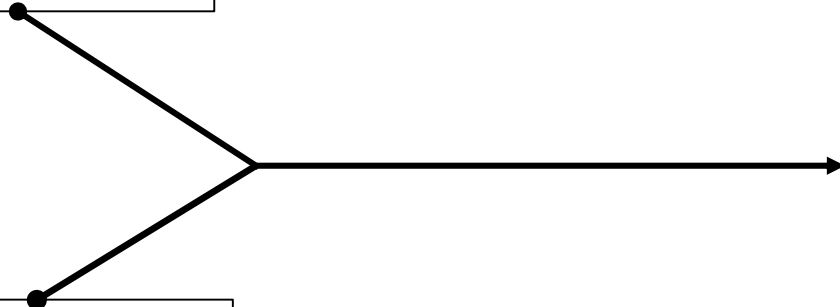
Doctor

or

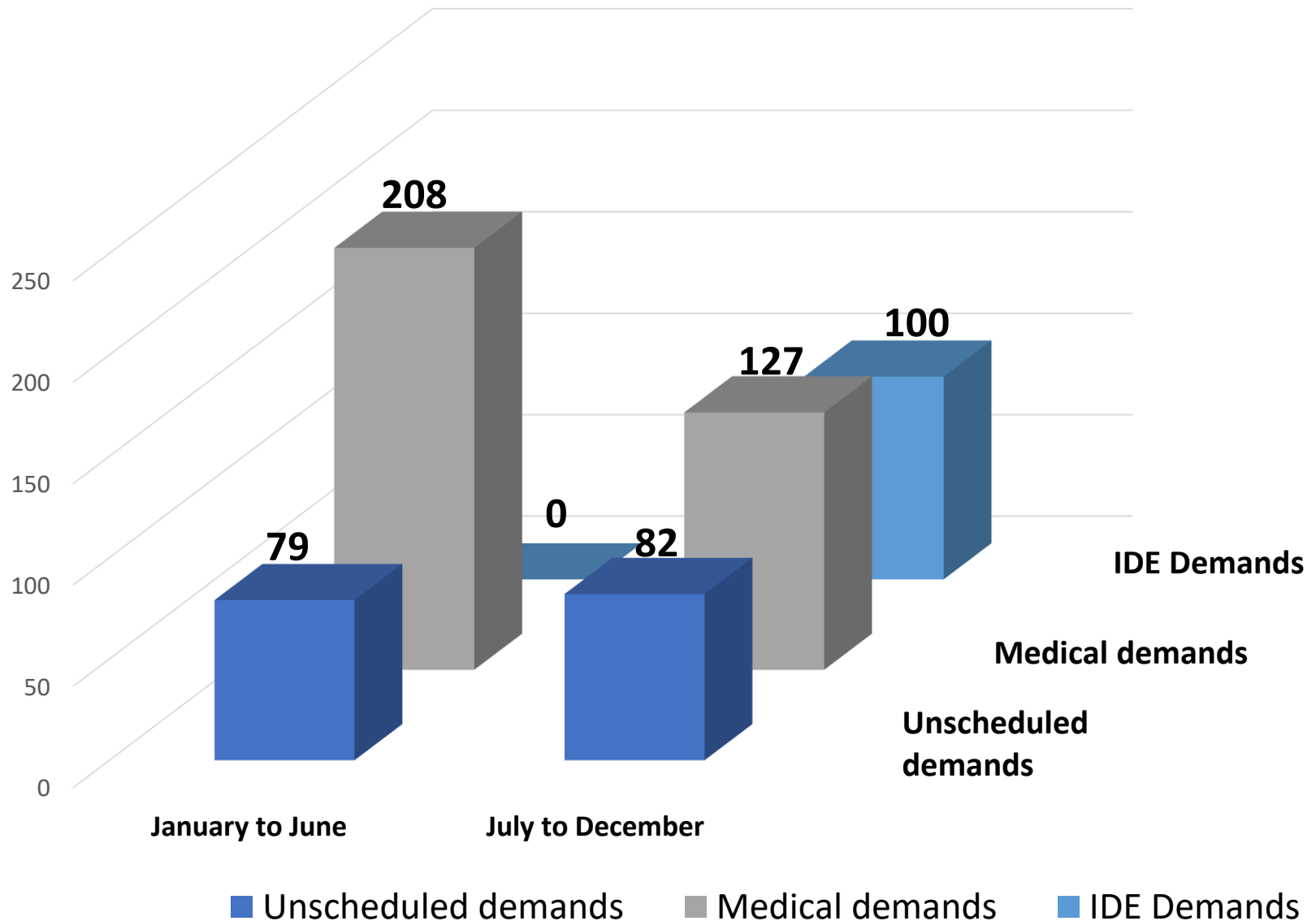
Delegated Nurse

PICC-line

Midline

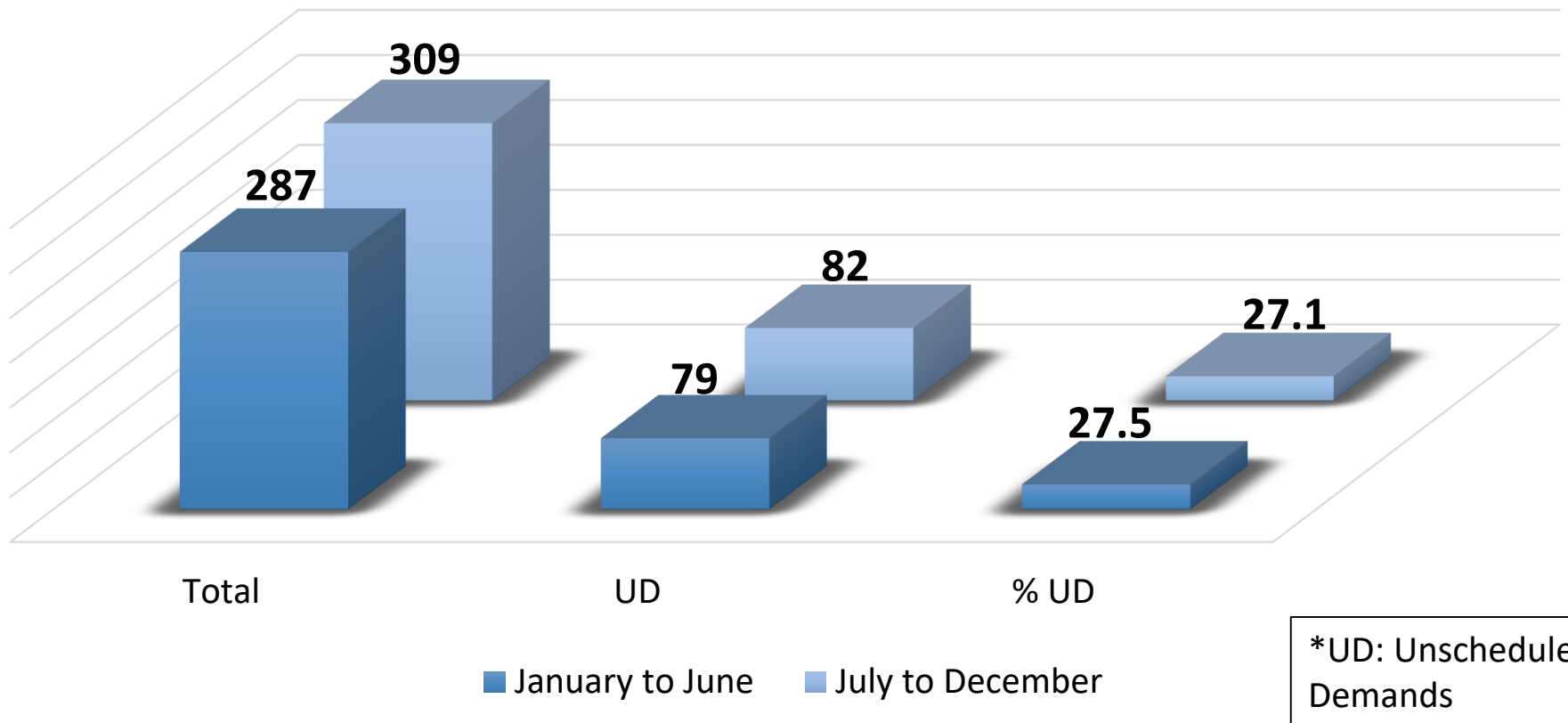


# Distribution of requests



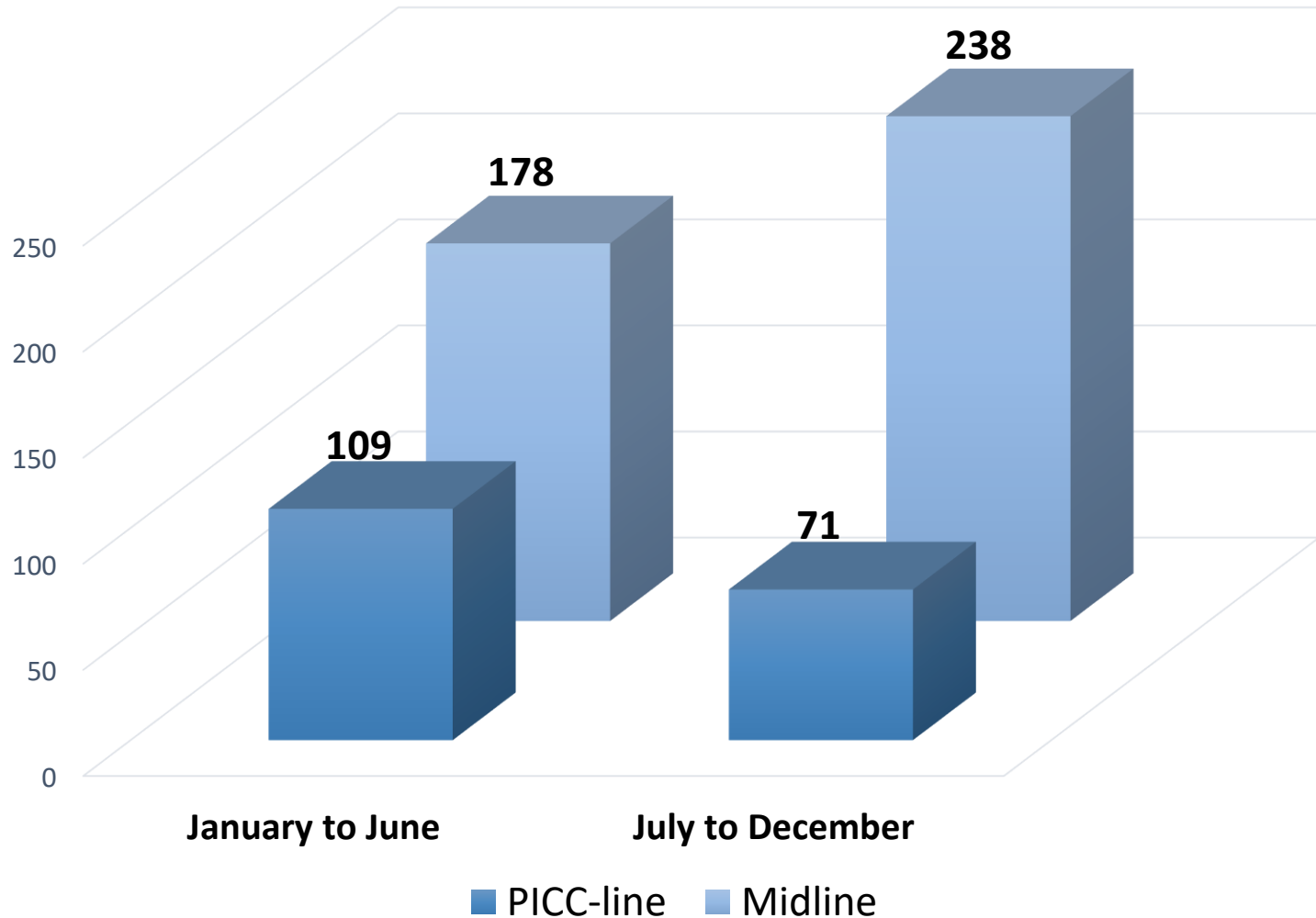
# Nursing demand does not change unscheduled requests for catheters inserted during the study period

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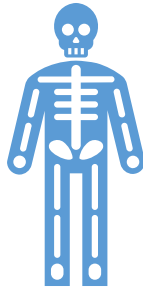
# Nursing demand is changing the choice of catheters prescribed during the study period

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# Discussion : Exclusive approach or global vision?

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## **Vascular Access Team**

Learning,  
Standardization of practices,  
Availability of the posers (delegates) and premises,  
Training



## **Institutional engagement: sharing knowledge and skills with healthcare teams**

Derogation in the nurses role  
Referent doctor of the unit validates the derogation  
**Computer system tool to help : Demand –Insertion – Follow up**

# Conclusions

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Allowing a nurse to prescribe a vascular access:

- Is helpful and make practices in the healthcare process easier
- Promotes an holistic approach that meets the patients needs
- Saves medical time

# Acknowledgments



## Vascular Access Team of GHT



Baud marie pierre, Begni sandrine, Blin Bruno, Bonnefoy Jean Pierre, Boulain C, Bourges Maryline, Burette M, Charlet Valerie, Cormery Ludovic, Delongeville Violaine, Drean MP, Dussaud Jean Yves, Eninger Frederic, Faitg Richard, Fourrier C, Golka Nicolas, Gounon Fabienne, Grevy Véronique, Guillemint Fabrice, Kirsch Maurice, Laure Leoty , Leconte Mathieu, Letenneur Benoit, Mihai Georgina, Mouneaux, Mrozinski Jeremy, Nguyen Tham, Rochet Sandrine, Sondag Patrice, Zaccariotto Thérèse, Barchazs, Gauvin, Guillot.



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