We agree: the less insertions, the better

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Letter

Reply to: Improving patient safety by doing less rather than more: many peripheral intravenous catheters are unnecessary. GMS Hyg Infect Control. 2014; 9(1):Doc03

We would like to thank Egerton-Warburton et al. for their comment [1] to our study [2]. The question whether a peripheral venous catheter was necessary at the first place is certainly a very relevant one, and we are grateful that our colleagues from Australia pointed it out. In our study we did not assess the necessity of a peripheral venous catheter, only its insertion was observed. The reason was that it would have been necessary to follow up each patient with the peripheral venous catheter, at least until its first use but ideally for 3 days in order to verify if it was used or not. Unfortunately it was not possible in our study to do that. The idea, however, is very challenging and clinically relevant. In clinical practice it will probably be worth to restrict the insertion of a peripheral venous catheter to those patients (e.g. already in the ambulance) who will definitely or very likely get an infusion or intravenous medication. If, by doing that, a

substantial proportion of peripheral venous catheters is not inserted, it is a valuable and easy contribution to reduce the risk of local or systemic catheter-associated infections.

Notes

Competing interests

Claudia James and Prof. Dr. Günter Kampf are paid employees of Bode Chemie GmbH, Hamburg, Germany.

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