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A proposal to reduce biliary tract drainage catheter slippage rate in the medical ward

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Patients with an obstructed or an infected biliary tract are easily susceptible to biliary disease. This condition must be treated timely using a biliary tract drainage catheter to avoid life-threatening complications. Such treatment can help the patient to maintain smooth flow of the bile, thereby avoiding septic shock that endangers the health and safety of the patient. Therefore, the biliary tract drainage catheter must be placed in the biliary tract on time for treating this disease. In our Gastro Intestinal (GI) ward, patients with biliary disease generally undergo *in situ* drainage. Recently, we have been observing a high slippage rate of biliary tract drainage catheter, which not only endangers the safety of the patient's health but also prolongs the treatment time. Therefore, a team was formed to improve this condition, which identified the problems that the drainage catheter needs improvement in the fixing methods; differences existed in the biliary tract drainage catheter; the drainage catheter could be pulled out easily; there was a lack of a standard process for uniform fixing of the drainage catheter, and there was a lack of an audit system. When the team had analyzed and established the problem, few measures were proposed, which included simplifying the drainage catheter fixation procedure, unifying the drainage catheter fixation dressing, implementing the use of pins to fix the pipeline, revising the drainage catheter care procedure and checking the implementation of the pipeline care effectiveness regularly. After implementing these administrative protocols, the drainage catheter slippage rate decreased from 3.6% to 0.5%, thereby indicating that the purpose of this project has been achieved. The implementation of these administrative protocols not only paved the way to use the project's achievements in clinical care but also alerted us to be more cautious for preventing drainage catheter slippage, reducing patient injury and improving the quality of care whenever there is a need to provide drainage catheters by the nursing staff.

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