

ISSN: **2697-3391** Vol. 5 No. 3, pp. 229 – 248, julio – septiembre 2022

www.anatomiadigital.org

Phlebitis associated with peripheral venous catheter placement: systematic review

Flebitis asociada a la colocación de catéteres venosos periféricos: revisión

sistemática

- ¹ Leonor del Rocío Ulloa Heras Maestría en Gestión del Cuidado, Posgrado de la Universidad Católica, Ecuador <u>leitoulloa@hotmail.com</u>
- Francy Hollminn Salas Contreras Carrera de Enfermería de la Universidad Católica, Ecuador franholsac@yahoo.es
 https://orcid.org/0000-0003-2207-1953



³ María Gabriela Morgado Tapia
 b http://orcid.org/0000-0003-0216-3666
 Laboratorio de Psicometría, Psicología Comparada y Etología (LABPPCE)
 gmorgado@unab.cl

Artículo de Investigación Científica y Tecnológica Enviado: 28/01/2022 Revisado: 11/02/2022 Aceptado: 02/03/2022 Publicado:10/07/2022 DOI: https://doi.org/10.33262/anatomiadigital.v5i3.2241





Évolución

Página 229 | 20



Palabras

claves: flebitis, catéter venoso, inflamación, cuidados de enfermería Resumen

El catéter venoso periférico (PVC) a menudo es una aplicación común que utilizamos para el cuidado de pacientes a nivel mundial para la administración de líquido intravenoso (IV). Objetivo: examinar en la literatura científica sobre la flebitis asociada a la colocación de catéter venoso periférico a través de la revisión sistemática. Metodología: es una revisión bibliográfica para la realización de este proceso, se seguirán las recomendaciones del método PRISMA. Resultados principales: la prevalencia a nivel mundial de flebitis fue Australia 12%, Portugal 11,5%, Alemania 7,6%, España 5,6 %, Portugal 36,7%. Los factores de riesgo edad, sitio de venopunción, calibre de catéter venoso, intentos fallidos y medicamentos del VIH, pacientes diabéticos, fármacos inmunosupresores, sitio de venopunción, catlón número 18. Los factores de riesgo de flebitis: edad, sexo, sitio de venopunción, catéteres venosos de gran tamaño, intentos fallidos, líquidos hipertónicos antibióticos. Conclusión: el personal deberá conocer los síntomas de flebitis, monitorear el sitio en el que se colocó la vía venosa periférica, la parte anatómica debe centrarse al calibre del catéter venoso, la atención debe ser cómoda y segura logrando aumentar la calidad de esta, así se lograra evitar complicaciones como por ejemplo inflamación,

Keywords:

phlebitis, venous catheter, inflammation, nursing care.

Abstract

Peripheral venous catheter (PVC) is often a common application we use for patient care worldwide for intravenous (IV) fluid administration. Objective: to examine the scientific literature on phlebitis associated with peripheral venous catheter placement through systematic review. Methodology: it is a literature review for the realization of this process, the recommendations of the PRISMA method will be followed. Main results: the worldwide prevalence of phlebitis was Australia 12%, Portugal 11.5%, Germany 7.6%, Spain 5.6%, Portugal 36.7%. Risk factors: age, venipuncture site, venous catheter size, failed attempts, and HIV drugs, diabetic patients, immunosuppressive drugs, venipuncture site, cathlon number 18. Risk factors for phlebitis: age, sex, venipuncture site, large venous catheters, failed attempts, hypertonic fluids, antibiotics. Conclusion: the staff should know the symptoms of phlebitis, monitor the site where the peripheral venous line was placed, the anatomical part should focus on the caliber of





the venous catheter, the care should be comfortable and safe, thus increasing the quality of care and avoiding complications such as inflammation,

Introduction

The peripheral venous catheter (PVC) is often a common application that we use for patient care worldwide for the administration of intravenous (IV) fluid and is used for the care of all users who come to different health care facilities for the infusion of intravenous fluid and other clinical interventions (1).

The important thing is that peripheral venous catheters are an essential part of nursing work, and it is a technique or procedure used to administer fluids, nutrients, drugs, or blood products, the CVP can be related to local or systemic complications such as phlebitis, bacteremia or endocarditis which increases morbidity or mortality during hospital stay (2).

Phlebitis is defined as the inflammation of the venous walls whose principle has different causes, these are: chemical due to the administration of irritating medications, mechanical in the puncture site, the inserted catheter can cause colonization of pathogenic agents found in the skin that migrate towards the venipuncture site (3).

This study will be novel because we will indicate what is the prevalence worldwide with more recent data in the period 2017-2021, this study will present in examining, what is its prevalence of phlebitis, and know the risk factors and what are the nursing care by reviewing scientific documents, this study will be focused on reviewing documents that demonstrate relevant information of phlebitis and the beneficiaries would be all who have to do with the health area whether students, graduates, magister, doctors, specialists, postgraduates the same who will have updated information on phlebitis.

In Spain, phlebitis is the third cause of in-hospital complications with a prevalence of 23-54.5% of patients who present some type of vascular access. The risk factors associated with phlebitis are peripheral vascular trauma, which will depend on the size of the gill, duration, and fixation material (4). On the other hand, in a study conducted in Portugal, the participants presented a mean age of 64 years, 53.4 were women, the mean time of placement of the peripheral venous access was 3.25, the prevalence of phlebitis was 36.7% presented grade 1 phlebitis, the presence of phlebitis was associated with the time of placement of the peripheral venous access (5).





On the other hand, a study conducted by González et al. (6), in Havana in the year 2018 has 2019, 11point prevalence were performed to know the use of peripheral venous catheter and the prevalence of the same, the study group was 2,282 users, of which 1,087 patients had peripheral venous route was found evidence of phlebitis to 63 users it presented a prevalence of 5.8 %.

The general objective is to examine the scientific literature on phlebitis associated with peripheral venous catheter placement through a systematic review.

As specific objectives we have: to identify in the scientific evidence the prevalence, risk factors of phlebitis associated with peripheral venous catheter placement and to describe the main nursing care to avoid phlebitis associated with peripheral venous catheter placement.

Methodology

A bibliographic review was conducted to conduct this process, following the recommendations of the PRISMA method (7).

Search strategy

The research was conducted through the following databases: PubMed, Scopus, ProQuest in the period 2016 and 2021. Those related to the topic with phlebitis associated with peripheral venous catheter placement, incidences, types, risk factors and nursing care, keywords related to the desired objectives, according to the Mesh and DeCS terms: phlebitis, venous catheter, inflammation, nursing care, the connections of these with Boolean connectors "AND" and "OR" were selected. After a first search, each article will be reviewed according to title and abstract, those that had the description of the clinical variables and that exposed phlebitis associated with peripheral venous catheter placement will be included. However, in those cases in which the study methodology was not clear and the results were not very precise, the article will be excluded.

Inclusion Criteria

The selected articles must meet the following parameters

- Year of publication: between 2016 and 2021.
- Studies conducted in phlebitis associated with peripheral venous catheter placement.
- Quality of the articles.
- High impact papers.

Exclusion criteria

• Letters to the editor.





- Impossibility to retrieve the full text of the article.
- Repeated article from a previous search.

Processing

The data obtained were summarized in tables, in which phlebitis associated with peripheral venous catheter placement was presented. The following steps were followed, in the first stage, the topic and the formulation of the research question were identified through the strategy Prevalence or incidence /PEO (Population, exposure and observation), In the second stage, the inclusion/exclusion criteria were applied. In the third stage, an in-depth document review was conducted. In the fourth stage, the synthesis of documents was conducted for the elaboration of results and discussion.

Results

Figure 1.

Flow diagram.







Table 1.

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Marsh et al. (8)	2021	Peripheral intravenous catheter failure: a secondary risk analysis	Australia	12%		
Luyu & Jiaquin (9)	2020	The incidence and risk of phlebitis from intravenous catheter infusion with peripheral intravenous peripheral intravenous catheters: a meta-analysis	Portugal	11,5		
Seven et al. (10)	2019	Point prevalence survey of peripheral venous catheter use in a large tertiary care university hospital in Germany.	Germany	33%		
Larsen et al. (11)	2020	Inherent and modifiable risk factors for peripheral venous catheter failure during cancer treatment: a prospective cohort study.	Germany	7,6%		





Table 1.

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Arias &	2017	Incidence and	Spain	5,6%		
Suerez (12)		risk factors of				
		peripheral				
		intravenous				
		catheter-				
		associated				
		phlebitis				
Annisa &	2017	Warm water	Indonesian			They received 0.9%
Nurhaeni		compresses as				NaCl compresses
(27)		an alternative				and those who
		to reduce the				received 0.9% NaCl
		degree of				received warm
		phlebitis				water compresses
Santa Ana et	2019	Patient safety	Brazil		Age and sex.	
al. (19)		in the context				
		of reported				
		notifications				
		in a reported				
		in a university				
		hospital				
Braga et al.	2018	Phlebitis and	Brazil		Age,	
(20)		infiltration:			venipuncture	
		vascular			site, venous	
		trauma			catheter	
		associated			caliber, failed	
		with the			attempts, and	
		peripheral			medications.	
		venous				
		catheter				
Munabshe &	2018	Factors	Africa		Male gender,	
Mukona (21)		Contributing			HIV, diabetic	
		to Phlebitis in			patients,	
		Adult Patients			immunosupp	
		Admitted to			ressive drugs,	
		patients			venipuncture	
		admitted to			site, catlon	
		the medical-			number 18.	
		surgical units				
		of a central				
		hospital in				
		Harare,				
		Zimbabwe.				





Table 1.

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Hong (22)	2020	Development	Brazil			The longer the
		and				care time, the
		Effectiveness				lower the
		of the				probability of
		Intravenous				the presence of
		Infusion				phlebitis in the
		Evidence-				patient,
		Based				according to this
		Nursing				research.
		Practice				
		Guideline				
		Practice				
		Implementati				
		on Program -				
		for Small and				
		Medium				
		Hospitals.				
Pires &	2018	Prevalence of	Portugal	36.7 %		
Silva (13)		phlebitis				
		associated				
		with				
		peripheral				
		intravenous				
		catheter				
		catheter-				
		associated				
		phlebitis:				
		associated				
		factors				
Liu et al.	2020	Incidence,	China	10,5 %		
(15)		risk factors				
		and medical				
		cost of				
		peripheral				
		intravenous				
		catheter-				
		related				
		complications				
		in				
		hospitalized				
		adult patients.				
		Pullento.				





Table 1.

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Lee & Kim (14)	2019	A model of peripheral intravenous catheter- associated phlebitis in hospitalized orthopedic patients	Brazil	35,9 %		
Umma & Mohammad (16)	2019	Frequency of peripheral intravenous catheter- related phlebitis and related risk factors: a prospective study.	India	18.09 % of grade 1 and 2	Infusion of hypertonic liquids and certain antibiotics such as: amikacin, meropenem, amoxicillin, clavulanic acid, flucloxacillin	
Abilo et al. (23)	2021	Incidence of intravenous catheter phlebitis and its associated peripheral catheter phlebitis and its associated factors among patients admitted to Gondar University Gondar University Hospital, northwestern Ethiopia.	Ethiopia		Age, gender, residence, religion, admission diagnosis, school education, time of peripheral venous catheter insertion, intravenous drugs.	





Table 1.

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Salguero et al. (28)	2019	Nursing practice in peripheral venous catheterizatio n: phlebitis and patient safety.	Portugal			Select the anatomical site for venipuncture, select the venous catheter caliber, perform hand hygiene and disinfection of materials, properly cannulate, and secure the venous catheter, educate to involve the patient in venous catheter care.
Pinto & Cruz (29)	2017	Indicators for the evaluation of nursing care: a descriptive- exploratory study.	Brazil			Know hardening of the venous tract i.e., varicose veins, redness of the affected area, sensation of pain, fever, or discomfort if infection is
Abhiyit (24)	2019	Study of the incidence of phlebitis after the use of peripheral intravenous catheter.	India		These were female sex, age less than 60 years, large venous catheters, venous lines placed in emergent situations, administratio n of medications.	present.





Table 1.

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Wen & You	2018	Occurrence of	Taiwan			The staff should
(30)		phlebitis				monitor the site
						where the
						peripheral
						venous line was
						placed, the
						anatomical part
						should focus on
						the caliber of the
						venous catheter,
						the care should
						be comfortable
						and safe, thus
						increasing the
						quality of care
						and avoiding
						complications such as
						inflammation,
						obstruction of
						the peripheral
						venous catheter,
						suppuration.
Bherulal &	2020	Factors	France	Prevalence		support to the
Musurrat		contributing	Trance	of 26 % in		
(18)		to phlebitis in		the medical		
		patients		areas while		
		admitted to		in the		
		third level		operating		
		medical-		rooms it was		
		surgical units.		10.2 %.		





Table 1.

Selected articles are ordered as follows: authors, year of publication, title, city, prevalence, risk factors and the nursing process. (continued)

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Chen &	2021	Evaluation of	•		Risk factors	
Xiao (25)		risk factors in			were	
		time for			antibiotics	
		phlebitis and			such as	
		non-phlebitis			intravenous	
		related failures			flucloxacillin	
		when			, female	
		peripheral			gender, site	
		venous			of insertion	
		catheters are			of the venous	
		phlebitis when			line in the	
		peripheral			dominant	
		venous			hand	
		catheters were				
		replaced as				
		clinically				
		replaced as				
		clinically				
		indicated				
Chen et al.	2021	Risk factors	China		They were	
(26)		for peripheral			fluid leakage,	
		venous			age over 60-74	
		catheter			years old,	
		failure: a			emergency	
		prospective			area, poor	
		cohort study			cannulation	
		of 5345			practice,	
		patients.			administration	
					of irritating	
					fluids,	
					insertion time.	
Anayanci	2020	Phlebitis:	Mexico			Scientific knowledge
(31)		Basic				of definition, signs
		knowledge			:	and symptoms and
		for nurses			1	nursing performance,
					1	using the assessment
					:	scale depending on
						each institution, your
						diagnosis will be
						issued to provide
						your treatment.



Página 240 | 20



Table 1.

Selected articles are ordered as follows: authors, year of publication, title, city, prevalence, risk factors and the nursing process. (continued)

Author	Year	Title	Country	Prevalence	Risk Factors	Nursing care
Altamirano	2018	Phlebitis and	Ecuador	5,67%		
et al. (17)		pressure ulcers in				
		nursing care,				
		in the				
		Esmeraldas				
		Hospital				

Discussion

For the analysis we selected thirty-one articles that helped us answer our research questions about prevalence of phlebitis, risk factors, and nursing care.

Prevalence of phlebitis worldwide

In a study conducted in Australian metropolitan and regional hospitals in the hematology, oncology and operating room medical units, the prevalence of phlebitis was 12% (8). On the other hand, a study conducted in Portugal showed a prevalence of phlebitis of 11.5% in 110 patients with a CVP (9). In a study conducted in Germany in a third level hospital, the prevalence of phlebitis was 33% (10).

A research work conducted by Larsen et al. (11), in Germany showed a prevalence of phlebitis of 7.6%. Likewise, another study conducted in Spain by nursing personnel showed a prevalence of phlebitis of 5.6% (12).

A study conducted in Portugal by Pires & Silva (13), showed a prevalence of phlebitis of 36.7%, which is why it was recommended to reduce the permanence of the peripheral venous line according to the protocols of each institution. According to one study, the prevalence of phlebitis was 35.9% in a hospital in Brazil (14). On the other hand, a study conducted in China by Liu et al. (15), the prevalence of phlebitis was 10.5% in a University Hospital.

In India, the prevalence of phlebitis was 18.09 of grade 1 and 2 (16). A study conducted in Ecuador in a Hospital in Esmeraldas, the prevalence of phlebitis was 5.7%, that is, thirty-two persons (17). A study conducted in France by Bherulal & Musurrat (18), was studied in a tertiary care center in surgical units and medical units with a prevalence of 26% in the medical areas while in the surgical wards it was 10.2%.





Risk factors associated with phlebitis

In a study conducted by Santa Ana et al. (19), in a Brazilian hospital, the risk factors were age and sex. Another study conducted in Brazil by Braga et al. (20), the risk factors were age, venipuncture site, venous catheter caliber, failed attempts, and medications in a study group of 110 patients as a sample.

Likewise, a study conducted in Africa by Munabshe & Mukona (21), identified the following factors: male gender, HIV, diabetic patients, immunosuppressive drugs, venipuncture site, catheter number 18.

The risk factors showed that the higher the ratio of hours, the lower the incidence of phlebitis (22). In a study conducted in India, the most prevalent risk factors were infusion of hypertonic liquids and certain antibiotics such as: amikacin, meropenem, amoxicillin, clavulanic acid, flucloxacillin (16).

In a study conducted in Ethiopia, the risk factors for the appearance of phlebitis were age, gender, residence, religion, admission diagnosis, school education level, time of having a peripheral venous catheter inserted, intravenous drugs (23).

A study conducted in a military hospital in India, the risk factors were female sex, age under 60 years, large venous catheters, venous lines placed in emergent situations, administration of drugs (24).

Chen & Xiao (25), risk factors in a hospital study were age over 65 years, male gender, difficult access veins, anatomical site at the level of the forearm and dorsum of the hand, Teflon catheter 18, 20, 22 imported from New Jersey, United States, poor technique, perfusion solution other than sodium chloride, time of fixation of lines.

The risk factors in a study conducted in a third level hospital in China were fluid leakage, age over 60-74 years old, emergency area, poor cannulation practice, administration of irritant fluids, insertion time (26).

Conclusions

• It is concluded with this systematic review that the prevalence of phlebitis worldwide is high in certain countries, nurses should put more emphasis when performing this procedure: Australia 12%, Portugal 11.5%, Germany 33%, Spain 5.6%, Portugal 36.7%, Brazil 35.9%, China 10.5%, India 18.09, Esmeraldas 5.7%. The nursing staff should have the technique, practice, and knowledge for a prompt action of phlebitis to stop complications that may occur.





- According to this study, the risk factors for phlebitis were age, sex, venipuncture site, large venous catheters, failed attempts, medications, hypertonic liquids, antibiotics such as: amikacin, meropenem, amoxicillin, clavulanic acid, flucloxacillin, emergency area, anatomical site at the level of the forearm and dorsum of the hand, and the presence of a venous catheter.
- The nursing care according to the realization of this systematic review the staff should know the symptoms of phlebitis, monitor the site where the peripheral venous line was placed, the anatomical part should focus on the caliber of the venous catheter, the care should be comfortable and safe achieving increase the quality of the same, thus avoiding complications such as inflammation, treatment can sodium chloride (Na Cl), warm water painkillers if appropriate.

References Bibliography

- Atay S, Sen S, Cukurlu D. Phlebitis-related peripheral venous catheterization, and the associated risk factors. Niger J Clin Pract [Internet]. 2017 Jul 16 [cited 2021 Dec 8];21(7):827-31. Available from: https://www.ajol.info/index.php/njcp/article/view/174537
- Vergara, T; Véliz, E; Fica A. Infectious or non-infectious phlebitis: lessons from an interventional program on peripheral venous catheter-associated phlebitis. Rev Chil infectología [Internet]. 2017 [cited 2021 Dec 8];34(4):319-25. Available from: http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0716-10182017000400319&lng=es&nrm=iso&tlng=en
- Martin, G; Castro F. View of effectiveness of topical treatment of phlebitis secondary to peripheral catheterization: a systematic review. Enferm Glob [Internet]. 2017 [cited 2021 Dec 8]; 45:491-507. Available from: https://revistas.um.es/eglobal/article/view/260411/201651
- Ferraz M; Corcua M; Sancho E. Randomized experimental study to evaluate the effectiveness of the Flebitis Zero project in Navarre. An Sist Sanit Navar [Internet]. 2021 Oct 19 [cited 2021 Dec 9]; Available from: https://recyt.fecyt.es/index.php/ASSN/article/view/82933
- Pieres A, Silva D. Prevalence of peripheral intravenous catheter-related phlebitis: associated factors. Rev Enferm Ref [Internet]. 2018 [cited 2021 Dec 9];127-38. Available from: https://doi.org/10.12707/RIV17058
- González A, Cuní T, Santana D. Use of peripheral venous catheters and prevalence of phlebitis in a hospital. Rev del Hosp Juárez Mexico [Internet]. 2020 [cited 2021]





Dec

9];87(2):70-3. Available from: https://www.researchgate.net/publication/342249266

- Urrutia G, Bonfill X. PRISMA statement: a proposal to improve the publication of systematic reviews and meta-analyses. Med Clin (Barc) [Internet]. 2010 [cited 2022 Feb 9]:135(11):507-11. Available from: https://bmjopen.bmj.com/content/bmjopen/suppl/2013/06/10/bmjopen-2012-002330.DC1/bmjopen-2012-002330supp_PRISMA-2010.pdf
- Marsh N, Larsen E, Takashima M, Kleidon K. Peripheral intravenous catheter failure: a secondary analysis of the risks of 11 830 catheters. Int J Nurs Stud [Internet]. 2021; 124:104095. Available from: https://doi.org/10.1016/j.ijnurstu.2021.104095
- Luyu L, Jiaquin Z. The incidence and risk of infusion phlebitis with peripheral intravenous catheters: a meta-analysis. J Vasc Access [Internet]. 2020 May 1 [cited 2022 Feb 4]:21(3):342-9. Available from: https://journals.sagepub.com/doi/abs/10.1177/1129729819877323
- Seven J, Schroeder C, Gruhl D, Gastmeier P, Salm F. Point prevalence survey of peripheral venous catheter use in a large tertiary care university hospital in Germany. Antimicrob Resist Infect Control [Internet]. 2019 Jan 17 [cited 2022 Feb 4]:8(1):1-7. Available from: https://aricjournal.biomedcentral.com/articles/10.1186/s13756-019-0468-8
- Larsen E, Marsh N, Brien C, Monteafle E, Clarie M. Inherent and modifiable risk factors for peripheral venous catheter failure during cancer treatment: a prospective cohort study. Support Care Cancer [Internet]. 2020 Jul 24 [cited 2022 Feb 4];29(3):1487-96. Available from: https://link.springer.com/article/10.1007/s00520-020-05643-2
- Arias L, Suerez B. Incidence, and risk factors for peripheral intravenous catheter-associated phlebitis. Enferm Clin [Internet]. 2017 Mar 1 [cited 2022 Feb 4];27(2):79-86. Available from: https://pubmed.ncbi.nlm.nih.gov/27640931/
- Pires A, Silva M. Prevalence of peripheral intravenous catheter-related phlebitis: associated factors. Rev Enferm Ref. 2018 Mar 31; IV Série (No16):127-38. Available from: chromeextension://dagcmkpagjlhakfdhnbomgmjdpkdklff/enhancedreader.html?pdf=https%3A%2F%2Fbrxt.mendeley.com%2Fdocument%2Fconte nt%2F159e3078-dd3e-38a0-bfbf-53566d046e91&doi=10.12707/RIV17058





- Lee S, Kim K KJ. A model of peripheral intravenous catheter-associated phlebitis in hospitalized orthopedic patients. Int J Environ Res Public Heal Artic [Internet]. 2019 [cited 2022 Feb 4];16. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6765841/pdf/ijerph-16-03412.pdf
- Liu C, Chen L, Kong D, Lyu F. Incidence, risk factors, and medical cost of peripheral intravenous catheter-related complications in hospitalized adult patients. J Vasc Access [Internet]. 2020 Dec 10 [cited 2022 Feb 4];00(0):1129729820978124. Available from: http://www.ncbi.nlm.nih.gov/pubmed/33302797
- Umma S, Mohammad A NZ. Frequency of peripheral intravenous catheter-related phlebitis and related risk factors: a prospective study. J Med [Internet]. 2019 Jan 13 [cited 2022 Feb 4];20(1):29-33. Available from: https://www.proquest.com/docview/2203154136/abstract/17F0F34D6AB34E8B PQ/1?accountid=61870
- Altamirano Z, Flores M, Reascos Y EA. Phlebitis, and pressure ulcers in nursing care at the Esmeraldas Hospital. Rev Ciencia, Tecnol e Innovación [Internet]. 2018 [cited 2022 Feb 4];5(2):159-67. Available from: https://dialnet.unirioja.es/servlet/articulo?codigo=6756400&info=resumen&idio ma=SPA
- Bherulal P, Musurrat F SMSR. Factors contributing to phlebitis in patients admitted to
tertiary care medical-surgical units. Liaquat Med Res J [Internet]. 2020 [cited
2022 Feb 4];2(2). Available from:
http://ojs.lumhs.edu.pk/index.php/LMRJ/article/view/572/295
- Santa Ana M, Oliveira V, Tomazini A FT et al. Patient safety in the context of reported notifications in a university hospital. Rev Epidemiol e Control Infecção [Internet].
 2019 Apr 2 [cited 2022 Feb 4];9(2). Available from: https://online.unisc.br/seer/index.php/epidemiologia/article/view/12099
- Braga L, Perreria P, Souza A, SL. Phlebitis and infiltration: vascular traumas associated with peripheral venous catheter. Rev Lat Am Enfermagem [Internet]. 2018 May 17 [cited 2022 Feb 4];26. Available from: http://www.scielo.br/j/rlae/a/KbFbPcfsYpM8kssxKRyXDwB/?lang=en
- Munabshe L, Mukona DZM. Factors contributing to phlebitis in adult patients admitted to the medical-surgical units of a central hospital in Harare, Zimbabwe. J Infus Nurs [Internet]. 2018 [cited 2022 Feb 4];41(2):96-102. Available from: https://pubmed.ncbi.nlm.nih.gov/29489704/





- Hong I YE. Development and Effectiveness of the Intravenous Infusion Evidence-Based Nursing Practice Guideline Practice Implementation Program - for Small and Medium Hospitals. J Korean Acad Nurs [Internet]. 2020 [cited 2022 Feb 4];50(6):863. Available from: https://doi.org/10.4040/jkan.20196
- Abilo M, Tewodros T, Tae Y. Incidence of peripheral intravenous catheter phlebitis and its associated factors among patients admitted to Gondar University Hospital, northwestern Ethiopia: a study. Thromb J [Internet]. 2021;19(1):1-8. Available from:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8276507/pdf/12959_2021_Arti cle_301.pdf

- Abhiyit M RK. Study of incidence of phlebitis after peripheral intravenous catheter use. J Fam Med Prim Care [Internet]. 2019 [cited 2022 Feb 4];8(9). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6820419/pdf/JFMPC-8-2827.pdf
- Chen Y, Xiao F ML. Evaluation of timely risk factors for phlebitis-related and nonphlebitis-related failures when peripheral venous catheters were replaced as clinically indicated. J Vasc Access [Internet]. 2021 [cited 2022 Feb 4] ;(0):0. Available from: https://doi.org/10.1177/11297298211015035
- Chen Y, Xiao W, Ming L, Jie Q YY. Risk factors for peripheral venous catheter failure: a prospective cohort study of 5345 patients. J Vasc Access [Internet]. 2021 [cited 2022 Feb 4];00(0). Available from: https://journals.sagepub.com/doi/pdf/10.1177/11297298211015035
- Annisa F, Nurhaeni N. Warm water compresses as an alternative to reduce the degree of phlebitis. Compr Child Adolesc Nurs [Internet]. 2017 Nov 30 [cited 2022 Feb 4]; 40:107-13. Available from: https://www.tandfonline.com/doi/abs/10.1080/24694193.2017.1386978
- Salguero A, Lima M, Braga L, Arreguy C NM. Práticas de enfermagem no cateterismo venoso periférico: a flebite e a segurança doente. Texto e Context Enferm [Internet]. 2019 [cited 2022 Feb 4];28. Available from: https://www.redalyc.org/journal/714/71465278134/71465278134.pdf
- Pinto S, Cruz F. Indicators for the evaluation of nursing care: a descriptive-exploratory study. Online Brazilian J Nurs [Internet]. 2017 [cited 2022 Feb 4];16(2):140-51. Available from: https://www.redalyc.org/articulo.oa?id=361453991003
- Wen P, You X. Occurrence of phlebitis. Nurs Res [Internet]. 2018 May 1 [cited 2022 Feb4];67(3):252-60.Availablefrom:





https://journals.lww.com/nursingresearchonline/Abstract/2018/05000/Occurrenc e_of_Phlebitis__A_Systematic_Review_and.9.aspx

Anayanci C MC. Phlebitis: basic knowledge of nursing staff. Educación y Salud Boletín Científico Instituto Ciencias la Salud [Internet]. 2020 [cited 2022 Feb 4];7(2):62-5. Available from: https://repository.uaeh.edu.mx/revistas/index.php/ICSA/issue/archive

Conflict of interest

There is no conflict of interest on the part of the investigators.





ISSN: **2697-3391** Vol. 5 No. 3, pp. 229 – 248, julio – septiembre 2022

www.anatomiadigital.org

El artículo que se publica es de exclusiva responsabilidad de los autores y no necesariamente reflejan el pensamiento de la **Revista Anatomía Digital.**



El artículo queda en propiedad de la revista y, por tanto, su publicación parcial y/o total en otro medio tiene que ser autorizado por el director de la **Revista Anatomía Digital**.







