Peripheral intravenous catheter/cannula (PIVC)-related infections

Worldwide, over 1 billion PIVCs are used every year

for the administration of fluids, medication, blood products and contrast media. It is the most commonly performed invasive procedure in hospitalised patients.¹





Up to 80% of hospitalised patients receive at least one PIVC during their hospital stay.²



In New Zealand and Australia, up to 1 in 4 PIVCs remain in place after they are no longer needed.⁹ Up to 50% of PIVCs fail before completion of therapy due to complications. 3,4

Complications of PIVC include: infection, occlusion, infiltration, dislodgement, phlebitis, extravasation, haematoma and air embolism.

At least 1 out of 5

healthcare associated
Staphylococcus aureus
bacteraemia (SAB) cases are
linked to PIVC in New Zealand.⁵

The 30-day all-cause mortality for SAB is **20%-26%.** ^{6,7}



As of 2010, for every case of HA-BSI (healthcare associated bloodstream infection), the cost to the health system was

NZ\$20,394









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