

Children's Health Medical Center Dallas

## Children's Health Scholarly Collection

---

2021

Nurse Residents

---

2022

### ACTing with TLC Splint

Jade Deckard  
*Childrens Health*

Karen Esquivel  
*Childrens Health*

Adriana Guerre  
*Childrens Health*

Follow this and additional works at: <https://scholarlycollection.childrens.com/nursing-nr2021>



Part of the [Pediatric Nursing Commons](#)

---

#### Recommended Citation

Deckard, Jade; Esquivel, Karen; and Guerre, Adriana, "ACTing with TLC Splint" (2022). 2021. 4.  
<https://scholarlycollection.childrens.com/nursing-nr2021/4>

This Book is brought to you for free and open access by the Nurse Residents at Children's Health Scholarly Collection. It has been accepted for inclusion in 2021 by an authorized administrator of Children's Health Scholarly Collection. For more information, please contact [amy.six-means@childrens.com](mailto:amy.six-means@childrens.com).





# ACTing with TLC Splint

Jade Deckard, BSN, RN, Karen Esquivel, BSN, RN, Adriana Guerra, BSN, RN, Tara Kaiser, BSN, RN, & Arjelia Varela, BSN, RN

## BACKGROUND

Standardized IV securement can maintain peripheral intravenous (PIV) devices and avoid unexpected unplanned removals during a patient's hospital stay. At Children's Health, nurse residents noted variability in PIV securement practices such as excess taping and decreased visibility of the PIV site. Decreased visibility of the site impedes nursing ability to perform thorough PIV assessments and increases the risk of infiltrations. The purpose of this evidence-based practice project was to evaluate the use of the IV House TLC Splint in standardizing PIV securement to maintain and allow for thorough assessment u



## PICO

In pediatric patients with PIVs, does having a standardized securement device decrease the number of unplanned removals and allow for improved PIV assessment in comparison to current practice using obstructive/excessive tape?

## PRESENTATION OF EVIDENCE

An evidence-based utilization project at Khoo teck Puat - National University Children's Medical Institute in Singapore, trialed the use of new PIV securement devices that improved visibility around the IV site. Improving visibility at the IV site without jeopardizing securement increased nurse compliance in IV checks/assessments, decreased patient distress during IV checks, allowed for additional staff time for other patient care activities, as well as leading to prevention and early detection of phlebitis and extravasation (Lim, et. al, 2018).

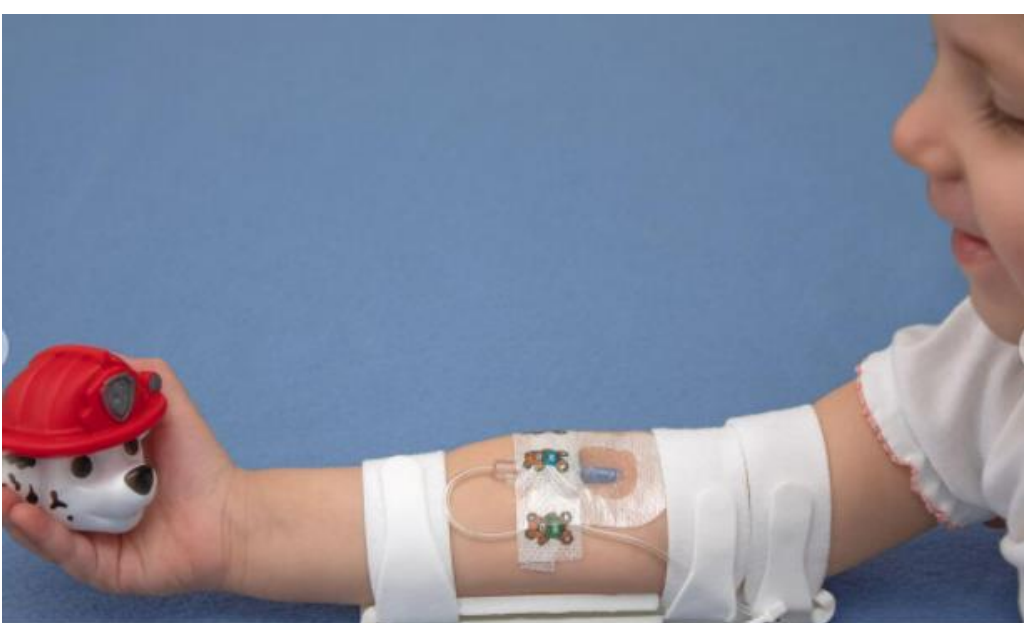
A pediatric hospital unit in Turkey implemented TLC splints and utilized a Visual Infusion Phlebitis Scale to score phlebitis in patients after IV infusions. Findings showed that with use of TLC splint, the catheter dwell time can be increased which in turn protects and stabilizes PIVs in pediatric patients (Büyükyılmaz, et. al., 2019).



<https://www.ivhouse.com/products/tlc-wrist-splint>



<https://www.ivhouse.com/products/tlc-foot-splint>



<https://www.ivhouse.com/products/tlc-elbow-splint>

## COST ANALYSIS

	Current Product	TLC Splint	Difference
Neonate	\$1.52	\$3.57	\$2.05
Pediatric	\$1.28	\$3.57	\$2.29
Pediatric	\$1.56	\$3.78	\$2.22
Adult	\$2.03	\$3.99	\$1.96
Cost of IV Infiltrate	~\$680-\$16,250 per event* Litigation not included with potential of \$44,000 per event (Bhananker et al., 2009.)		

## CONCLUSION

The IV House TLC Splint provides adequate securement of patients' extremities without the need of additional obstructive tape. The device also allowed nurses to thoroughly perform an ACT assessment. The IV House TLC Splint is a product that helps to standardize taping practices in PIVs and could potentially decrease PIV infiltrations in pediatric patients in the hospital setting.

Acknowledgments: Jordan Schools, BSN, RN, NPD-BC, CPN and Mayra Garcia, DNP, APRN, PCNS-BC



References