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Expediency And Accuracy Of Identifying The "Resuscitation Line" Using A Visual-Tactile Marker In A Critical Care Setting

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Abstract:
Background: Most medications have some type of compatibility conflict with other medications. Emergency medication delivery is time dependent, delays required to identify a saline-only intravenous line may negatively impact patient outcomes. In this study, a tactile/visual IV tubing marker was evaluated for time to medication delivery as compared to standard identification methods. Methods: This was a mixed methods study. Method 1: Prospective randomized crossover study compared the administration of simulated Midazolam IV to a simulated critically ill patient using either the standard tape labeled IV-line or a new visual tactile marker ('GoTo Tag') to identify the correct saline IV through which to give the drug. Recorded time began when the participant entered the room and ended when the medication was delivered into the IV line. Subjects then left, and repeated with the opposite identification methods after a minimum 10-minutes. The normal saline IV line was moved to a different location between the attempts. Method 2: An exit questionnaire was utilized to obtain subjective data and to obtain open-ended comments. Results: Twenty-four participants, (4 physicians, 9 nurses and 11 paramedics) were recruited. The mean time to medication delivery was 28.3 ± 15.6 seconds. The visual tactile marker was statistically faster (22 ± 14 sec vs 35 ± 15 sec; p=0.002). The paramedic subgroup was also faster using the visual tactile marker (23 ± 14 sec vs 37 ± 12 sec; p=0.019). Overall, nurses identified the saline line modestly faster (25 ± 18) than paramedics (40 ± 14) or physicians (31 ± 14) regardless of the identification method. Comments by the participants clearly favored the 'GoTo Tag' over traditional tape labeled markers in terms of ease of resuscitation line identification and the potential to improve patient safety. Conclusion: The GoTo tag reduced the time to medication delivery, and was a preferred method to identify the resuscitation line by critical care providers.
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