

AAGBI: Wrong fluid commonly used as arterial flush in ICU

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(HealthDay)—Use of the wrong fluid in an arterial flush is commonly reported in intensive care unit (ICU) practice and elsewhere in hospital practice, according to a study published online Sept. 5 in *Anaesthesia* and presented at the annual congress of the Association of Anaesthetists of Great Britain and Ireland, held from Sept. 18 to 20 in Dublin.

Following a patient safety incident in their ICU, Rebecca A. Leslie, from the Royal United Hospital in Bath, U.K., and colleagues surveyed current arterial line practice and examined whether the 2008 U.K. National Patient Safety Agency recommendations had been adopted. All 241 adult U.K. ICUs were contacted, and 94.6 percent completed the survey.

The researchers found that some recommendations have been widely implemented, including use of 0.9 percent [sodium chloride](#) as flush fluid and two-person checking of fluids before use. Other recommendations

have been incompletely implemented, including prescription of fluids, two-person checking at shift changes, use of opaque pressure bags, and arterial sample technique. Thirty percent of respondents reported using the wrong fluid as an arterial flush for ICU practice and a further 30 percent for practice elsewhere in the hospital.

"This points to the urgent need for further [national debate](#) on standards of practice around arterial lines so we can work towards eliminating these risks," a coauthor said in a statement.

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