

QI project ups jet injection of lidocaine in IV placements

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(HealthDay)—A quality improvement project can increase jet injection

of lidocaine (JIL) use with intravenous (IV) placements in the emergency department, according to a quality report published online March 9 in *Pediatrics*.

Shobhit Jain, M.D., from Children's Mercy Hospital in Kansas City, Mo., and colleagues surveyed medical and nursing teams to identify barriers to JIL use, then initiated changes at monthly intervals, including order set changes, online education, hands-on workshops, improved accessibility, revision of standing order policy, and reminders. Biweekly data were collected on IV placements for all [emergency department](#) patients apart from level 1 triage patients.

The researchers found that over seven months there was an increase in JIL use with IV placement to 54 percent; JIL use remained >50 percent for more than 12 months. For all 12,791 eligible placements, 76.4 and 75.8 percent of those where JIL was used and was not used, respectively, were successful on the first attempt ($P = 0.56$), with no significant difference in IV placement success.

"We sustainably increased JIL use with IV placement," the authors write. "The use of JIL was not associated with a difference in first-attempt IV placement success rates."

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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