

The Association for Vascular Access (AVA) vision is to create a world with safe vascular access. The predicate to this requires patient and clinician education. Defining safe vascular access for all stakeholders requires that we no longer accept complications as an expectation of this procedure. Healthcare consumers continue to accept that missed attempts, infiltrations, extravasations, and negative outcomes are just an expectation of the most common procedure in healthcare. AVA aims to change this.

Many adverse outcomes related to vascular access are immediately recognized while others, like extravasation of radiopharmaceuticals, may go unrecognized for a prolonged period of time (sometimes years) and may be associated with negative outcomes including missed diagnosis or suboptimal treatment of nuclear therapy used to treat malignancies.

AVA's [position statement about the use of Visualization Technology](#) advocates that clinicians employ transillumination, infrared, or ultrasound technology during the insertion of all peripheral intravenous catheters to improve first-stick success. Our position to avoid all "blind-sticks" is grounded in evidence referenced in the position paper.

Clinician education is essential to avoid negative complications associated with venous access. Consistent, evidence-based education is lacking among clinicians who are expected to perform the procedure. AVA and B. Braun recently [partnered to raise standards and enhanced training for IV placement to healthcare schools](#). Together the organizations are developing a series of online courses that will be provided free of charge to medical, nursing, respiratory therapists, and allied healthcare educators. The education will provide the learner with sound principles and consistent education about the insertion, care, and maintenance of peripheral IV insertion.

Monitoring a vascular access device for complications like extravasation is a critical responsibility of the healthcare provider. Prevention and reduction of device complications may be achieved through clinician education, evidence-based education, and avoiding "blind-stick" insertions. Finally, healthcare consumers must be educated about the risks associated with vascular access and enable them to become advocates for safe vascular access in all care settings.