Abstract

Proper Management of PICCs and Port-a-Caths: From Scientific Evidence to Clinical Practice. The Experience of the "S. Maria" Hospital of Terni

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Introduction. Venous access devices are essential for the treatment of hospitalized patients but may be associated with complications related to either insertion or subsequent management. These complications are particularly relevant for central venous access devices, whose risks may vary according to device type. In oncology, Peripherally Inserted Central Catheters (PICCs) and Port-a-Caths are widely used and require specific nursing competencies. As expertise in their management is often concentrated within oncology settings, ensuring appropriate management across other hospital units is essential. The aim of this study was to describe the experience of the "S. Maria" Hospital of Terni in implementing a programme designed to optimize nursing management of implantable venous access devices.

Methods. A descriptive observational study was conducted to evaluate the implementation of a blended training programme. The course included four hours of classroom-based training and one hour of field-based training. Faculty included oncology nurses and professionals from the Vascular Access Nurse programme. The educational event was accredited for 7.5 Continuing Medical Education credits.

Results. Two editions of the programme were completed, involving 32 participants. Learning was evaluated through multiple-choice questions and a practical assessment conducted in the Oncology Day Hospital under qualified supervision. On a five-point Likert scale, 87% of participants rated the course as highly relevant, 74% rated its quality as excellent, and 81% rated it as highly useful.

Discussion. Increasing clinical complexity, chronicity, and the expansion of oncology and infusion treatments require advanced competencies and structured organizational strategies to ensure patient safety, continuity of treatment, and reduction of complications. Training in the management of implantable venous access devices should therefore be integrated into broader institutional programmes including surveillance, clinical audits, bundles, and checklists. Given the interest

generated by the initiative, further editions are planned, extending participation to physicians and midwives.

Keywords: PICC, Port-A-Cath, Evidence-Based Nursing

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