Pediatric patients have unique vascular access needs. When compared to their adult counterparts; prevention of complications such as line occlusion is of the most upmost importance. Central Venous Catheters (CVCs) are used to provide effective access while minimizing repetitive needlesticks and resulting emotional trauma. Due to smaller vessel size obtaining stable access in the pediatric patient is more difficult. With needle stick pain and subsequent development of anxiety with procedures being a concern for the chronic patient, CVCs are often utilized to facilitate intravenous treatment. In order to preserve vessels for future use and to decrease trauma for the hospitalized patient, CVCs are maintained for longer periods of time for intravenous fluids, therapy, nutrition and lab draws. As a result, catheter occlusion can have significant negative consequences and must be treated in order to salvage the device. A thorough understanding of the patient's vascular access needs can help the clinician select the most appropriate device and maintain that device for the duration of the patient's treatment.

Biography
Mary Beth Hovda Davis has over 10 years of experience specializing in pediatrics and has been the Pediatric Vascular Access Nurse Clinician for the University of Iowa Children’s Hospital since 2008. She graduated from the University of Iowa, College of Nursing in 2005 and attained her Masters in Nursing Education from Mount Mercy University in 2012. She has years of leadership experience in various profit and non-profit organizations. She has published and has presented on numerous occasions locally and nationally regarding vascular access maintenance. She is passionate about quality improvement and enjoys working in a multidisciplinary setting in order to improve patient outcomes.

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