CONGRESS BROCHURE

WOCOVA

5th World Congress on Vascular Access

20-22 JUNE 2018

TIVOLI HOTEL & CONGRESS CENTER
COPENHAGEN
DENMARK

#WOCOVA18

Patients First



Copenhagen, Denmark, June 20 - 22, 2018, Tivoli Hotel & Congress Center

FOREWORD ORGANIZING COMMITTEE

Dear colleagues,

On behalf of the WoCoVA organizing and scientific committee we welcome you to the 5th first lustrum World Congress on Vascular Access in the capital city of Denmark, Copenhagen.

For the 5th time we bring the most important experts in Vascular Access together to share results of research, protocols, innovations and expertise.

The program offers you educational courses; a PICC insertion and PICC train the trainer course prior to the main program and a variety of oral sessions, poster and video presentations, hands-on workshops and a range of satellite symposia during the rest of the week. This up-to-date knowledge will help you enhance the quality of your every day practice.

With a large number of abstracts, we see an increasing understanding of the need to improve patient safety and comfort while treated in the hospital or at home.

The large exhibition will allow you to learn all about the latest product novelties and will be open during all three days of the congress. It will certainly support in achieving your goals on complication management, infection prevention, materials and equipment, and patient quality of life.

Also have a look at the booth of different national organizations related to Vascular Access and network with experts from all over the globe.

Be sure to make the most of this conference by following lectures, taking part in panel discussions and meeting new friends and colleagues.

Also take the opportunity to discover the city. Copenhagen has some famous attractions and sights to suit every taste and interest – and most of them are within walking distance.

WoCoVA invites you to share your ideas and suggestions to improve this and future WoCoVA meetings and to enjoy this unique opportunity to expand your network.

Please enjoy the congress and we thank you for you contribution and participation.

On behalf of the whole WoCoVA 2018 organization,

Ton van Boxtel

Congress president

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COMMITTEES

GLOBAL COMMITTEE

The Global Committee is a permanent and rapidly growing group of representatives from countries all over the world and is the main source of input for WoCoVA. Josie Stone is chair of the Global Committee.

Argentina - Maria Veronica Mauri
Australia - Peter Carr / Tim Spencer / Evan Alexandrou
Austria - Christian Breschan
Belgium - Martine Jerome / Marguerite Stas
Brazil - Claudia Luz
Canada - Sharon Armes / Cherie Pinkerton / Tami Jemson
China - Henry Huang / Sun Hong
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Denmark - Kasper Jepsen
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Hong Kong - Peter Tang
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India - Anil Bhambhani
Iran - Morteza Khavanin Zadeh
Italy - Mauro Pittiruti
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Sweden - Karin Johansson
Switzerland - Wojciech Staszewicz
The Netherlands - Ton van Boxtel
United Kingdom - Carmel Streater / Jackie Nicholson
USA - Paul Blackburn / Josie Stone

SCIENTIFIC COMMITTEE

The Scientific Committee is responsible for the scientific program of the WoCoVA congresses and has representation of scientific experts on vascular access.

Mauro Pittiruti (Chair) – Italy
Ton van Boxtel – The Netherlands
Marguerite Stas – Belgium
Paul Blackburn – USA
Josie Stone – USA
Ken Symington – USA
Gloria Ortiz Miluy – Spain

ORGANIZING COMMITTEE

The Organizing Committee is responsible for all activities concerning the congresses. For example abstract handling, registration, exhibition, venue etc.

Ton van Boxtel – Chair
Jacoline Zilverentant – Project Manager
Kasper Jepsen – Local Representative
Pepijn Klerkx – Congres Care
Joyce van den Boogaard – Congres Care
Daphne Jacobs – Congres Care

CONGRESS SECRETARIAT

Pepijn Klerkx
Joyce van den Boogaard
Daphne Jacobs
Jeannette Slenders

DAY 1: WEDNESDAY JUNE 20, 2018

Tivoli Congress Hall

09:30 - 10:00 **Opening**
Ton van Boxtel, RN, MSc, VA-BC (NL)

10:00 - 11:00 (I-01) **Keynote address: Past, current and future challenges in infection control: from local to global actions**
Didier Pittet, MD, MS, CBE (CH)

Learning objectives of this presentation:

- To review the burden of disease associated with healthcare
- To learn the lessons learned from past decades in infection control
- To assess the global impact of Clean Hands Save Lives
- To plan for future interventions in infection prevention and control

11:00 – 12:30 **Plenary Session 1: The Patient And The Bundles**
Tivoli Congress Hall

11:00 - 11:45 (I-02) **Patient first: Do we consider the patient in our insertion bundles? (panel discussion)**
Chair: Claire Rickard, RN, PhD (AU)

Evan Alexandrou, RN, MPH, PhD (AU), Nancy Moureau, RN, CRNI, CPUI (US), Liz Simcock, RGN (GB)

11:45 - 12:30 (I-03) **Patient first: Do we consider the patient in our maintenance bundles? (panel discussion)**
Chair: Ton van Boxtel, RN, MSc, VA-BC (NL)

Josie Stone, RN, CPNP (US), Kathy Kokotis, RN, BS, NBA (US), Samantha Keogh, RN, PhD (AU)

12:30 – 13:00 **Break**

13:00 – 14:00 **Satellite Symposium 1,2,3 Industry Sponsored (Including lunch)**
Tivoli Congress Hall
Vandsalen
Carstensen

14:00 – 14:30 **Break**

14:30 – 16:00 **Parallel sessions: 1, 2, 3**

14:30 - 16:00 **Session 1. Minimizing The Risk Of Thrombosis**
Tivoli Congress Hall Chair: Andrew Bulmer, PhD (AU)

14:30 - 1500 (I-04) **Catheter to vein ratio today**
Mauro Pittiruti, MD (IT)

Catheter-related thrombosis is a pathophysiological phenomenon associated with the placement of venous catheters. The risk of development of a major venous thrombosis can be reduced - to some extent - by a proper technique of insertion. When dealing with central venous catheters (either peripherally, centrally or femorally inserted), international guidelines recommend (a) to minimize the trauma to the vein wall using ultrasound guidance and micro introducer kits, (b) to locate the tip of the catheter in a true 'central' position, (c) to secure the catheter to the skin as much as possible, and - last but not least - (d) to choose a vein and a catheter that are properly matched in terms of caliber. Some experimental and clinical studies suggest an optimal ratio of 33:100 or 45:100 between the external diameter of the catheter and internal diameter of the vein: the rationale of such choice is to leave a residual flow inside the cannulated vein, considering that a slow/reduced flow is one of the pathogenic factors of catheter related thrombosis. In this presentation, the current evidence of this recommendation will be reviewed.

DAY 1: WEDNESDAY JUNE 20, 2018

15:00 - 15:30 (I-05)

A patient oriented approach to management of venous thrombosis
Sergio Bertoglio, MD (IT)

Venous access device (VAD)-related thrombosis (CRT) is a common complication among patients requiring any type of venous catheterization. Complications of CRT include catheter dysfunction, increased risk for infection, recurrent deep venous thrombosis, vein stenosis and, although rare, pulmonary embolism. Symptomatic CR-thrombosis is treated in the majority of patients with anticoagulation (LWMH or Fundaparinux) without removing the catheter. Thrombolysis (Urokinase or r-TPA) has a marginal role for selected cases. Catheter removal should be consider for patients with bacteremia, persistent symptoms despite anticoagulation and if the catheter is no longer needed. The duration and intensity of treatment is related to the extent of thrombosis, risk of bleeding and need for a chronic use of the VAD. There are remaining controversies in reducing the risk for a new thrombosis once the clinical illness is resolved especially in cancer patients that may require a VAD for a long periods of time or even for a lifetime. There is a need for RCT evaluating the role of prolonged oral VKA and new oral anticoagulants (NOA) in cancer and non cancer patients in preventing new episodes of CR-thrombosis.

ABSTRACT PRESENTATIONS

15:30 - 15:45 (O-01)

Brazilian experience 2017: PICC-related thrombosis
Kelly Onaga Jahana (BR)

15:45 - 16:00 (O-02)

Reducing catheter-related thrombosis using a risk reduction tool centered on catheter to vessel rati
Tim Spencer, BHSc, RN, VA-BC (US)

14:30 - 16:00
Vandsalen

Session 2. The Newborn

Chair: Agnes van den Hoogen, RN, PhD (NL)

14:30 - 15:00 (I-06)

A new approach to umbilical and to epicutaneo-caval catheters
Giovanni Barone, MD (IT)

Umbilical venous catheter (UVC) and epicutaneo-caval catheter (ECC) are the most common central venous access used in neonatal intensive care unit. The choice of these intravenous devices relies mostly upon the operator preference and experience. However, procedures are continuously changing and manufacture options broadening.
Given their safety and advantages their use is increasing but efforts are made to standardise the procedural technique and the indications to decrease their unnecessary placement and complications. New materials are becoming available, for example antimicrobial-impregnated central venous catheters for prevention of catheter-related bloodstream infections. Moreover, real-time ultrasound is becoming a unique tool used to check the position of the catheter and to monitor early and late related complications.

15:00 - 15:30 (I-07)

Ultrasound guided CICCs in neonates
Christian Breschan, MD, D.E.A.A., PhD (AT)

Internal jugular (IJV) and femoral veins (FV) are mobile, compressible and collaptic. IJV and brachiocephalic veins (BCV) are larger than subclavian (SVC) and FVs. BCV and SCVs run more cephalad and are fixed to surrounding tissue making them non-collaptic and patent in hypovolaemia. Ultrasound-guidance (USG) enables placing relatively large bore central venous lines in 480g (IJV) and 590g (BCV) babies respectively. A roll is placed under the shoulder of the baby and the head turned to the contralateral side. A small linear probe is placed in the supraclavicular region region. Using the OOP technique for the IJV the tip of the needle is usually initially pushed through the vein centrally and blood is only aspirated while slowing withdrawing the needle. It is then proceeded applying the Seldinger technique. The supraclavicular IP cannulation of the BCV by using an i.v.cannula enables the observation of the cannula advancement and the surrounding tissue over the entire distance. Cannulating the left BCV is mostly easier than the right one. The infraclavicular IP cannulation of the SCV is difficult because of its small size and the disturbing US shadow of the clavicle. More importantly USG has decreased inadvertent artery injuries below 1%.

DAY 1: WEDNESDAY JUNE 20, 2018

ABSTRACT PRESENTATIONS

15:30 - 15:45 (O-03) **Exploring the Use of Extended Dwell Peripheral Intravenous Catheters in the Newborn Intensive Care**
Jessica Marchetti (US)

15:45 - 16:00 (O-04) **The optimal electrocardiogram P/R amplitude ratio of intracavitary electrocardiogram (IC-ECG) method for positioning the tip of PICC in neonates: results of a cohort study**
Jinai He, RN (CN)

14:30 - 16:00 **Session 3. The Patient In ICU**
Carstensen Chair: Paul Blackburn, MNA, RN (US)

14:30 - 15:00 (I-08) **PICCs in ICU**
Daniele Biasucci, MD, MSc (IT)

During this lecture we will discuss about the emerging role of power injectable multilumen PICCs in ICU patients also for haemodynamic monitoring. In fact, recent evidence and a meta-analysis have proven that haemodynamic monitoring with PICCs is accurate and reproduces similar values to those obtained from CICCs. However, restricted indications may exist for neurocritical care patients in which catheters insterted through the axillary vein at the thorax could be the best choice. Moreover, we will discuss the best location of the PICC's tip in order to obtain the more reliable central venous oximetry monitoring.

15:00 - 15:30 (I-09) **Protecting the ICU patient from catheter related infections**
Marc Königs, MD (NL)

'No catheter related bloodstream infections on the Intensive Care Unit'.
That was the target of the project 'Zero Tolerance for central venous CRBSI' at the Intensive Care Unit of the "Máxima Medisch Centrum" hospital in Veldhoven The Netherlands.
From 16 October 2012 it is a fact! The achieved target shows that its worth to accept the challenge to improve patients safety by eliminating this infectious menace for the most vulnerable patient category.What was particularly essential in the eyes of the authors was unambiguity in the procedure, well-trained staff and the use of the right materials.
Data analysis showed that the location of the catheter did not influence the infection rate. This is in line with the conclusions of a study published in Critical Care Medicine.
After implementation of the new protocol of care, 35% less tubing sets were used. This alone resulted in an annual cost reduction of €3,500,-.The yearly extra costs for using 3M Tegaderm CHG are €1,800,-.Finally we can conclude that the Zero Tolerance Policy, is to date extremely successful. It is the opinion of the authors that the introduction of the Tegaderm CHG as part of the new protocol of care were instrumental in achieving this result.

ABSTRACT PRESENTATIONS

15:30 - 15:45 (O-05) **A dedicated vascular access and infusion therapy team in an acute care hospital: the benefits of reducing central line-associated bloodstream infections**
Raquel Cechinel (BR)

15:45 - 16:00 (O-06) **Arterial insertion method: a systematic and anatomical approach to arterial catheter insertion**
Amy Bardin, MS, RRT, VA-BC (US)

16:00 – 16:30 **Break**

DAY 1: WEDNESDAY JUNE 20, 2018

16:30 – 18:00 **Parallel Sessions: 4, 5, 6**

16:30 - 18:00
Tivoli Congress Hall

Session 4. The Patient With Peripheral Venous Access

Chair: Josie Stone, RN, CPNP (US)

16:30 - 17:00 (I-10)

PIV bundles for preventing complications
Claire Rickard, RN, PhD (AU)

"Care Bundles" involve not just one, but several care practices, each with strong research evidence of effectiveness, and then "bundling" them together for implementation. Such bundles are time- and cost-effective in gaining improvements in patient outcomes, and have worked well in many situations, particularly for a CVAD insertion bundle in the ICU setting. PIVs are globally associated with high incidence of complications and failure. There is increasing readiness of institutions to focus on redesigning care practices, so as to reduce complications, and improve patient experiences and healthcare workflows.
There are numerous care interventions associated with the insertion, use, and removal of PIVs, but which ones should be included in PIV bundle campaigns? While some centers have reported their own experiences, a definitive bundle has not been identified.
This session will overview the evidence underlying various PIV care interventions, and highlight the strongest candidates for inclusion in bundles. Scenarios where an institution might focus on an Insertion Bundle, a PIV Use Bundle, or a combined PIV Bundle will also be discussed.

17:00 - 17:30 (I-11)

PIV, mini-midlines and midline catheters: towards a common terminology
Giancarlo Scoppettuolo, MD (IT)

The peripheral venous access in recent years has become a hot topic in the field of vascular access. In the clinical arena, new highly effective and safe devices have become available ("long term" peripheral cannula, mini-midline, midline). Unfortunately, there is often still confusion about the terminology in this field. In this presentation, we will try to clarify the definitions of these devices.

ABSTRACT PRESENTATIONS

17:30 - 17:45 (O-07)

An intervention to decrease short-term peripheral vascular catheter-related bacteraemia. The impact on incidence and mortality
Ana Hornero, RN (ES)

17:45 - 18:00 (O-08)

'Phlebitis Zero': working to reduce the complications associated with short peripheral intravenous catheter
Teresa Martínez-Flores, PhD (ES)

16:30 - 18:00
Vandsalen

Session 5. Minimizing Occlusions: Flush & Lock Policies

Chair: Samantha Keogh, RN, PhD (AU)

16:30 - 17:00 (I-12)

The science of flushing
Andrew Bulmer, PhD (AU)

This presentation will introduce concepts of ultrasound, vascular structure and fluid dynamics, with relevance to the insertion and maintenance of vascular access devices in peripheral veins. The application of clinically available ultrasound will then illustrate the potential impact of infusion and injection practices on fluid dynamics and vascular structure/function, including the formation of thrombosis and the impact that this has on vessel health and device patency. Discussion of the findings, in light of existing guidelines, will aim to assist clinicians in making informed decisions regarding their practice.

17:00 - 17:30 (I-13)

Goodbye, heparin !

Sergio Bertoglio, MD (IT)

Currently, CVC obstruction is assumed as an important concern for health professionals because of the suspension of therapies, an increase risk to the patient and associated costs. For many years heparinized solution at different dosages and concentrations has been assumed as a standard of practice to maintain CVC patency. According to the latest decades available evidence, the consensus position among several authors, Guidelines suggestions, and the results of systematic reviews and meta-analysis there is a reasonable consensus that heparinized saline solution has no advantage over normal saline solution for maintaining peripheral intravenous catheters and non dialysis CVC patency. Catheter occlusion, regardless of the type, is a multifactor process not solely based on the formation of blood cloth, thus the efficacy of any anticoagulant solution on its prevention has been recently questioned. As heparinized solution is more expensive than normal saline and has a potential for risks and complications in several clinical settings, its use for flushing and locking purposes outside the context of clinical trials is contraindicated and discouraged.

ABSTRACT PRESENTATIONS

17:30 - 17:45 (O-09)

Prospective audit to study synerkinase use to restore patency in occluded central venous catheters in haematology and oncology patients – interim results from a multicentre study

Andrew Jackson, RGN (GB)

17:45 - 18:00 (O-10)

Impact of saline flushing volume on PIVC failure, vascular calibre and tissue injury - a pre-clinical human trial -

Alexandra Hawthorn, MS, PhD (AU)

16:30 - 18:00
Carstensen

Session 6 . Indications And Advantages Of Tunneling

Chair: Daniele Biasucci, MD, MSc (IT)

16:30 - 17:00 (I-14)

Why the patient will benefit from PICC tunneling

Gloria Ortiz Miluy, RN, PAN, MVA (ES)

Zone Insertion Method (ZIM) by R.Dawson is alredy a well known technique that allows to understand the better PICC exit site on the arm. When the punction is performed in a non-secure area, the tunneling technique is the best option to improve the exit site based on the ZIM concept, but not only: tunneling can be applied even centrally inserted and femorally inserted PICC lines. With this speech we would like to highligth the indications and benefits of the tunneling technique regarding PICC lines in both adult and pedriatric patients.

17:00 - 17:30 (I-15)

Current indication to CICC tunnelling in the adult and pediatric patients

Massimo Lamperti, MD, MBA (AE)

The lecture will present the updated evidence and studies regardimg the use of tunnelling central venous catheters and PICC lines in adults and paediatric patients. The use of tunnelling has been initially introduced as off-label indication for CLABSI prevention but it is now more consisently used for long-term catheterization whenever the catheter/vein ratio is not suitable for placing a catheter in a small vein. Tunnelling requires a minimal training but it is important to place proper indication and contraindications on its use to make the technique safe and efficient.

DAY 1: WEDNESDAY JUNE 20, 2018

ABSTRACT PRESENTATIONS

17:30 - 17:45 (O-11)

The taurolidine-citrate-heparin catheter lock reduces catheter-related bloodstream infections in patients receiving home parenteral nutrition through a long-term tunnelled central venous catheter: a randomised and placebo-controlled trial
Siri Tribler, MD, PhD (DK)

17:45 - 18:00 (O-12)

Complication rates among tunneled non-cuffed PICC and CICC in pediatric malignancies
Vilani Kremer, MD (BR)

18:00 - 19:00
Tivoli Foyer/ Exhibition area

Welcome Reception

DAY 2: THURSDAY JUNE 21, 2018

08:30 – 10:30
Tivoli Congress Hall

Plenary Session 2: Do Guidelines Consider The Patient?

Chair: Josie Stone, RN, CPNP (US)

08:30 - 09:10 (I-16)

The patient in the INS standards of practice

Mary Alexander, MA, RN, CRNI, CAE, FAAN (US)

The Infusion Nurses Society (INS) has always made patients the focus of safe, quality infusion therapy, regardless of the care setting or the discipline of the clinician delivering the care. The Infusion Therapy Standards of Practice (Standards), beginning with Standard 1, "Patient Care", provides a framework to guide safe practice to ensure the best patient outcomes. With infusion therapy delivered along the continuum of care and in all practice settings, it's vital that Standards are patient-centric. Recognizing the complexity of patient care, the potential life-threatening complications, and the numerous devices available, INS' Standards, including the Practice Criteria, are based on the best available evidence and research. Not only are advances in technology and innovative clinical practice considered when developing Standards, but patient expectations are also addressed. This presentation will describe how the INS Standards impact the safe infusion care our patients receive and deserve.

09:10 - 09:50 (I-17)

The patient in the CDC guidelines

Naomi O'Grady, MD (US)

Patients often have preferences regarding the type of catheter placed (temporary or permanent), the anatomical location of the catheter (subclavian, internal jugular, or peripheral location), and even the skin antisepsis that is used to prepare the site. The CDC guidelines for prevention of catheter related infections is a data driven document that reflects the best evidence currently available to prevent infection. Patient preferences have not been featured prominantly in this guideline but are now being recognized as an important consideration when choosing what catheters to place and in what location to place them. Using the best evidence to prevent infection in combination with an informed patient choice may lead to better patient satisfaction and better care and maintenance of catheters once they are in place if the patient's preference is included in the decision making process.

09:50 - 10:30 (I-18)

The patient in the British guidelines

Andy Bodenham, FRCA, FFICM (GB)

Safe vascular access is integral to many specialties, but procedural complications are a frequent source of patient adverse events. In the UK life threatening complications are still reported despite the increased availability of ultrasound and other imaging techniques. Recognition and management of complications may also be suboptimal as many practitioners lack the requisite experience in such areas. Ensuring safe and effective approaches to vascular catheter insertion should be a priority for all practitioners. This guidance was created using review of current practice and literature, as well as expert opinion, and considered other similar international consensus guidance. The result is a consensus document which provides practical advice on the safe insertion and removal of vascular access devices, with particular reference to central venous access devices.

10:30 – 11:00
Tivoli Congress Hall Balcony

Poster Session During Break

All poster authors of odd poster numbers must be present at their poster.

DAY 2: THURSDAY JUNE 21, 2018

11:00 – 12:30 **Parallel sessions: 7, 8, 9**

11:00 - 12:30
Tivoli Congress Hall

Session 7. Minimizing Dislodgement

Chair: Giancarlo Scoppettuolo, MD (IT)

11:00 - 11:30 (I-19)

Securement of PIV

Nicole Marsh, BN, MA (AU)

Peripheral intravenous catheters are the most commonly used of all vascular access devices with over 2 billion sold each year. However, failure of this important device from complications such as phlebitis or catheter dislodgement can be as high as 69%. PIV failure is disruptive to patients medical treatment and costly to health institutions. This session will provide a summary of a recent systematic review exploring PIV failure and complications rates. The current myriad of PIV dressing and securement options will be discussed and compared. In addition, recent randomized controlled trials on this topic will be presented in a synthesized format for the adult population. The gaps in literature, and the research priorities where data would provide answers to help clinicians and policy makers choose best dress options for specific patient groups, will be highlighted.

11:30 - 12:00 (I-20)

Securement of PICC, FICC and CICC

Liz Simcock, RGN (GB)

Effective securement should be a high priority for those inserting and caring for central venous catheters (CVCs). Without it, there are increased risks of dislodgment, malfunction, infection, thrombosis and discomfort. The financial cost of managing such complications, as well as the cost of uneccessary line replacement, are also a major consideration. This session will discuss the advantages, disadvantages and effectiveness of various available securement options for CVCs inserted via peripheral, central or femoral veins (PICCs, CICCs, FICCs).

ABSTRACT PRESENTATIONS

12:00 - 12:15 (O-13)

PICC migration – a problem of the past: Cross-sectional and health-economic comparison of Adhesive and Subcutaneous Engineered Stabilization Devices for Securing PICCs

Dympna McParlan, BSc(Hons) (GB)

12:15 - 12:30 (O-14)

Suture-less central venous fixation - The time is now

Rihard Knafelj, MD, PhD (SI)

11:00 - 12:30
Vandsalen

Session 8 . The Child And The Venous Access Device

Chair: Daniele Biasucci, MD, MSc (IT)

11:00 - 11:30 (I-21)

The increasing role of ultrasound guided PICCs in children

Nicola Disma, MD (GB)

The ability to obtain venous access in the inpatient and outpatient setting is one of the most fundamental, yet, crucial components for a large number of diagnostic and therapeutic interventions. It is especially vital for critically ill patients who often require frequent blood sampling, vasoactive medications, rapid fluid resuscitation, prolonged antibiotic administration and various other indications. Peripherally inserted central catheters (PICCs) are a subset of central venous catheters. Thanks to the high standard quality, the small size and the power injectable catheters the use of PICCs in children and small infants is becoming widely accepted. Moreover, the availability of ultrasound machines and the changing way to teach and train is also influencing the indication by age. The present lecture is aimed to provide a state of the art of PICC use in children, as well as the continuous of indication and application. A state of the art of PICC use in children, as well as the continuous of indication and application.

11:30 - 12:00 (I-22)

Catheter securement and catheter dressing in pediatric patients
Tricia Kleidon, RN, MS (AU)

Venous access devices (VAD's) are an essential component to the provision of medical treatment for many of our acute, chronic and critically ill paediatric patients. VAD's include peripheral intravenous catheters (PIVC's) which are small plastic tubes inserted into small peripheral veins or central venous access devices (CVAD's) which are inserted into much larger veins. About 50% of PIVC's and 25% of CVAD's fail prior to completion of treatment. After the insertion of a VAD the external portion of the catheter needs to be secured to the skin to mitigate the risk of catheter complication and failure due to partial or complete dislodgement, occlusion, thrombosis, fracture or bloodstream infection. Dressings/securements must ensure PIVC's and CVADs do not dislodge and fall out, or move out of the vein and into surrounding tissue. Securement also minimises micro-motion in the vessel, which irritates the vein wall, causing inflammation presenting as pain, swelling and CVAD occlusion. Effective securement must also prevent infection by stopping bacteria entering the VAD wound (bacteria may travel from the skin/environment down the VAD tract, into the bloodstream). Micro-motion or 'pistoning' of the device may further encourage bacterial entry. In addition to the complex task of providing adequate dressing and securement it is also essential that clinicians consider promotion of skin safety for these vulnerable patients who often have many co-morbidities and treatment regimens that place their skin under significant stress. This presentation will highlight the various dressing and securement methods available as well as focus on the potential for improving skin safety surrounding the VAD – a necessary, but frequently undervalued component of vascular access.

ABSTRACT PRESENTATIONS

12:00 - 12:15 (O-15)

Implementation of a difficult venous access (DIVA) pathway
Evan Alexandrou, RN, MPH, PhD (AU)

12:15 - 12:30 (O-16)

Impact of a dedicated vascular access and infusion therapy team on the reduction of central line-associated bloodstream infections in pediatric patients
Ricardo Zimerman, MD (BR)

11:00 - 12:30
Carstensen

Session 9 . The Patient Who Needs Dialysis, Apheresis And Ultrafiltration

Chair: Kasper Jepsen, MD (DK)

11:00 - 11:30 (I-23)

Which catheter for short and long term dialysis?
Jan Tordoir, MD, PhD (NL)

Central venous catheters (CVCs) are frequently used in patients on hemodialysis, but they are associated with high morbidity, mortality and health-care costs owing to infectious complications.
A well-functioning hemodialysis (HD) catheter (CVC) should have: a. dialysis flow > 300 ml/min, (Kt/v > 1.2/session); b.low removal rate (< 20%)/ high patency and c. low infection risk (< 1 per 1000 catheter days). Untunneled and tunneled CVCs should be predominantly jugular vein catheters and inserted with ultrasound guidance.
Untunneled CVCs are used for acute dialysis (<1 week) and are relatively small bore (11–13 Fr) catheters. They can be inserted with relative ease by a bed-side procedure under local anesthesia. No formation of a subcutaneous tunnel is needed and many different catheter types are available.
Tunneled CVCs are used for permanent dialysis (>3 mts); have relatively large bore (14–14.5 Fr) lumens with a Dacron cuff adhered to the catheter . The insertion is a more difficult, needing the formation of a subcutaneous tunnel and the procedure is performed in OR under local or general anesthesia. Strict, aseptic CVC insertion, meticulous catheter care, and implementation of a catheter surveillance program are mandatory to reduce the incidence of catheter-related bloodstream infections.

11:30 - 12:00 (I-24)

Special needs for blood exchange: apheresis, ECMO, ultrafiltration
Fulvio Pinelli, MD (IT)

The need for adequate and reliable vascular access remains one of the major problems in extracorporeal therapy, such as apheresis, ECMO and ultrafiltration, since contact with the bloodstream must be obtained and a substantial blood flow must be achieved to allow the therapeutic technique to be performed. Flow of fluids through intravenous (IV) catheters is governed by the Hagen-Poiseuille equation which characterizes the flow through a long cylindrical pipe. Flow is inversely proportional to the length of tubing, viscosity of fluid, proportional to the pressure drop across the IV catheter, and proportional to the fourth power of the radius of the IV catheter. Doubling the diameter of a catheter increases the flow rate by 16 fold. According to this, vascular catheter for blood exchange technique is a catheter with high internal diameter to deliver adequate blood flow. Best evaluation of the site of puncture and procedure are necessarily ultrasound-guided. Furthermore, vascular access for extracorporeal therapy sustains performances theoretically for the whole time of the procedure, operating within high pressure and avoiding recirculation. In conclusion, the choice of the vascular access for blood exchange determines the treatment adequacy.

ABSTRACT PRESENTATIONS

12:00 - 12:15 (O-17)

Be a lion and 'R.O.A.R' to save the veins (and the lives) of children with kidney disease
Rowena Lalji, MBBS, BPhty (GB)

12:15 - 12:30 (O-18)

Endovascular Treatment of Central Venous Stenosis and Occlusion: Vascular Access for Hemodialysis
Demet Ünal, MD, PhD (TR)

11:00 - 12:30 Poster Pitches & Video Abstracts

Ballon/ Blomstersalen

11:00 – 11:30 (PP-01)

Poster Pitches
Chair: Josie Stone, RN, CPNP (US)

P003 **Misleading artifact in vascular ultrasound – a case report**
Fabrizio Brescia (IT)

P011 **Skill assessment of simulation training for ultrasound-guided central venous catheterization**
M. Hakone (JP)

P012 **Short- and intermediate-term use of peripherally inserted central catheters in Europe: a systematic literature review**
Baudolino Mussa, MD (IT)

P015 **Evaluation of the proficiency in the skill for ultrasound-guided central venous catheterization on the simulation training using optical needle guide**
Mami Kikuchi (JP)

P025 **Establishment of a Finnish vascular access team**
Riku Palanne (FI)

P029 **Implementation and evaluation of a skills training program for ultrasound-guided vascular access in small vessels using a low-cost cadaver tissue model**
Michael Wagner (AU)

P037 **Optimal venous access in the Czech Republic and Slovakia – situation in 2017**
Jiri Charvat, MD, PhD (CZ)

P043 **The 1st PICC team in Czech Republic - comparison of 2013 and 2017 results**
Katerina Lisova (CZ)

P048 **Chinese Experts consensus on ultrasound-guided PICC placement**
Hong Xing (CH)

P058 **The mechanistic causes of peripheral intravenous catheter failure based on a parametric computational study**
Peter Carr, PhD, MMedSc, BSc (AU)

DAY 2: THURSDAY JUNE 21, 2018

11:30 – 12:30 (V-01)

Video Abstract Presentations

Chair: Peter Carr, PhD, MMedSc, BSc (AU), Jack LeDonne, MD (US)

V001 **The "finger in balloon" parallel in the echoguided difficult vein access cannulation**
Juan José Martínez Moreno, RN (ES)

V002 **Unicoportal tunneling of PICC versus classic in a critical care unit**
Manu Porteiro Sánchez, RN (ES)

V004 **FERA posture: flexion and external rotation of arm Modified position for patients during PICC insertion**
Santiago Vecino Vazquez (ES)

V005 **Ultrasound-guided repositioning incorrect guidewire during supraclavicular subclavian catheterization in children**
Vilani Kremer, MD (BR)

V006 **Novel use for old materials: how to use 14G cannula for tunneling CICC in children**
Wilson Elias de Oliveira Junior (BR)

V007 **Tunneled CICCs: Femoral and Internal Jugular Vein**
Jack LeDonne, MD (US)

V008 **Acute (non-tunneled) IJV CICC Insertion**
Jack LeDonne, MD (US)

12:30 – 13:00
Tivoli Congress Hall Balcony

Poster Session

All poster authors of odd poster numbers must be present at their poster.

13:00 – 14:00
Tivoli Congress Hall Vandsalen Carstensen Ballon/Blomstersalen

Satellite Symposium 4,5,6,7 Industry Sponsored (lunch included)

14:00 – 14:30

Break

14:30 – 16:00

Parallel sessions: 10,11,12

14:30 - 16:00
Tivoli Congress Hall

Session 10. The Patient And The PICC: Minimizing Complications

Chair: Karin Johansson, RN, CCN (SE)

14:30 - 15:00 (I-25)

The state of the art of PICC insertion?

Ton van Boxtel, RN, MSc, VA-BC (NL)

PICC is used frequently in many countries, sometimes to replace other types of CVC
This presentation will highlight:
The position of a PICC in the range of VAD's available
The specific indications for a PICC
Options for PICC insertion: bedside, IR, at home
Future challenges and chances for clinicians and institutions

15:00 - 15:30 (I-26)

Choosing the most appropriate PICC, in the patient's interest

Tricia Kleidon, RN, MS (AU)

Peripherally inserted central catheters (PICCs) are used to treat a variety of medical conditions in adult and paediatric patients. Internationally these devices have an unacceptably high complication rate with up to 30% failing prior to completion of therapy. As medical technology has progressed, new, novel polyurethane compounds and catheter designs have emerged including. These technologies include chemical additives such as chemical/drug bonded catheters, chemical/drug impregnated catheters and chemical or drug coated catheters. Additionally, modification to the catheter design to reduce complication such as occlusion include the addition of valves to either the proximal hub or distal catheter tip. Each new design feature claims to reduce the risk of PICC complication and failure. This presentation will describe the various catheter modifications and their potential benefit to various patient populations.

DAY 2: THURSDAY JUNE 21, 2018

ABSTRACT PRESENTATIONS

15:30 - 15:45 (O-19) **Choosing the most appropriate PICC, in the patient's interest**
Adam Suleman (CA)

15:45 - 16:00 (O-20) **Use of peripherally inserted central line (PICC) in a tertiary care cancer centre in India**
Meere Sharad (IN)

14:30 - 16:00
Vandsalen

Session 11. Minimizing Intraluminal Contamination

Chair: Marguerite Stas, PhD, MSc, MD (BE)

14:30 - 15:00 (I-27) **The role of the antibacterial lock**
Marcia RyderPhD, MS, RN (US)

What do we need in an antibacterial lock (ABL)? answer. . . .antimicrobial (antibacterial, antifungal), antibiofilm, anticoagulant, non-toxic lock/flush. In 2016, the GAVeCeLT consensus panel concluded that citrate and taurolidine were the most promising agents to be considered. What have we learned about these and other agents since then? What do we know about biofilm attachment and disruption, spectrum of activity, toxicity, and effect on antimicrobial resistant organisms or promotion of resistance related to these options? Are they effective in maintaining patency? Why are there so many different combinations of agents in ABL solutions? Why don't antibiotics alone work? Have we found the ideal catheter lock/flush solution? If not, what are our options? The goal of this presentation is to address these questions and summarize the evidence of the efficacy antimicrobial/anticoagulant agents.

15:00 - 15:30 (I-28) **Needle free connectors, port protectors and infection risk today**
Giancarlo Scoppettuolo, MD (IT)

Do needle free connectors really have an impact on the risk of infection? Are some features of these devices more important than a well-defined scrubbing policy? Or is the opposite true? In this context, what role do port protectos play? These are some of the issues that will be addressed in this presentation.

ABSTRACT PRESENTATIONS

15:30 - 15:45 (O-21) **30% ethanol - an effective and safe catheter lock solution**
Nisha Gupta, PhD (US)

15:45 - 16:00 (O-22) **CVAD lock solutions: the debate, the triple threat and the solution**
Jocelyn Hill, RN, MN (CA)

14:30 - 16:00
Carstensen

Session 12. The Material Of The Devices

Chair: Kathy Kokotis, RN, BS, NBA (US)

14:30 - 15:00 (I-29) **New and old materials with antibacterial or antithrombotic action**
Samantha Keogh, RN, PhD (AU)

Despite advances in catheter insertion technique and maintenance practice the rates for vascular access device (VAD) occlusion and thrombosis remain unacceptably high (15-60%). Practice recommendations related to VAD insertion technique, catheter to vein ratio, dressing and securement, flushing and locking regimens may help to minimize occlusive and thrombotic complications. However, use of new catheter technologies aimed at improving the long-term use of catheters by reducing the incidence of catheter-related occlusion and thrombosis may be warranted, especially in vulnerable populations. From a clinical standpoint, the ideal catheter coating should be resistant to fibrin disposition, biofilm, and infection; prevent thrombus formation and be non toxic. This review discusses recent published research evaluating these new technologies.

DAY 2: THURSDAY JUNE 21, 2018

15:00 - 15:30 (I-30)

Silicon vs polyurethane in 2018
Mauro Pittiruti, MD (IT)

In the XX century, silicone was regarded as the most valuable and most biocompatible among the different plastic material used for manufacturing the venous catheters. Later on, new polyurethanes were introduced in the clinical practice and the superiority of silicon was questioned. In this presentation, the different clinical performances of silicone catheters and polyurethane catheters will be reviewed, showing that while there is no evidence of any advantage of silicone over polyurethane in terms of infective or thrombotic risk, silicone catheters appears to be more fragile and more prone to mechanical complications such as dislocation, tip migration, lumen occlusion and partial or complete damage/rupture of the intravascular and extravascular tract. Evidence strongly suggests that all external catheters should now be power injectable and made of new generation polyurethane.

ABSTRACT PRESENTATIONS

15:30 - 15:45 (O-23)

A cost effectiveness analysis of BioFlo® compared to PowerPICC Solo® peripherally inserted central catheters: The Ottawa Hospital evaluation
Sheryl McDiarmid, RN (CA)

15:45 - 16:00 (O-24)

Mid-clavicular lines, a safe option: 4-years experience
Victoria Armeneros Yeguas, RN (ES)

14:30 - 15:00 **Poster Pitches**
Ballon/ Blomstersalen

14:30 – 15:00 (PP-02)

Poster Pitches
Chair: Ken Symington, MD (US)

P062 **Extended subcutaneous route in PICC insertion: a subcutaneous tunnel without surgical maneuvers**
Stefano Elli (IT)

P068 **Central venous access for acute extracorporeal dialysis: a promising experience by dual lumen power injectable CICCs and off label used PICC**
Ugo Graziano (IT)

P075 **Performance testing of peripheral IV securement in a clinically simulated environment**
Spencer Jones (US)

P110 **Standard cleaning vs a disinfection cap for the decontamination of needle-free connectors**
Anna Casey (GB)

P116 **Occurrence of phlebitis in a private hospital in southern Brazil**
Janaína Mestre Flôr (BR)

P127 **The implementation of a surveillance program to prevent catheter-related bloodstream infections in Intensive Care Units (ICUs)**
Emilio Jiménez-Martínez (ES)

P145 **A quality improvement management project to improve the management of ambulance inserted peripheral cannulae (PIVC)**
Leanne Ruegg (AU)

P148 **Prevention of catheter migration by fixation of the breast in a sitting position before implantation of the totally implantable venous access port in women**
Tae-Seok Seo (KR)

P161 **Procedural outcomes of a university nurse led vascular access unit in a Greek general oncology hospital**
Theodoros Katsoulas (GR)

16:00 – 16:30 **Break**

DAY 2: THURSDAY JUNE 21, 2018

16:30 – 18:00 **Parallel sessions: 13, 14, 15**

16:30 - 18:00
Tivoli Congress Hall

Session 13. The Patient And The Choice Of The Device

Chair: Russell Nassof, JD (US)

16:30 - 17:15 (I-31)

The Magic Paper: Do you believe in magic? (point-counterpoint)

Nancy Moureau, RN, CRNI, CPUI (US) vs. Mauro Pittiruti, MD (IT)

This presentation will seek to illuminate the positive and negative aspects surrounding the Michigan Appropriateness Guide to Intravascular Catheters (MAGIC) released in 2016 Vineet Chopra, et al. In a debate format questions will be posed to Drs Nancy Moureau and Mauro Pittiruti from the moderator and attorney Russ Nassof, Esq. In a point/counterpoint format the discussion will proceed through each issue with panelists responding within a strictly timed process. In what is sure to be be one of the highlights of the conference, this presentation will generate much discussion on the methods, evidence and indications for the use of intravenous devices within medical treatment and duration.

17:15 - 18:00 (I-32)

The role of the patient in choosing the device (panel discussion)

Nancy Moureau, RN, CRNI, CPUI (US), Kathy Kokotis, RN, BS, NBA (US), Karin Johansson, RN, CCN (SE)

This is a short story about a young, previously healthy woman and her vascular device when she was undergoing a minor abdominal surgery. The patient, known as Jane, has the experience that it´s hard to find her blood vessels. Jane explains this when she arrives at the emergency ward. The nurse inserts a peripheral venous catheter high on the arm. The choice of vascular device is not planned together with Jane but takes place according to Swedish practice. Peripheral venous catheter is the first choice If the patient is undergoing surgery, two devices are often inserted Remove venous catheter that is not in use
How can we make the patient involved in the selection of device?
On which occasions is it particularly important?

16:30 - 18:00
Vandsalen

Session 14. Tip Navigation

Chair: Ulf Teichgräber, MD, MBA (DE)

16:30 - 17:00 (I-33)

Ultrasound for tip navigation

Daniele Biasucci, MD, MSc (IT)

Modern ultrasound application in the field of vascular access is not limited to ultrasound-guided venipuncture but it can be extended to assist all steps of the procedure: (a) rational choice of appropriate vein and proper approach; (b) prevention of malposition; (c) ruling out of respiratory complications. Ultrasound for 'tip navigation' can be used to confirm that the catheter or guidewire is travelling towards the cavo-atrial junction by its direct visualization throughout the homolateral brachiocephalic vein or ruling out catheter misdirection in the ultrasound-explorable superior vena cava tributary veins.

17:00 - 17:30 (I-34)

Electromagnetic methods for tip navigation: which evidence?

Antonio La Greca, MD (IT)

In modern medical practice, there is an urgent need to use technology toward a more efficient delivery of care keeping costs low. So-called "POC" (Point of Care) medical delivery technologies may contribute in reaching this goal. With technologically driven expansion of medical services and healthcare development, placement of PICCs has shifted from an operative surgical or angiographic suite procedure, to a bedside "point of care" procedure and tools for PICC placement should change accordingly. In this regard, electromagnetic tracking is a fascinating method for catheter tip navigation that since its first clinical application in the early 90s has promised a more efficient bedside PICC insertion due to the hypothetic reduction of primary malpositions. By the way, the available devices have several technical limitations and are affected by a substantial inability to act as a tip location method due to the projective nature of the information they provide. Not surprisingly, international Literature on the issue is inconsistent. More interesting developments are expected by combination devices including a tip location method (i.e. intracavitary ECG) coupled with electromagnetic tracking system. Published literature include a few studies that deserve attention but need to be integrated with cost-effectiveness analyses.

DAY 2: THURSDAY JUNE 21, 2018

ABSTRACT PRESENTATIONS

17:30 - 17:45 (O-25) **Empathy, the human technology**
Mercedes Carrillo Arahuetes, RN (ES)

17:45 - 18:00 (O-26) **Three types of Peripheral Intravenous Catheter Failure happening in hospital right now; 1: failure to appropriately use; 2: failure to insert on the first attempt and 3: post insertion failure**
Peter Carr, PhD, MMedSc, BSc (AU)

16:30 - 18:00
Carstensen

Session 15. Indications And Advantages Of Glue

Chair: Nicole Marsh, BN, MA (AU)

16:30 - 17:00 (I-35) **Tissue Adhesive; A new tool for your Vascular Access Toolbox**
Marcia Wise, RN, VA-BC (US)

To prevent loss of the VAD and injury to blood vessels and other structures, the VAD requires adequate securement and protection. Publications over the last decade reveal several purposes and favorable outcomes when tissue adhesives (TA) are used with both peripheral and central VADs. The evidence suggests positive results in increased dwell times and a reduction in unplanned dressing changes. TA has bactericidal properties and seals the puncture site preventing migration of bacteria into the insertion site. This presentation will review the evidence and describe the benefits of adding TA to the tool box of preventative technologies you can use to improve the vascular access experience for patients.

17:00 - 17:30 (I-36) **Glue for avoidance of bleeding and bacterial contamination**
Gloria Ortiz Miluy, RN, PAN, MVA (ES)

Cyanoacrylate (even known as "glue") used on the central catheters exit site can be a terrific tool for many reasons. During the years on our clinical experience, we have observed that glue can avoid bleeding on the exit site inmediatly after catheter insertion. On the other hand, glue is a sterile and antibacterical formula that creates a perfect barrier against contamination and exit site infection. We will show data from our 4 years clinical experience using cyanoacrylate on PICC exit site.

ABSTRACT PRESENTATIONS

17:30 - 17:45 (O-27) **Right femoral chemotherapy port-a-cath insertion**
Morteza Khavanin Zadeh, MD (IR)

17:45 - 18:00 (O-28) **Over-the-Wire Technique vs. Direct Catheter Insertion in Insertion of Peripherally Inserted Central Catheter**
Deniz Kasikci (DE)

DAY 3: FRIDAY JUNE 22, 2018

08:30 – 10:30 **Parallel sessions: 16,17,18**

08:30 - 10:30 **Session 16. The Patient And The CICC: Minimizing Complications**
Tivoli Congress Hall Chair: Antonio La Greca, MD (IT)

08:30 - 09:00 (I-37)

The state of the art of CICC insertion
Jack LeDonne, MD (US)

Vascular access devices have a life cycle that consists of 5 phases: assessment, pre-insertion, actual insertion, dressing/care & maintenance and removal. In order to achieve optimal outcomes, our goal is to standardize the practice at each phase of the life cycle... at the highest level. A significant challenge is for us to come to agreement as to what represents the highest level of practice, based on current evidence.
Standardization has the power to minimize unnecessary variation in practice, which leads to suboptimal results. In order to achieve the lofty stated goals, this session will discuss algorythm approaches to assessment, pros and cons of the insertion bundle and the relationship between the actual insertion of a CICC to the dressing/care & maintenance phase. Considering that the insertion phase represents 1% of the life of the device and dressing/care & maintenance accounts for 99%; it becomes clear that a primary goal of the insertion is to set up the dressing/care & maintenace phase for success.
This presentation will discuss the state of the art for CICC insertion, to the degree that is possible in 30 minutes.

09:00 - 09:30 (I-38)

A new approach to CICC: the ZIM
Mauro Pittiruti, MD (IT)

Few years ago, the Zone Insertion Method (ZIM) was developed by Rob Dawson for optimizing the technique of PICC insertion. This method is now widely used, since it permits to define properly the area of the upper arm most likely to be associated with a favorable exit site; also, the ZIM has been a very valuable method for defining when the PICC should be tunneled and how long should the tunnel be. In this presentation, a new version of the ZIM will be discussed, which have been developed by GAVeCeLT applying the same concept to the centrally inserted central catheters (CICCs) and not only to PICCs. The 'central' ZIM defines three zones: a 'red' zone (neck area - unfavorable puncture site and unfavorable exit site), a 'yellow' zone (supra-clavicular area - appropriate for puncture site but suboptimal as exit site) and a 'green' zone (infra-clavicular area - appropriate for puncture site and optimal as exit site). As with the PICC ZIM, also the 'central' ZIM may be an excellent guide for tunneling CICCs, which would allow - for instance - a puncture in the yellow area + an exit site in the green area.

09:30 - 10:00 (I-39)

Infraclavicular approach in 2018: ultrasound access to the axillary vein
Massimo Lamperti, MD, MBA (AE)

Axillary vein has been used since 40 years for central line catheterization. There has been a small misunderstanding in the past on the concept of ultrasound axillary vein cannulation as many papers published clearly mislabeled the infraclavicular subclavian vein approach with the medial axillary vein cannulation. The use of ultrasound has dramatically changed the safety and efficacy of the procedures. The use of the axillary vein for short and long term central venous cannulation has several advantages in terms of infection prevention and reduction of mechanical complications. Several ultrasound techniques have been advocated in the past but recent studies demonstrated the the short-axis view with an out-of-plane approach should be preferred.
This approach offers also some advantages in terms of an higher catheter/vein ratio but recent studies are still investigating on the real advantage of the axillary vein when compared to other approaches.

ABSTRACT PRESENTATIONS

10:00 - 10:15 (O-29)

Intravascular devices and malignant wounds: focus on blood-stream infections
Irène Kriegel, MD (FR)

10:15 - 10:30 (O-30)

Intravenous administration set (infusion tubing) replacement after 4 or 7 days is equally effective to prevent bloodstream infections (RSVP trial)
Emily Larsen (AU)

DAY 3: FRIDAY JUNE 22, 2018

08:30 - 10:30
Vandsalen

Session 17. The Patient And The Dressing Of The Exit Site

Chair: Carmel Streater, RN, Bs(hons) (GB)

08:30 - 09:00 (I-40)

Skin Matters: Impact of Hospital-Acquired Skin Injuries in the Adult Patient
Gaston Cartagena, PharmD (US)

Skin is a vulnerable, but vital organ for human survival. With the maintenance and restoration of skin integrity being regarded as an indicator for quality patient care, skin care is an integral part of the nursing practice in every care setting and for every nursing specialty; vascular access is not the exception. Nevertheless, hospital-acquired skin injuries such as medical adhesive-related skin injuries (MARSI), moisture-associated skin damage (MASD) and skin tears are prevalent but underrecognized complications that occur across all care settings, from healthy patients in the ambulatory environment to acute and critically ill patients at the ICU. The main focus of this lecture is to increase the awareness on these skin conditions and to share preventive best practices that can be implemented by the vascular access specialists in their daily care of adult patients.

09:00 - 09:30 (I-41)

Skin lesions in children and neonates
Tricia Kleidon, RN, MS (AU)

Management of vascular access devices (VAD's) for preterm and sick newborns requires a specialized focus, due to the inherent complexity of the patient's developing skin physiology. Paediatric VAD sites are at risk for damage due to the combination of skin impairment related to the patient's age and morbidity. The combination of vascular access device maintenance procedures, such as decontamination and securement as well as the inherent, underlying conditions in these vulnerable patient groups, may result in significant skin injury and pain. This presentation will examine the current risk factors and causes of neonatal and paediatric VAD dysfunction, and offer strategies and technologies which are available to prevent complications. It will also summarize and critique the variety of approaches used to promote healthy skin and treat impaired skin surrounding CVAD. This presentation will concentrate on practical, pragmatic and cost-effective solutions which are pertinent across international paediatric healthcare settings.

09:30 - 10:00 (I-42)

Different transparent dressings, different problems
Nicole Marsh, BN, MA (AU)

In recent years a multitude of different vascular access device (VAD) dressing and securement products have become available, making it difficult for clinicians and policy makers to confidently select the right product for their patient group. An ageing population and an increase in comorbidities has added to the complexity of treatments making a 'one size fits all' dressing approach inadequate.
In this session an overview of existing evidence for different primary VAD dressings will be discussed. A summary of recent randomised controlled trials in different patient populations with various VADs will be presented. Finally, results of a large prospective observational study, which monitored medical adhesive related skin injury in an adult cancer care population, will provide an insight into the incidence and prevalence of this significant VAD dressing related problem.

ABSTRACT PRESENTATIONS

10:00 - 10:15 (O-31)

Potential contamination of tourniquets used by health professionals in peripheral venipuncture: results from a scoping review
Anabela Salgueiro Oliveira, RN, PhD (PT)

10:15 - 10:30 (O-32)

Impact Assessment of Stabilization Devices on CLABSI
Mark Rowe, MNSc, RNP, VA-BC (US)

DAY 3: FRIDAY JUNE 22, 2018

08:30 - 10:30
Carstensen

Session 18. The Patient And The Totally Implantable Venous Access Device

Chair: Christian Dupont, RN (FR)

08:30 - 09:00 (I-43)

Skin Matters: Impact of Hospital-Acquired Skin Injuries in the Adult Patient
Ulf Teichgräber, MD, MBA (DE)

Introduction: There are different techniques and access sites for central-venous port implantation. This lecture tries to demonstrate the latest developments.
Methods: This lecture gives an overview of implantation techniques, access sites, economic considerations as well as patient preferences on central venous port implantation
Results: Patient comfort and preference are playing an increasing role for the choise of the port access site. There is not the one and only port device. All implantation techniques which are applied today have their advantages and disadvantages. As a matter of fact the blind puncture technique is replaced by the ultrasound guidance for vascular access. The results of the port wound closture randomized controlled trial comparing the application of glue versus suture will be presented for the first time.
Discussion: The appropriate implantation technique, port device as well as the preference of the patient regarding the access site is crucial for a successful port implantation. A satisfying cosmetic result after port implantation is for most patients of high priority.

09:00 - 09:30 (I-44)

PICC-port today
Evangelos Konstantinou, PhD, RN, MSc (GR)

Throughout the years, the technique used to implant Peripherally implanted venous access port (PICC port) has changed. Nowadays, the implantation of PICC ports represents a great method to insure safe central venous access for long term use. In the majority of cases, as it is referred above, the PICC ports are used to provide chemotherapy, long term intravenous therapy orTPN. Venous ports (VP) are mandatory for chemotherapy or parenteral nutrition performed on outpatient basis. Usually, central inserted ports (CIVP) is a device which facilitates long-term administration of intravenous fluid or chemotherapy or parenteral nutrition and is placed in the chest through the axillary or in the most of the cases the subclavian vein. However, the insertion of a port in the subclavian vein is associated with complications such as pneumothorax and arterial puncture. So, a new technique is developed, the implementation of PICC ports. The classic approach is to catheterize the basilica in the upper arm; alternatively one can catheterize the brachial vein almost at the point where it joins the basilica vein to form the axillary vein. In that case when compared to the classic approach, the diameter of the vein is bigger, the length of the catheter entering the vascular system is not as long as in the classic catheterization and the whole intervention is considered to be easier. The PICC port can be easily implanted in the green zone in both approaches, when a point with sufficient subcutaneous tissue is present or available, in order to avoid skin dehiscence at the port site.

09:30 - 10:00 (I-45)

Goodbye, fluoroscopy!
Fulvio Pinelli, MD (IT)

Precise location of catheter's tip at the cavo-atrial junction is of foremost importance in order to prevent malposition related complications. Different methods are available, but intra-procedural tip location methods are obviously preferable. Among these, fluoroscopy has been playing an important role for years. Its advantages are that it is intraprocedural and allows also tip navigation. On the other hand this method has some important limitations such as inaccuracy in terms of precise location of the tip (lack of certain, precise and shared radiological landmarks), logistical and economic cost and, inevitably, X-rays exposure. In the last few years, intra-cavitary ECG (iECG) has progressively overcome fluoroscopy for tip location. Using the catheter as an electrical explorer, this method is based on the modification of the P wave amplitude during the advancement of the catheter itself towards the heart. The maximal P wave amplitude is reached just at the cavo-atrial junction. iECG very high accuracy, feasibility and low costs, make it the tip location method of choice. Fluoroscopy may still play a role in case of lack of P wave, such as ongoing PMK or atrial fibrillation.

ABSTRACT PRESENTATIONS

10:00 - 10:15 (O-33)

Patient information after port implantation : all he wants and needs to know. A once failing method can lead to a successful and harmonized protocol indeed!
Seamy Ayadi, MD (FR)

10:15 - 10:30 (O-34)

Introducing the top up catheter care (tucc) box to improve the care of long term vascular access devices (vads) in an acute hospital setting
Jackie Nicholson, BSc (hons), MSc (GB)

10:30 - 11:00
Tivoli Congress Hall Balcony

Poster Session during break

All poster authors of even poster numbers must be present at their poster

DAY 3: FRIDAY JUNE 22, 2018

11:00 – 12:30 **Parallel sessions: 19, 20, 21**

11:00 - 12:30 **Session 19. Minimizing Extraluminal Contamination**
Tivoli Congress Hall
Chair: Fredrik Hammarskjöld, PhD, MScN (SE)

11:00 - 11:30 (I-46)

Skin antisepsis in 2018: the central role of chlorhexidine in alcohol
Giancarlo Scoppettuolo, MD (IT)

Chlorhexidine is a cornerstone in the prevention of catheter-related infections for skin antisepsis at the time of insertion, for the care of the exit site (also as chlorhexidine releasing dressings) and the for the scrubbing of the hub and needle-free connectors. There are very few doubts about this. But there are some issues still open: have single use applicators become the gold standard in clinical practice? What is the role of chlorhexidine in pediatrics and particularly in low-weight preterm infants? Are there concerns about the possible occurrence of chlorhexidine resistance? These are some of the issues that will be addressed in this presentation.

11:30 - 12:00 (I-47)

The importance of choosing the exit site
Nancy Moureau, RN, CRNI, CPUI (US)

Insertion sites vary as to the concentration of micro-organisms on the skin. Bioload impacts risk of infection. Selection of device and insertion site should be based on level of risk according to bioload and patient specific risk factors. A recent research study identified concentration of micro-organisms on the skin for forearm, upper arm, chest, base of neck and mid-neck. The results of this research demonstrate volume of colony forming units for each location. Complete results of organisms and concentration indicate clinical implications of risk associated with bioload on skin for vascular access devices.

ABSTRACT PRESENTATIONS

12:00 - 12:15 (O-35)

Implementation and evaluation of peripheral intravascular catheter flushing practice: A stepped wedge cluster randomized trial
Caroline Shelverton, RN, MBA (AU)

12:15 - 12:30 (O-36)

A national evaluation of safety peripheral intravenous catheters (PIVC) in the National Health Service (NHS) (A Department of Health & Social Care Initiative)
Maya Aquino Guerrero, RN (GB)

11:00 - 12:15 **Session 20. Tip Location**
Vandsalen
Chair: Ken Symington, MD (US)

11:00 - 11:30 (I-48)

Intracavitary ECG in 2018
Antonio La Greca, MD (IT)

Conventional IC-ECG cannot be carried out when the p-wave is absent (atrial fibrillation - AF), abnormal (ectopic rhytms), hidden (active pacemakers) or difficult to identify/evaluate (extreme tachycardia, malposition) Modifications have been introduced in the detection and interpretation process of IC-ECG waves: The mean increase of the baseline atrial electrical activity (T-Q segment on the IC-ECG trace) in AF can be measured looking at the "f" waves height. "Modified" IC-ECG monitors may be used including softwares with algorithms that aid in identifying the maximal atrial activity. Conventional IC-ECG does not offer a panoramic view of the catheter course, thus being unable to detect or predict abnormal catheter paths within the vascular system. A modified topographic pattern of superficial electrodes may be used to look at the IC-QRS modifications while advancing the catheter electrode. These modifications correlate with the catheter direction, helping the operator to move it into the desired direction so to obtain the expected p-wave or f-wave variation. In those very few patients definitively not suitable for IC-ECG, the method may be (crucial) part of a decisional algorhitm including "second level" tools and methods to detect the CVC tip location or to "navigate" the catheter course.

DAY 3: FRIDAY JUNE 22, 2018

11:30 - 12:00 (I-49)

Ultrasound for tip location in adults, children and neonates
Massimo Lamperti, MD, MBA (AE)

Point-of-care ultrasound is representing the new tool to investigate earlier and more precisely life-threatening events or complications in acute care medicine. Transthoracic echocardiography (TTE) and Trans-oesophageal echocardiography (TOE) represent two point-of-care ultrasound techniques that allow the correct central venous catheter tip position after its placement. TTE has several advantages when compared to chest x-ray as it is more accurate and is time-effective. The main TTE window used for central line tip detection is the sub-sternal view. A plain TTE image is not sufficient to verify the catheter tip, for this reason a contrast-enhanced ultrasound techniques represents the gold standard to achieve a correct catheter tip visualization. TTE requires a good ultrasound window and sometimes is difficult to achieve in postoperative patients after laparotomy or in non-cohoperative patients. TOE represents the gold standard for the correct central venous line tip position. The technique is not easily available and it is mainly used in the ICU or in cardiac theatres after a central line placement.
TTE is easy to interpret and achieve and it should be included in the standard checklist for central line verification to avoid unnecessary exposition to radiation.

ABSTRACT PRESENTATIONS

12:00 - 12:15 (O-37)

Left superior vena cava hemodialysis catheter
Morteza Khavanin Zadeh, MD (IR)

11:00 - 12:30
Carstensen

Session 21. FICC - Femorally Inserted Central Catheters

Chair: Evan Alexandrou, RN, MPH, PhD (AU)

11:00 - 11:30 (I-50)

FICC: materials and insertion technique
Matthew Ostroff, MSN (US)

This session will cover the indications and assessment criteria for placing a mid-thigh femoral CVC. Recommendations will be shared on the materials required to optimize a successful insertion, a unique sheath tunneling technique, the use of bedside ECG and Doppler navigation for tip placement, securement and finally care of the dressing. The session will conclude with unique photographs illustrating the impact of the materials and insertion techniques that will be presented.

11:30 - 12:00 (I-51)

Which patients will benefit of a FICC?
Sergio Bertoglio, MD (IT)

Femoral vein access is a common practice for central vein catheterization in many clinical scenarios. It has been used since many decades in acute adults during emergency resuscitation maneuvers especially during CPR, in ICUs and neonatology. Its use for chronical drug delivery by different access devices like H-B catheters, PICCs or totally implantable devices has been reported since the beginning of the 90s. Even if this approach can not be considered a standard alternative to arm, chest and neck veins access, it may be demanded to overcome some specific situations like the inability to access central veins by the upper arm or neck veins, the presence of SVC compression or occlusion, a frequent finding in some oncological situations, the pre-existence in site of SVC filters, or some advanced oncological diseases. Major criticisms to this type of access (i.e., CR-BSI or DVT) can be easily prevented by a correct technique of venous access with the use of US, a correct tip placement X-Ray or ECG evaluated and a patient-oriented choice of the exit site and/or reservoir site of placement. Nursing procedures must be well assessed as for any other type of central vascular devices.

ABSTRACT PRESENTATIONS

12:00 - 12:15 (O-39)

Establishing a new standard of care for femoral lines: The mid thigh femoral PICC, indications, case studies and results from a 700 bed trauma center
Matthew Ostroff, MSN (US)

12:15 - 12:30 (O-40)

PICC insertion via femoral vein at mid-thigh for patients with superior vena cava syndrome
Linfang Zhao, RN (CN)

DAY 3: FRIDAY JUNE 22, 2018

12:30 – 13:00
Tivoli Congress Hall Balcony

Poster Session
All poster authors of even poster numbers must be present at their poster

13:00 – 14:00
Tivoli Congress Hall Vandsalen Carstensen

Satellite Symposium 8,9,10 Industry sponsored (lunch included)

14:00 – 14:30

Break

14:30 – 15:30

Parallel sessions: 22, 23, 24

14:30 - 15:30
Tivoli Congress Hall

Session 22. RCTs And Meta-Analysis Today
Chair: Evangelos Konstantinou, RN, BSc, MSc, PhD (GR)

14:30 - 15:30 (I-52)

Do Cochrane documents and other evidence-based documents consider the patient? (panel discussion)
Fredrik Hammarskjöld, PhD, MScN (SE), Peter Carr, PhD, MMedSc, BSc (AU), Marcia Ryder, RN, MS, PhD (US), Claire Rickard, RN, PhD (AU)

14:30 - 15:30
Vandsalen

Session 23. The Rare But 'Difficult' Complication
Chair: Mauro Pittiruti, MD (IT)

14:30 - 15:00 (I-53)

The catheter malfunction due to a fibroblastic sleeve
Antonio La Greca, MD (IT)

The appearance of a sleeve enveloping the shaft of indwelling venous catheters has been first described more than 50 years ago. By the way, despite a long scientific history, its pathogenesis is not well understood yet, and, even worse, its role in clinical practice is still a matter of confusion: definition of fibroblastic sleeve and its relationship with venous thrombosis, incidence, clinical evidence, algorhitms for suspicion, diagnosis and treatment are all issues under intense debate. It is high time for standardization …

15:00 - 15:30 (I-54)

The PICC that does not come out
Liz Simcock, RGN (GB)

In comparison to tunnelled or implantable devices, peripherally inserted central catheters (PICCs) have the advantage that they are relatively simple and quick to remove. Removal does not generally require any specialist skills and presents little risk to the patient. However, from time to time, the PICC just does not want to come out. This interactive session will discuss what we can do about the PICC that gets stuck.

14:30 - 15:30
Carstensen

Session 24. Ultrasound Approach To The Patient And To The Device
Chair: Jiri Charvat MD, PhD (CZ)

14:30 - 15:00 (I-55)

Patients assessment by ultrasound: RaCeVA and RaPeVA
Fulvio Pinelli, MD (IT)

Pre-implantation evaluation of veins' dimension, position, patency and relationship with other important structures such as nerves and arteries is of paramount importance in order to minimize complications and improve the possibility of success of a vascular access implant. In order to facilitate the systematic exploration of central (neck/thorax) veins and arm veins, both for diagnostic and didactic purposes, the Italian Vascular Access Study Group (GAVeCeLT) has proposed RaCeVA (Rapid Central Veins Assessment) and RaPeVA (Rapid Peripheral Veins Assessments) protocols respectively. RaCeVA is applied any time before the insertion of Centrally Inserted Central Catheter and consists in central veins visualization in following steps: internal jugular at mid neck and at base of the neck; anonymous; subclavian and external jugular; axillary. RaPeVA (for PICC and Midline insertion) evaluate the following veins: cephalic at the elbow; brachial (both artery and vein) at the elbow; basilic at bicep-humeral groove; vascular nerve bundle at mid arm; cephalic at mid arm; axillary and cephalic under the clavicle; supraclavicular subclavian, internal jugular and anonymous. Systematic application of these protocols before implantation may potentially reduce the risk of complications and it is a fundamental tool during the learning process.

DAY 3: FRIDAY JUNE 22, 2018

15:00 - 15:30 (I-56)

Ultrasound detection of early and late complications
Daniele Biasucci, MD, MSc (IT)

It is already well known from several compelling evidence that a global use of ultrasound allows to preventing early complications related to central venous access. Modern ultrasound applications to the vascular access procedure may gain most benefits in late complications prevention such as infections or thrombosis. Two long-term outcome determinants are of paramount importance: (a) vessel and approach should be chosen so as to obtain an exit site allowing optimal management and dressing to reduce catheter-related infections and accidental catheter dislodgement rates; (b) vein size should be measured, since the external diameter of the catheter should not exceed 1/3 of the internal diameter of the vein: this will reduce the risk of venous thrombosis. The global use of ultrasound in the field of vascular access is not limited to ultrasound-guided venipuncture but it can be extended to assist different steps and detect early and late complications: (a) malpositions; (b) respiratory complications; (c) symptomatic thrombosis.

15:30 – 16:30
Tivoli Congress Hall

Plenary Session 3: The World Perspective

Chair: Ton Van Boxtel, RN, MSc, VA-BC (NL)

15:30 - 16:15 (I-57)

Protecting the patient: a multiprofessional, multidiscipinary, international goal (panel discussion)
Russel Nassof, JD (US), Christian Dupont, RN (FR), Jiri Charvat, MD, PhD (CZ), Fredrik Hammarskjöld, PhD, MScN (SE), Rui Casaca, MD (PT), Kasper Jepsen, MD (DK)

Clinical (as well as legal) practice around the world is moving towards an evidence-based standard of care (as opposed to blind adherence to clinical practice guidelines) to improve healthcare decision making resulting in better patient outcomes. Evidence-based medicine (EBM) is the conscientious, explicit and judicious use of current best evidence integrating the best research evidence with clinical expertise and patient values. More simply, EBM is focused on treating the individual patient based upon that patient's unique health state and diagnosis, their individual risks and benefits and potential interventions and their personal values and expectations. Therefore, to meet the evidence-based standard, the decision to insert any type of vascular device MUST be a shared decision involving the patient, caregiver (if applicable), and clinicians (including physicians) and must begin with education of both the clinician as well as the patient (including device options, insertion site, infection risk, device accessibility, treatment duration, device maintenance, body image, etc.) if the patient is to be protected from harm. The failure to educate and ensure comprehension by the patient and/or confirm clinician competency will result in failure to meet the standard of care and in some countries, legal liability.

In I.V. catheterism global activity, is French experience a unique case?
An I.V. catheter should fit patient's needs without causing complications. If complications occur, they should be treated quickly and efficiently. Caregivers should provide that to patients wherever they live. A lack of training, information or knowledge is the most commonly cited reason when this goal is not achieved by the multidisciplinary team. Although they question patient's safety and comfort, the roots of that problem are many and less discussed: medical staff not interested in I.V. catheterism activity; under-estimation of I.V. catheterism risks and benefits; no economical recognition by the National Health Insurance of the I.V. catheter management apart from the insertion act in outpatient unit; difficulties to follow up I.V. catheters and to assess skill and practices; systematization of non evidence-based care procedures; methodological weakness of studies; lobbying of medical devices manufacturers. Bringing together surgeons, anesthesiologists, radiologists, chemists, medical devices manufacturers, nurses, hospital's executive management team, homecare private nurses, patients associations, physicians, hygienists, … is not enough to create a multidisciplinary I.V. team. The "orchestra" should be organized and conducted by an efficient policy. Organization is key for I.V. therapy. The problem remains in finding or choosing a "conductor".

The patient welfare should be kept in mind during each medical intervention. Vascular access device (VAD) is applied very often in order to offer an optimal medical care to our patients. However its insertion and maintenance may be associated with some undesirable effects. The prevention and early solution of VAD complications must be therefore an indispensable part of the care for patients important for all the medical professionals. The indication of the appropriate VAD is the first step to reduce a risk of the consequent complication. The decision what VAD is optimal is a responsible task mainly in a patient suffering from the serious disease that need multidisciplinary approach. There is growing need for vascular access because of aging population in developed countries but number of physicians in not increasing enough to keep up with current need for medical services. This situation can be solved out by forming multiprofessional vascular access teams when vascular access non-physician staff is expanding their scope of practice to place venous catheters including central ones and arterial lines. Guidelines for vascular access represent an important tool in effort to assure the optimal care for the patients with VAD and their protection on an international basis.

16:15 - 16:30

Closing
Ton van Boxtel, RN, MSc,VA-BC (NL)

POSTERS

Posters are offering important information and will be both on digital screens and mounted at poster boards.
Printed posters will be displayed on poster panels at the Tivoli Congress Hall Balcony.
The poster display is open to all participants during the entire congress.
The numbers on the poster panels correspond with the poster numbers in the program book and in the congress app.
All authors of odd poster numbers (P001 - P161) must be present at their poster on Thursday June 21, from 10.30 – 11.00 and 12:30 – 13:00
All authors of even poster numbers (P002 - P162)must be present at their poster on Friday June 22, from 10.30 – 11:00 and 12:30 – 13:00.

There will be 2 E-Poster stations where all posters can be viewed on a screen at Exhibition area and Tivoli Congress Hall Balcony.
Here you can download a poster or contact the author.

A selected group of poster presenters are planned for a "Poster Pitch" to highlight the content of their posters.
Each selected poster presenter will have 2 minutes to pitch their poster.
There will be no time for questions during this session, but questions can be asked after the session and during the rest of the congress.

* Poster Pitch session 1 - Thursday June 21 - 11:00 - 11:30 Ballon / Blomstersalen
** Poster Pitch session 2 - Thursday June 21 - 14:30 - 15:00 Ballon / Blomstersalen

No	Title of Poster Abstract	Presenting Author
P001	Unsuccessful in PICC insertion: how to improve clinical practice?	Joana Andretto, RN (BR)
P002	Peripherally inserted central venous catheter: an alternative for improving the quality of nursing care	Anabela Salgueiro-Oliveira, PhD (PT)
P003*	Misleading artifact in vascular ultrasound - a case report	Fabrizio Brescia, MD (IT)
P004	Experience in the implantation and management of peripherally inserted central catheter (PICC) in oncological patients. One year review	Fernando Calvo-Rubio García, RN (ES)
P005	Incativ programme (intravenous therapy quality indicators): a way of improving by learning	Sonia Casanova-Vivas, RN (ES)
P006	Vascular complication of central venous cannulation - endovascular treatment	Vendelín Chovanec, MD, PhD (CZ)
P007	Reliability of cutaneous landmarks in catheter length assessment during PICC insertion	Stefano Elli (IT)
P008	Prevalence of venous thromboembolism associated peripherally inserted central catheters: a cohort of more than 700 patients	Janaina Flor (BR)
P009	Implantation of nursing prescription and standard request for the use of central peripheral insertion catheter in a private hospital in southern Brazil	Janaina Flor (BR)
P010	Investigation of professional identity and related influence factors among infusion therapy nurse specialists from one training center in China	Ling Guo (CN)
P011*	Skill assessment of simulation training for ultrasound-guided central venous catheterization	M. Hakone, MD (JP)
P012*	Short- and intermediate-term use of peripherally inserted central catheters in Europe: a systematic literature review	Baudolino Mussa (IT)
P013	Bewilderment and dismay at lack of staff competence	Linda Kelly, MSc (GB)
P015*	Evaluation of the proficiency in the skill for ultrasound-guided central venous catheterization on the simulation training using optical needle guide	Mami Kikuchi (JP)
P016	To Lock or to Lok: Comparing the two suture-less fixation devices	Rihard Knafelj, MD, PhD (SI)
P017	ECG navigation – always exact? Case report	Maros Kunderlik, MD (SK)
P018	Complicated PICC extraction due to adherent fibroblastic sleeve	Maros Kunderlik, MD (SK)
P019	Ultrasound-guided method for repositioning a misplaced guidewire during subclavian catheterization	Fernando Longo (IT)
P020	Medication-preparation and administration errors in an oncology hospital: a direct observation study	Amanda Magalhães (BR)
P021	The perceived value of the IV TEAM assistance, management and educational activity: results of a hospitalist survey	Maria Montealegre Sanz, PhD (ES)
P022	Success rate of bedside PICC placement and characteristics of its tip position in single institution	M. Ohe, MD (KR)
P023	Effective Vascular Access for Breast cancer chemotherapy according to Patient's Clinical Characteristics	M. Ohe, MD (KR)
P024	The need of teaching empathy to healthcare providers: why and how	Gloria Ortiz Miluy, RN (ES)
P025*	Establishment of a Finnish vascular access team	Riku Palanne, MD (FIJ)

POSTERS

No	Title of Poster Abstract	Presenting Author
P026	Experience report after implantation of a team of nurses dedicated to the insertion of PICC	Vanderlei Pupin, RN (BR)
P027	Evaluating PICCs v/s CVCs for Neuro Trauma ICU patients	Harsh Sapra (IN)
P028	Case Report: PICC line with silver sulfadiazine dressing in allergy	Kelly Onaga Jahana (BR)
P029*	Implementation and evaluation of a skills training program for ultrasound-guided vascular access in small vessels using a low-cost cadaver tissue model	Michael Wagner (AU)
P033	Impact of an intravenous therapy team on vascular care and satisfaction of patients with multimorbidity	Victoria Armenteros-Yeguas, RN (ES)
P034	An investigation into the reliability of Actilyse Cathflo in restoring patency to occluded peripherally inserted central catheters and implementing a new guideline	Andrew Barton (GB)
P035	Impact of the implementation of the best practice guideline: 'assessment and devices selection for vascular access'. knowledge transference strategy	Clara Bendito Barber (ES)
P036	A Cochrane Review. Vascular access specialist teams for device insertion and prevention of failure	Peter Carr, PhD, MMedSc, BSc (AU)
P037*	Optimal venous access in the Czech Republic and Slovakia – situation in 2017	Jiri Charvat, PhD (CZ)
P038	Intravenous therapy unit: A reality	María Inés Corcuera Martínez (ES)
P039	Consensus for paediatric CVAD management. It's happening	Kerrie Curtis (AU)
P040	Risk factors for peripheral intravenous puncture in ill children: systematic review	Claudia Floriano, MSc (BR)
P041	Prospective audit to study urokinase use to restore patency in occluded central venous catheters in haematology and oncology patients - interim results from a multicentre study (passport study)	Andrew Jackson (GB)
P042	There may be more than meets the eye: Tip location depends also of port's capsule position and shoulder and arm motions	Irène Kriegel, MD (FR)
P043*	The 1st PICC team in Czech Republic - comparison of 2013 and 2017 results	Katerina Lisova (CZ)
P044	Randomized controlled trial for safety and effectiveness of an integrated magnetic tracking and ECG-guided tip location system (SHERLOCK 3CG®) vs. fluoroscopy in implantation of peripherally inserted central catheter (power-PICC-line)	Verena Mack (DE)
P045	Replacement short peripheral intravenous catheters with clinical monitoring	Silvia Margalejo Raffin (AR)
P046	Long-term outcomes of tunneled CVCs for treatment of pulmonary hypertension with strict application of CDC guidelines	Pavel Michalek, MD, PhD, DESA, MSc (CZ)
P047	Spanish translation of the CASI (CVAD –associated skin impairment) algorithm	Arianna Rosich Soteras (ES)
P048*	Chinese Experts consensus on ultrasound-guided PICC placement	Hong Xing (CN)
P051	Complications associated with the use of a peripheral catheter in hospitalized children	Ana Silva, PhD (BR)
P052	Clinical aspects related to the use of peripheral catheter in hospitalized children	Ana Silva, PhD (BR)
P053	Carotid artery infusion via implantable jet-port-allround catheters for squamous cell carcinoma of the tonsils	Karl Aigner (DE)
P054	How the implementation of leaderflex midlines by the opat cns has improved patient care in a small east london trust	Jenniferth Aviles Moreta (GB)
P055	Portocator, an evaluation of a novel device to assist in accessing implanted iv ports	Andrew Barton (GB)
P056	Benefits of the implementation of the peripherally inserted central venous catheter in the nursing practices of a medical service in Portugal	Anabela Salgueiro-Oliveira, PhD (PT)
P057	JLB®: a solution for ultrasound-guided cannulation of veins of medium and large caliber in the Emergency Department	Mirco Ravazzini (IT)
P058*	The mechanistic causes of peripheral intravenous catheter failure based on a parametric computational study	Peter Carr,PhD, MMedSc, BSc (AU)
P059	Derivation of a tool for Justification of Emergency Department clinically indicated peripheral Intravenous (JEDI) catheters. Toward vessel health preservation with the JEDI PIVC tool	Peter Carr,PhD, MMedSc, BSc (AU)
P060	Subclavian vein access to long term catheter placed in the arm to avoid complication and infection: a new surgical strategy in pediatric oncology	Ricardo Carvalho, MSc (BR)
P061	Our Experience with Central Venous Catheter (CVC) Maintenance Using Grip-Lok	Bosiljka Devcic (HR)
P062**	Extended subcutaneous route in PICC insertion: a subcutaneous tunnel without surgical maneuvers	Stefano Elli (IT)

POSTERS

No	Title of Poster Abstract	Presenting Author
P063	PICC Group: The trajectory of the implantation of a dedicated team at Hospital de Grande Porte in Brazil	Taisi Feitosa, RN (BR)
P064	Complex vascular access: mid-thigh femoral PICC placement	Constance Girgenti, BSN, RN, VA-BC (US)
P065	Reducing Venous Depletion	Constance Girgenti, BSN, RN, VA-BC (US)
P066	A Call to Action for Vascular Access Data Collection	Constance Girgenti, BSN, RN, VA-BC (US)
P067	In-line filtration increase patients' satisfaction on perioperative peripheral venous cannulation: a qualitative survey	Rosa Giua, MD (IT)
P068**	Central venous access for acute extracorporeal dialysis: a promising experience by dual lumen power injectable CICCs and off label used PICCs in newborns and infants	Ugo Graziano, MD (IT)
P069	The First FDA approved and novel cyanoacrylate product for catheter securement	Jonathan Stapley, BS, MBA (US)
P070	Pre-clinical outcome of alexidine-treated intravenous catheter for antimicrobial and antithrombogenic effectiveness	Nisha Gupta, PhD (US)
P072	Novel CVAD lock solution for high-risk patient population on home parenteral nutrition	Jocelyn Hill, MN, RN (CA)
P073	A case review of a patient experience of extracorporeal photopheresis using a peripherally inserted central catheter (PICC)	Andrew Jackson (GB)
P074	Time as a variable in the correction of aberrant PICC tip location	Andrew Jackson (GB)
P075**	Performance testing of peripheral IV securement in a clinically simulated environment	Spencer Jones (US)
P076	CT evaluation of accurate catheter tip positioning techniques in upper arm central venous port implantation: intracavitary ECG versus fluoroscopy	Weiwei Kong (CN)
P077	Comparison between supine and frog-leg position of femoral vein morphometry in children	Wilson Oliveira Jr, MD (BR)
P078	Is ultrasound-guided supraclavicular approach to the subclavian vein catheterization easier than internal jugular in children?	Wilson Oliveira Jr, MD (BR)
P079	Tunneled non-cuffed centrally inserted central catheters (CICC) in pediatric oncology: initial experience	Vilani Kremer, MD (BR)
P080	Peripherally inserted central catheters (PICC) by pediatric surgeons for children with cancer: initial experience of a brazilian center	Vilani Kremer, MD (BR)
P081	Diffusics: yes or no	Janice Lowry (IR)
P082	Nurse-led PICC team: Outcomes and lessons learned in the journey of establishing a centre of excellence	Sai Bala Madathil, MSN (IN)
P083	The Daily Review of central venous access as prevention and control of complications: the photographic archive to check in hospital and at home	Giovanni Mastrandrea, MD (IT)
P084	PICC migration – a problem of the past	Dympna McParlan (GB)
P085	Validation of magnetic tracking system method - ecg driven vs. X-ray control and cost implications	Baudolino Mussa (IT)
P086	The removal of a stuck catheter: our 5 years experience with Vollmar ring	Piera Pezzotti (IT)
P088	Transfer of technological innovations to nursing practice and contribution to the prevention of infections: the TecPrevInf project	Anabela Salgueiro-Oliveira, PhD (PT)
P089	Seven years of evolution of the intravenous therapy team at the "Hospital Universitario Donostia (HUD)"	Nekane Sanz Goiri (ES)
P090	Central vascular catheters for hemodialysis:a five years pediatric nephrology center experience	Vittorio Serio, MD (IT)
P091	Helping patients stay at home	Vicki Shawyer, RN, DipHE, BSc (GB)
P092	Patients`experiences with picc-lines; the papic study	Stine Smith, MnsC (NO)
P093	A modified technique using both color doppler ultrasound and Site-Rite V in complex cannulation of PICC: a four-year experience	Linping Song (CN)
P094	Team implementation for percutaneus catheter placement as a less invasive strategy for compliance with intravenous therapy	Corina Sperperato (AR)

POSTERS

No	Title of Poster Abstract	Presenting Author
P095	Development of a needle for peripheral intravenous catheters to improve vein puncture using in vitro models	Hidenori Tanabe (JP)
P096	Development of the Central Venous Catheterization training device which reveals appropriate advance of the needle	Kazumi Tanaka (JP)
P099	Observational Tool for Research of Ultrasound Guided Peripheral Catheter Barrier and Securement Dressing	Nancy Moureau, RN, PhD, CPUI (US)
P101	Patient complexity and risk factors associated with phlebitis	Jordi Adamuz, PhD, MSN, RN (ES)
P102	Detection quantification of adverse events associated with the insertion and replacement of short peripheral vascular catheters through a Check List in areas of Clinical-Surgical Hospitalization. July 2016 to December 2017	Cirlia Alvarez, CECI (AR)
P103	Applying MAGIC recommendations in the indication of peripherally inserted central venous catheters: retrospective analysis on a private hospital in Brazil	Jerusa Armani, RN (BR)
P104	Peripheral venous catheter related-infections in a reference hospital in Spain: preliminary results of a cross-sectional study	Ian Blanco-Mavillard, RN, MSc (ES)
P105	Good arguments for establishing an IV-team	Rikke Boa, RN, CRNA (DK)
P106	Cumulative incidence of complications in adults with peripheral venous catheter	Anabela Salgueiro-Oliveira, PhD (PT)
P107	Is it worth having a dedicated infusion therapy nurse? Impact on peripherally inserted central venous catheter-associated bloodstream infections rates and costs	Daiane Cais, RN (BR)
P108	Risk factors associated with first -time insertion success for peripheral intravenous cannulation in the Emergency Department. A multicentre analysis of patient, clinician, and product characteristics	Peter Carr, PhD, MMedSc, BSc (AU)
P109	From insertion to removal of Emergency Department inserted peripheral intravenous catheters. A multi-centre survival analysis of an admitted cohort	Peter Carr, PhD, MMedSc, BSc (AU)
P110**	Standard cleaning vs a disinfection cap for the decontamination of needle-free connectors	Anna Casey, PhD (GB)
P111	Laboratory evaluation of chlorhexidine delivery into donor skin from the Biopatch® and 3M™ Tegaderm™ CHG IV Securement dressings	Anna Casey, PhD (GB)
P112	Use of peripherally inserted central catheters in children with cardiac disease	Raquel Cechinel (BR)
P113	Cardiac tamponed during insertion of a Hickman Catheter	Muazez Cevik (TR)
P114	Establishment and Operation of Peripherally Inserted Central Catheters Maintenance Network in Zhong Shan	Yingjie Chen (CN)
P115	Best device for the patient	Sharon Falconer (GB)
P116**	Occurrence of phlebitis in a private hospital in southern Brazil	Janaína Mestre Flôr (BR)
P117	Secondary lesions to curatives in central venous catheters: an observational intervention study	Janaína Mestre Flôr (BR)
P118	Bloodstream infection related to the use of central peripheral insertion catheter	Janaína Mestre Flôr (BR)
P119	Risk of midline catheter-related bloodstream infections in medical and surgical patients. A monocentric prospective study	Damien Fournier (FR)
P120	Picc and midline occlusions, nurses' knowledge: an observational study	Marco Cappellin (IT)
P121	Report on pathways for adult clinical chemical mediciness infusion with 1419 cases in several hospitals	Li Gao (CN)
P122	Effect of the implementation of the good practices in the care of central catheters	Rossana Gonzales (PE)
P123	Anatomical analysis of residuals after central venous catheter extubation in 328 cases	Jiao He (CN)
P124	Chlorhexidine-containing dressings in the prevention of central venous catheter related blood-stream infections: a cost and resource utilization analysis	Sebastian Heimann (DE)
P125	Putting the patient first: re-examing an established vascular access platform to meet current needs	Jan Hitchcock (GB)

POSTERS

No	Title of Poster Abstract	Presenting Author
P126	Venous access in neonates with congenital heart disease	Zuzana Hrubsova, MD (SK)
P127**	The implementation of a surveillance program to prevent catheter-related bloodstream infections in Intensive Care Units (ICUs)	Emilio Jiménez-Martínez, RN (ES)
P128	Reducing Human factors in IV care by using passive disinfection caps	Rachel Kenion, RGN (GB)
P129	Non-infectious complications of central venous catheters as a nursing care indicator at an brazilian pediatric oncology hospital	Wilson Oliveira Jr, MD (BR)
P130	Clinical effectiveness of 4% tetrasodium EDTA as a routine non-antibiotic antimicrobial lock solution in central venous access devices of hemodialysis and TPN patients against the TripleThreat™: An 18-month Canadian experience	Jocelyn Hill, MN, RN (CA)
P131	Central venous catheter occlusion and infection risk - the impact of needleless connector design	Victor Lange, MSPH, PhD, JD (US)
P132	Central catheter indicators in pediatrics: evidence for the care improvement in a Brazilian pediatric hospital	Thaís Reche, MSc (BR)
P133	Catheter-related bloodstream infections (CRBSI): when one factor alters the product	Silvia Margalejo Raffin (AR)
P134	Venous thrombotic events associated with implanted vascular access devices in oncology patients: a prospective cohort study	Sheryl McDiarmid, RN (CA)
P135	The influence of peripheral intravenous catheterization on the sleep quality of patients	Ryoko Murayama, PhD (JP)
P136	Audit of topical chlorhexidine dressing in haemodialysis patients	Jackie Nicholson, BSc (hons), MSc (GB)
P137	Unintended complications associated with the use of traditional gravity-flow infusion administration sets (gravity sets) – systematic review	Eric Nyarko, PharmD, Rph (US)
P138	Comparing the burden of catheter-related bloodstream infection between manually-prepared saline flush and commercially available pre-filled syringes, used in combination with needleless connectors – meta-analysis	Eric Nyarko, PharmD, Rph (US)
P139	Reducing catheter occlusion: switching negative to positive displacement needle free connectors (nfc) to see the effect on peripherally inserted central catheter occlusion	Genevi Octavo (GB)
P140	Reducing peripherally inserted central catheter (PICC) related upper extremity deep vein thrombosis (UEDVT) and occlusions - a retrospective case controlled study	Jane Pain, BSN, RN (GB)
P141	Budget impact (BI) of adopting a Central line-associated bloodstream infection (CLABSI) prevention approach for ICU patients in UK, France and Germany, consisting of antimicrobial I.V. dressings and disinfecting caps	Maria Palka-Santini, MHIthEc (DE)
P142	The incidence and cumulative risk of primary bloodstream and venous infections in 12,623 peripheral intravenous catheters in Australia	Emily Larsen (AU)
P143	Defining difficult peripheral venous access in hospitalized patients. A cross-sectional study	Miguel Ángel Rodriguez-Calero, RN, MSc (ES)
P144	Clinical impact of needleless connectors' design: systematic review	Victor Rosenthal, MD (AR)
P145**	A quality improvement management project to improve the management of ambulance inserted peripheral cannulae (PIVC)	Leanne Ruegg, CNC (AU)
P146	Quality and safety in Picc lines using the failure mode and effect analysis method: a pilot program	Paloma Ruiz Hernandez, RN (ES)
P147	The impact of pre-filled saline flush syringes in reducing the incidence of peripheral venous catheter failure. A quasi-experimental multicenter study	Patrick Saliba, MSc (ES)
P148**	Prevention of catheter migration by fixation of the breast in a sitting position before implantation of the totally implantable venous access port in women	Tae-Seok Seo, MD (KR)
P149	Addition of passive disinfecting caps for needleless connectors to existing bundle for insertion of central lines reduces central line associated bloodstream infection	Nir Shimoni, MD (IL)
P150	Reduced incidence of clinically evident PICC-related DVT in sarcoma patients	Elisabeth Simcock, RGN (GB)
P151	Submersible anchor joint for fixation of long-term central venous catheters	Anna Konstantinova (RU)
P152	Ultrasound diagnostics of catheter-associated thrombosis in children with oncogematological diseases	Anna Konstantinova (RU)

REMOVABLE PROGRAM AT A GLANCE

DAY 1: WEDNESDAY JUNE 20, 2018

	Tivoli Congress Hall	Vandsalen	Carstensen		Tivoli Foyer
09:30 - 10:00	**Opening**				**Exhibition**
10:00 - 11:00	**Keynote address**				
11:00 - 12:30	**Plenary Session 1:** The patient and the bundles				
12:30 - 13:00					**Break**
13:00 - 14:00	sponsored satellite symposium 1 (Including Lunch)	sponsored satellite symposium 2 (Including Lunch)	sponsored satellite symposium 3 (Including Lunch)		
14:00 - 14:30					**Break**
14:30 - 16:00	**Session 1:** Minimizing the risk of thrombosis	**Session 2:** The newborn	**Session 3:** The patient in the ICU		
16:00 - 16:30					**Break**
16:30 - 18:00	**Session 4:** The patient with peripheral venous access	**Session 5:** Minimizing occlusions: flush & lock policies	**Session 6:** Indications and advantages of tunnelling		
18:00 - 19:00	**Welcome Reception**				**Break**

REMOVABLE PROGRAM AT A GLANCE

DAY 2: THURSDAY JUNE 21, 2018

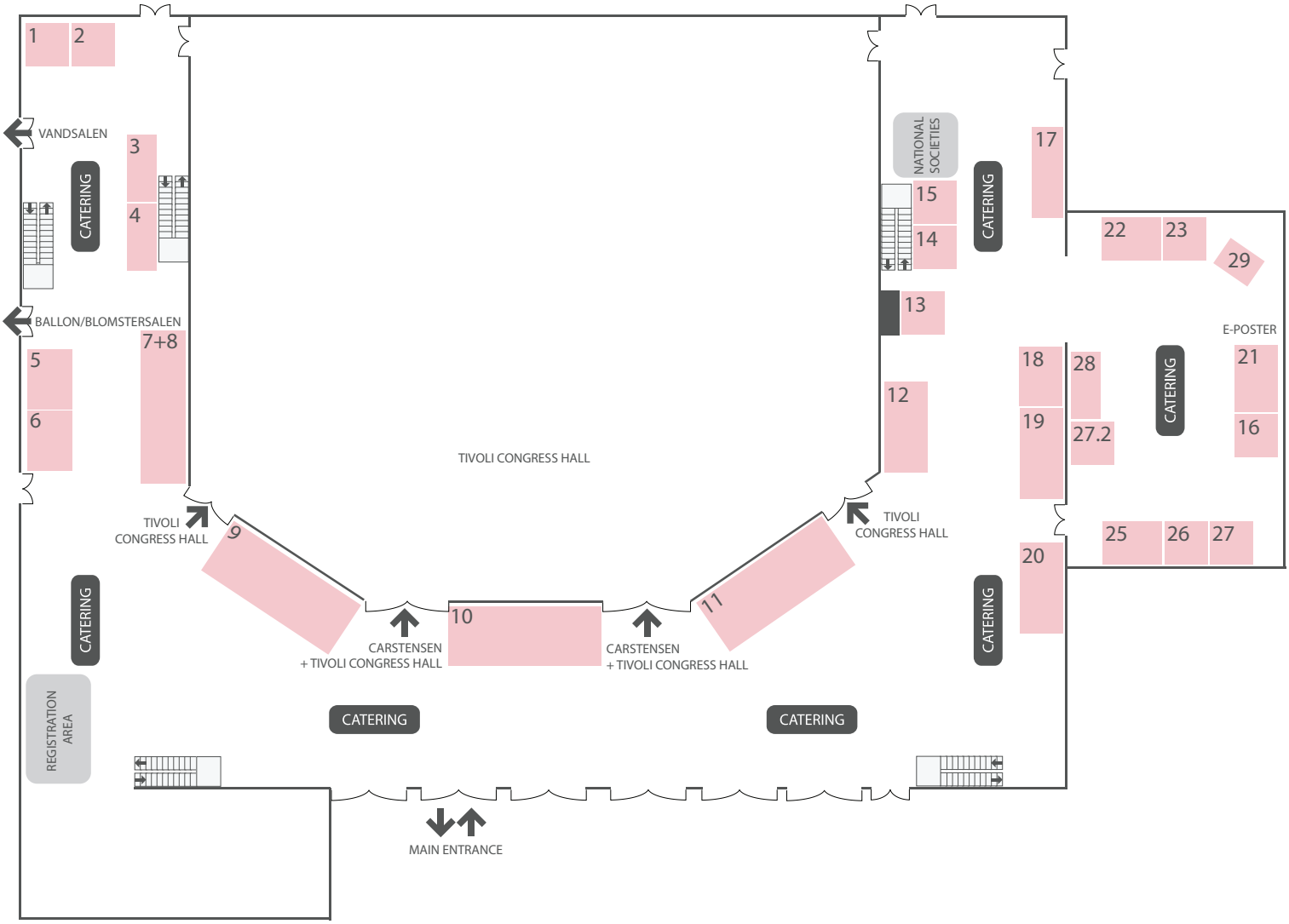
	Tivoli Congress Hall	Vandsalen	Carstensen	Ballon/ Blomstersalen	Tivoli Foyer
08:30 - 10:30	**Plenary Session 2:** Do guidelines consider the patient?				**Exhibition**
10:30 - 11:00	Poster sessions of odd poster numbers during break (Tivoli Congress Hall Balcony)				**Break**
11:00 - 11:30	**Session 7:** Minimizing dislodgement	**Session 8:** The child and the Venous Access Device	**Session 9:** The patient who needs dialysis, apheresis and ultrafiltration	**Poster pitches PP-01**	
11:30 - 12:30				**Video session**	
12:30 - 13:00	Poster sessions of odd poster numbers during break (Tivoli Congress Hall Balcony)				**Break**
13:00 - 14:00	sponsored satellite symposium 4 (Including Lunch)	sponsored satellite symposium 5 (Including Lunch)	sponsored satellite symposium 6 (Including Lunch)	sponsored satellite symposium 7 (Including Lunch)	
14:00 - 14:30					**Break**
14:30 - 15:00	**Session 10:** The patient and the PICC: minimizing complications	**Session 11:** Minimizing intraluminal contamination	**Session 12:** The material of the devices	**Poster pitches PP-02**	
15:00 - 16:00					
16:00 - 16:30					**Break**
16:30 - 18:00	**Session 13:** The patient and the choice of the device	**Session 14:** Tip navigation	**Session 15:** Indications and advantages of glue		

REMOVABLE PROGRAM AT A GLANCE

DAY 3: FRIDAY JUNE 22, 2018

	Tivoli Congress Hall	Vandsalen	Carstensen		Tivoli Foyer
08:30 - 10:30	**Session 16:** The patient and the CICC: minimizing complications	**Session 17:** The patient and the dressing of the exit site	**Session 18:** The patient and the totally implantable venous access device		**Exhibition**
10:30 - 11:00	Poster sessions of even poster numbers during break (Tivoli Congress Hall Balcony)				**Break**
11:30 - 12:30	**Session 19:** Minimizing extraluminal contamination	**Session 20:** Tip location	**Session 21:** FICC - femorally inserted central catheters		
12:30 - 13:00	Poster sessions of even poster numbers during break (Tivoli Congress Hall Balcony)				**Break**
13:00 - 14:00	sponsored satellite symposium 8 (Including Lunch)	sponsored satellite symposium 9 (Including Lunch)	sponsored satellite symposium 10 (Including Lunch)		
14:00 - 14:30					**Break**
14:30 - 15:30	**Session 22:** RCTs and meta-analysis today	**Session 23:** The rare but 'difficult' complication	**Session 24:** Ultrasound approach to the patient and to the device		
15:30 - 16:15	**Plenary Session 3:** The World Perspective				
16:15 - 16:30	**Closing**				

FLOORPLAN EXHIBITION



	BOOTH		BOOTH		BOOTH
Limbo Waterproof protectors	1	★ 3M	12	POLYMED Medical Devices	21
Adhezion BIOMEDICAL	2	Lineus Medical™	13	TauroPharm GmbH	22
COOK MEDICAL	3	HEALTH LINE MEDICAL PRODUCTS	14	Dale Always Better	23
securAcath	4	TIDI PRODUCTS Care with Confidence	15	★ smiths medical bringing technology to life	25
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★ PALL Medical	6	★ medCOMP	17	Uni-Com	27
★ B|BRAUN SHARING EXPERTISE	7+8	★ icumedical human connections	18	GE Healthcare	27.2
★ BD BARD has joined BD	9+10	★ angiodynamics	19	★ pfmmedical	28
★ Teleflex	11	★ VYGON Value Life	20	BJN British Journal of Nursing	29

POSTERS

No	Title of Poster Abstract	Presenting Author
P153	Interventional study of care protocols including using ultrasonography to reduce mechanical irritation for the prevention of peripheral intravenous catheter failure	Toshiaki Takahashi, MHS, RN (JP)
P154	Retrospective analysis of catheter related bloodstream infection in 11014 patients with central venous catheter	YanShuang Cheng (CN)
P155	The safety care management experiences of 9 patients whose PICC inserted into persistent left superior vena	Yang Wang (CN)
P160	Vascular access nurse unit. Seville. Spain	Ines Durán (ES)
P161**	Procedural outcomes of a university nurse led vascular access unit in a Greek general oncology hospital	Theodoros Katsoulas (GR)
P162	Experiences of the first PICC team in Slovenia	Janja Perme, MSc, RN (SI)

PROGRAM FACULTY

Name		Title	Faculty		Page
Mary	Alexander	MA, RN, CRNI, CAE, FAAN	Infusion Nurses Society	US	10
Evan	Alexandrou	RN, MPH, PhD	Western Sydney University	AU	4,12,23
Giovanni	Barone	MD	Catholic University of Sacred Heart	IT	5
Sergio	Bertoglio	MD	University of Genova	IT	5,8,23
Daniele	Biasucci	MD, MSc	IRCCS A. Gemelli"University Hospital Foundation"	IT	6, 8, 11, 17, 25
Paul	Blackburn	MNA, RN	BD	US	6
Andrew	Bodenham	FRCA ,FFICM	Leeds Teaching Hospitals	GB	10
Christian	Breschan	MD, D.E.A.A., PhD	Klinikum Klagenfurt	AT	5
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Peter	Carr	PhD, MMedSc, BSc	Griffith University Menzies Health Institute	AU	14, 24
Gaston	Cartagena	PharmD	3M Company	US	20
Rui	Casaca	MD	IPOLFG	PT	25
Jiri	Charvat	MD, PhD	Faculty hospital	CZ	24, 25
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Massimo	Lamperti	MD, MBA	Cleveland Clinic Abu Dhabi	AE	8, 19, 23
Jack	LeDonne	MD	Chesapeake Vascular Access	US	14, 19
Nicole	Marsh	BN, MA	Griffith University/ AVATAR Group	AU	11, 18, 20
Nancy	Moureau	RN, CRNI, CPUI	PICC Excellence	US	4, 16, 17, 22
Russ	Nassof	JD	RiskNomics	US	16, 25
Naomi	O'Grady	MD	Ohio State University	US	10
Gloria	Ortiz Miluy	RN, PAN, MVA	Hospital Clínico San Carlos	ES	8, 18
Matthew	Ostroff	MSN	St Joseph's University Hospital	US	23
Fulvio	Pinelli	MD	Azienda Ospedaliera Universitaria Careggi	IT	13, 21, 24
Didier	Pittet	MD, MS, CBE	The University of Geneva Hospitals and Faculty of Medicine	CH	4
Mauro	Pittiruti	MD	Catholic University Hospital	IT	4, 16, 19, 24
Claire	Rickard	RN, PhD	Griffith University	AU	4, 7, 24
Marcia	Ryder	RN, MS, PhD	Ryder Science, Inc.	US	15, 24
Giancarlo	Scoppettuolo	MD	Fondazione Policlinico Universitario A. Gemelli	IT	7, 11, 15, 22
Liz	Simcock	RGN	University College London Hospitals NHS Foundation Trust	GB	4, 11, 24
Marguerite	Stas	PhD, MSc, MD	UZ Leuven	BE	15
Josie	Stone	RN, CPNP	Josie Stone Consulting LLC	US	4, 7, 10, 13
Carmel	Streater	RN, Bs(hons)	Cambridge university hospital	GB	20
Ken	Symington	MD	Mount Carmel Hospital	US	16, 22
Ulf	Teichgräber	MD, MBA	University Hospital Jena	DE	17, 22
Jan	Tordoir	MD, PhD	MUMC	NL	12
Ton	Van Boxtel	RN, MSc, VA-BC	Infusion Innovations	NL	4,, 14, 25
Agnes	Van den Hoogen	RN, PhD	UMC Utrecht	NL	5
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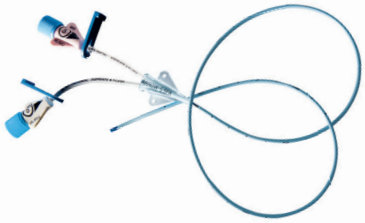

PICC
with Chlorag+ard Technology

VPS
Rhythm Device

BD Vascular Access Management, enabling patient safety from insertion to removal

Vascular Access Management is an important step to improving Patient Safety, it can help reduce complications, improve efficiency, and support the standardization of patient care.[1]

Symposium 1:

Title: Best Practices in Vascular Access Management – A Proven Approach to Improving Patient Care
Date: **Wednesday 20th June 2018**
Chairperson: Prof Mauro Pittiruti, Italy

Symposium 2:

Title: Mitigating the Risk of Post-insertion Catheter Complications through Evidence-Based Vascular Access Management
Date: **Thursday 21st June 2018**
Chairperson: Josie Stone, USA

Symposium 3:

Title: Global Vascular Access Management; Patient-Centered Device Selection
Date: **Friday 22nd June 2018**
Chairperson: Prof Claire Rickard, Australia

All symposia

13:00 –14:00 Vandsalen room

Visit us at booths 9&10

1. DeVries M *et al.* Protected clinical indication of peripheral intravenous lines: successful implementation. J Assoc Vasc Access 2016; 21:89-92.

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SPONSORED SATELLITE SYMPOSIA

DAY 1: WEDNESDAY JUNE 20, 2018

13:00 - 14:00
Tivoli
Congress Hall

Patient Safety: Creating Meaningful Change in High Variability Environments

3M

description: Catheter-related complications remain a global critical issue that impact patient safety. Despite advancements in knowledge - such as guidelines, clinical data, or technology - complications exist and often at alarmingly high rates. Join us for a discussion on how two clinical leaders, from South Africa and Turkey, are addressing these challenges in the ever-changing world of medicine where variability is ubiquitous.

faculty: Professor Guy Richards, MBBCh, PhD, FCP(SA), FRCP, Professor & Academic Head Division of Critical Care, University of Witwatersrand, Johannesburg, South Africa, Director, Department of Critical Care & Chief Physician in the Department of Medicine/Pulmonology, Charlotte Maxeke Johannesburg Academic Hospital
Professor Serhat Unal, MD, FACP, FEFIM, Head of Infectious Diseases Department, Hacettepe University School of Medicine, Department of Medicine, Ankara, Turkey
Dr. Pat Parks, MD, PhD, 3M Medical Director of Critical/Chronic Care Division, Adjunct Associate Professor, University of Minnesota Translational Research Center, Minneapolis, USA

13:00 - 13:10	**Introduction** Dr. Pat Parks, MD, PhD
13:10 - 13:30	**Stewardship and Infection Control: "Best Care Always"** Professor Guy Richards, MBBCh, PhD, FCP(SA), FRCP
13:30 - 13:50	**National PIV Guideline Development: Key Learnings, Practical Implications** Professor Serhat Unal, MD, FACP, FEFIM
13:50 - 14:00	**Summary** Dr. Pat Parks, MD, PhD

13:00 - 14:00
Vandsalen

Best Practices in Vascular Access Management – A Proven Approach to Improving Patient Care

BD

description: Peripheral vascular access is a routine procedure that is conducted worldwide, it is estimated that 60-90% of hospital inpatients will require an IV catheter (helm et al, 2015). However routine doesn't mean low risk, as 35-50% of peripheral catheters have to be removed prematurely due to catheter related complications such as dislodgement, occlusion, phlebitis, infiltration, extravasation or infections impacting the standard patient care and outcome for the patients (Wallis et al, 2014; Helm et al 2015). In Europe, evidence based guidelines developed for the prevention of catheter related complications ensure clinicians follow the best clinical practices to reduce complications and ensure patient care.
This workshop will show how monitoring, training and ensuring compliance to best practices supported by evidence-based recommendations (guidelines, standards, experts' consensus recommendations) enables better patient care/outcomes.

13:00 - 13:05	**Welcome & Introductions**
13:05 - 13:20	**European experts' consensus on peripheral VAM (VAD selection, insertion, care and maintenance) based on the most recent evidence is a key success for standardizing best practices** Prof. Mauro Pittiruti, MD (IT)
13:20 - 13:35	**How a collaborative approach with hospitals to providing best practice compliance monitoring can improve practice and patient outcomes** Anne Leitch, RN & Lise Axford, RN, UK
13:35 - 13:50	**Peripheral Inserted Vascular Catheter best practice & eLearning programs have a positive impact on clinicians' vascular access management, efficiency, clinical, and interpersonal skills** Dr Thomas Gale, (UK)
13:50 - 14:00	**Q&A and Closing Remarks** Prof. Mauro Pittiruti, MD (IT)

SPONSORED SATELLITE SYMPOSIA

DAY 1: WEDNESDAY JUNE 20, 2018

13:00 - 14:00
Carstensen

Evolve to BioFlo Technology. Evidence-Based Education. Evidence-Based Care. Evidence-Based Outcomes

description: This session will focus on thrombotic complications associated with use of vascular access catheters and how these outcomes can be improved with BioFlo technology. Please join us to hear success stories with BioFlo PICCs from clinicians around the world.

13:00 - 13:15 **Catheter related thrombosis**
Stephanie Pitts, MSN, RN, CPN, VA-BC

13:15 - 13:30 **Reduced incidence of clinically evident PICC-related DVT in sarcoma patients**
Liz Simcock, RGN

13:30 - 13:45 **A prospective study investigating the incidence of intraluminal occlusions and upper extremity deep vein thrombosis in patient's receiving the BioFlo PASV PICC**
Jane Pain, RN

13:45 - 14:00 **Questions and Discussion**

SPONSORED SATELLITE SYMPOSIA

DAY 2: THURSDAY JUNE 21, 2018

13:00 - 14:00
Tivoli
Congress Hall

Ultrasound and ECG: Better Tools, Smarter Decisions, Advanced Care

B BRAUN
SHARING EXPERTISE

description: This symposium addresses some real world vascular access problems and how technology can help you to attain better patient outcomes. Three experts will share their experience and solutions for common challenges in vascular access. A focus of the session is the advanced use of ultrasound for difficult vascular access patients. When should ultrasound be used for peripheral lines? And how can longer PIVCs help to overcome the challenges of patients with difficult vascular access? Furthermore, we will present examples how ECG technology can support your «unusual» patient cases for PICC placements and port implantations. The goal is to be informative, interesting and exciting.

13:00 - 13:05	**Introduction & Moderation** Gregory Schears MD, USA
13:05 - 13:20	**Vascular access in a complicated world, current problems and concerns** Andrew Jackson, UK
13:20 - 13:35	**A solution for difficult vascular access: Ultrasound guided placement of longer length peripheral IVCs** Gregory Schears MD, USA
13:35 - 13:50	**ECG technique for IV Ports and PICC tip positioning: Unusual patient cases** Prof. Marguerite Stas, BE
13:50 - 14:00	**Questions & Answers**

13:00 - 14:00
Vandsalen

Mitigating the Risk of Post-insertion Catheter Complications through Evidence-Based Vascular Access Management

BD

description: Over the last twenty-five years a great deal of attention has been given to improve insertion related practices for both peripheral and central catheters. And while these interventions have decreased insertion risks, more clinical evidence is required to proactively manage and reduce the risk of post-insertion complications such as phlebitis, intraluminal catheter occlusion and blood stream infections. This fifty minute presentation will feature four, evidence-based outcome studies which highlight the necessity for best practices, differentiated product technology and procedures to mitigate the risk of post-insertion catheter-related complications.

objectives:

1. Demonstrate how flushing peripheral IV catheters with pre-filled saline syringes can prevent catheter failures and unscheduled catheter replacement
2. Explore the historical use of open 3-way stopcock systems compared to closed technology as a risk reduction strategy for reducing the risk of central line complications
3. Describe the clinical and economic impact of an evidence-based care and maintenance bundle, inclusive of a novel needle free connector design, for one group of home infusion patients
4. Discuss the relationship between central venous catheter intraluminal blood occlusion and it's correlation to the risk of central line associated blood stream infections during the use of differently designed needle free connectors

13.00 – 13.03	**Welcome to audience & introduction of Chair Josie Stone** J. Paloyan
13.03 – 13.10	**Session overview & introduction of speakers** Josie Stone (USA)
13.10 – 13.20	**The impact of pre-filled saline flush syringes in reducing the Incidence of peripheral venous catheter failure. A quasi-experimental multi-center study** Dr. Miquel Pujol, (ES)
13.20 – 13.30	**Clinical Impact of Needleless Connectors Design: A Systematic Review** Dr. Victor Rosenthal, (AR)
13.30 – 13.40	**The influence of needle-free connector design on central catheter occlusion** Ann Williams RN, (USA)
13.40 – 13.50	**Central Venous Catheter Occlusion and Infection Risk; The Impact of Needleless Connector Design** Dr. Victor Lange, (USA)
13.50 – 13.58	**Q&A** Josie Stone (USA)
13.58 – 14.00	**Close** J. Paloyan

SPONSORED SATELLITE SYMPOSIA

DAY 2: THURSDAY JUNE 21, 2018

13:00 - 14:00
Carstensen

Needleless Connectors:
The Science Behind Bacterial Transfer!
Dr. Marcia Ryder, PhD, MS, RN (US)

icumedical
human connections

description: Needleless connectors provide access to vascular access devices for injection or infusion without the risk of needlestick injury to the clinician; however, at the same time, they provide direct access for the transfer of microorganisms to the intraluminal flow path. Results of in vitro research comparing twenty needleless connectors presented in this session demonstrate that there are significant differences in the bacterial transfer rate and intraluminal biofilm formation among these devices. What are the design risk factors that account for these differences, and can they predict bacterial transfer risk? How do these findings translate to clinical practice? This session will examine the science behind bacterial transfer and biofilm colonization from connector septum to catheter tip, flow patterns, and the critical components of prevention by disinfection and frequency of change.

Learning Objectives:

1. Answer the question: What does biofilm have to do with needleless connector-related bloodstream infection?
2. Understand the impact of bacterial transfer, device design, flow patterns, and flow dynamics on intraluminal biofilm formation in a needleless connector/catheter system
3. Examine the critical factors for effective access site disinfection

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13:00 - 14:00
Ballon/
Blomstersalen

"Advancing Peripheral Intravenous Vascular Access – Opportunities and Early Experience with Closed System Catheters"

smiths medical
bringing technology to life

description: This session will focus on the challenges and complications of current peripheral venous access, the limitations of current PIVCs and the opportunities presented by Peripheral Intravenous Closed System Catheters.

13:00 - 13:20 **Clinical practice of peripheral intravenous access, including clinical evidence and complications of active safety, passive safety, blood control catheters**
Andrew Barton, RN, IV Lead at Frimley Health NHS Trust, UK and Chair of NIVAS

13:20 - 13:40 **Clinical experience with emerging peripheral intravenous access technology, including closed system catheters, designed to help address the limitations and complications of current PIVC products**
Evan Alexandrou, RN, PhD, Clinical Nurse Consultant |Liverpool Hospital, Sydney, Australia

13:40 - 14:00 **Questions and Discussion**

SPONSORED SATELLITE SYMPOSIA

DAY 3: FRIDAY JUNE 22, 2018

13:00 - 14:00
Tivoli
Congress Hall

"Filter Protect Patients From Harmful Particles"

PALL Medical

description: With the progress in medical treatment, infusion therapy has become increasingly complex, particularly in intensive care units. An increasing number of patients are undergoing complex and intense treatment, during which they encounter critical phases of impaired vital function, frequently accompanied by reduced microcirculation in vital organs. Pall In-Line Filters can play a significant role in preventing contamination by integrating them in a point-of-care infusion system to provide effective protection against particles and nanoparticles. Several studies have shown that the use of infusion filters considerably reduced complications associated with particles and nanoparticles. Protect What Matters – Every Day

objectives: This Pall Satellite Symposium is about to learn more why Particle Filtration:

1. Is Recommended
2. Is a Viable Solution to Protect Surgical Patients against Phlebitis
   - Villa G et al., In-Line Filtration Reduces Postoperative Venous Peripheral Phlebitis Associated With Cannulation: A Randomized Clinical Trial, 2018.
3. Has Economical Value
   - Sasse M et al., In-line Filtration Decreases Systemic Inflammatory Response Syndrome, Renal and Hematologic Dysfunction in Pediatric Cardiac Intensive Care Patients, 2015.

Chair: Ton van Boxtel (Congress President WoCoVA)
"Aspects on Critical Patient Safety and Protection - Should fluid filtration be a factor of critical thinking skills analysis or a standard of care?"
Josie Stone (Josie Stone Consulting LLC, US)
"Phlebitis – Can In-Line Filter Protect the Surgical Patient?"
Dr. Gianluca Villa (University Florence, Italy)
"Inflammation, Sepsis, Organ Failure – Can In-Line Filter Protect the ICU Patient?"
Dr. Michael Sasse (University Hospital of Hannover (MHH), Germany)

More Information https://go.pall.com/wocova2018

13:00 - 14:00
Vandsalen

Global Vascular Access Management; Patient-Centered Device Selection

BD

description: The use of intravenous therapy in healthcare has become routine and progressively complex. Despite the increase in patient acuity and the growing plethora of devices available there is no agreed single approach to optimizing vascular access. The literature has identified the need for improved service delivery in vascular access and states that proactive assessment of, and planning for, patients' venous access needs can result in greater patient satisfaction and a decrease in delays in treatment, hospital stays and risk of iatrogenic morbidity (Barton et al 1998, Galloway 2002). The speakers will share their experience and the supporting evidence surrounding the determination of vascular access needs and appropriate choice of intravenous device to optimise outcomes.

13:00 - 13:05 **Welcome & introduction**
Prof Claire Rickard, RN, PhD (AU)

13:05 - 13:20 **Share experience and evidence supporting the development of processes for the identification of patients with difficult venous access and appropriate vascular access device choice.**

13:20 - 13:35 **Present how the development of a Vascular Access Team can facilitate proactive venous access assessment**
Noemí Cortés, RN, (ES)

13:35 - 13:50 **Share alternative solutions for managing Difficult Intravenous Access (DIVA)**

13:50 - 14:00 **Q&A and Closing Remarks**
Prof Claire Rickard, RN, PhD (AU)

SPONSORED SATELLITE SYMPOSIA

DAY 3: FRIDAY JUNE 22, 2018

13:00 - 14:00 **Infection of Central Venous Access Devices**
Carstensen

Geistlich Pharma

13:00 - 13:10 **Introduction**
Prof. Pittiruti

13:10 - 13:30 **Catheter-related bloodstream infections: be careful about intraluminal colonization!**
Dr. Scoppettuolo

13:30 - 13:50 **Taurolidine 2% to prevent catheter-related bloodstream infections in patients on home parenteral nutrition.**
Prof. Wanten

13:50 - 14:00 **Discussion**

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WoCoVA

Company: BD BARD has joined BD

Description: BD is a leading medical technology company that benefits countless lives worldwide. We advance health by improving the ways that discovery, diagnostics and delivery of care are conducted. With 45,000 employees at work in more than 50 countries, we work in close collaboration with customers and partners to develop innovative products and solutions that enhance outcomes, better manage healthcare delivery costs, increase efficiencies, improve healthcare safety and expand access to health. Because we've been doing this for over 100 years, our portfolio, leadership and partnerships make a difference for global healthcare.

Company: Teleflex

Description: Teleflex, through our ARROW® brand, has always been synonymous with innovation in vascular access and inspired by our goal of vessel health and preservation. Get to know our Chlorag+ard® technology-the first broad-spectrum antimicrobial and antithrombogenic PICC, the new Arrow VPS Rhythm™ device with the VPS TipTracker™ Styletfor optimal catheter tip positioning and the EZ-IO® needle + stabilizer kit. Discover how our innovative products can match your clinical needs. Please visit us at Booth 15. www.arrowvascular.com; www.chloragard.com.Teleflex is a leading global provider of medical technologies designed to improve the health and quality of people's lives.

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Company: 3M

Description: At 3M, we use science to help you influence the most important aspect of the patient experience - patient outcomes - with clinically proven solutions that help safeguard patients and lower total cost of care. Come and visit us at booth #12.

Company: VYGON Value Life

Description: Vygon is a world leader in the creation of high technology single-use medical devices, distributed throughout the world by our dedicated network of 27 subsidiaries and 331 integrated distribution partners. Vygon offers an extensive range of products suitable for use in the following clinical departments: Neonatology, nutrition & obstetrics, Intensive care, Anaesthesia & Emergency, Intravascular Therapies, Cardiovascular & Surgery.

Company: angiodynamics

Description: AngioDynamics Inc. is a leading provider of innovative, minimally invasive medical devices used by professional healthcare providers for vascular access, surgery, peripheral vascular disease and oncology. AngioDynamics' diverse product lines include market-leading ablation systems, fluid management systems, vascular access products, angiographic products and accessories, angioplasty products, drainage products, thrombolytic products and venous products. More information is available at www.AngioDynamics.com.

Company: B BRAUN SHARING EXPERTISE

Description: With over 60,000 employees in 64 countries, B. Braun is one of the world's leading manufacturers of medical devices and pharmaceutical products and services. Through constructive dialog, B. Braun develops high quality product systems and services that are both evolving and progressive - and in turn improves people's health around the world.

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Company: Geistlich Pharma

Description: The Swiss family owned company Geistlich Pharma develops and produces pharmaceutical and medicinal products since 1851 with a worldwide distribution and provides valuable assistance in solving medical problems. Products such as the antimicrobial catheter lock solution TauroSept® for the prevention and treatment of CRBSIs, originate from the company's own research facilities in central Switzerland.

Company: icumedical human connections

Description: Standardizing IV therapy wherever care is given. ICU Medical products work together across the continuum of care to fir the way you work today. Because our line of intravenous pumps, software, consumables, and pharmacy automation and oncology closed systems have been designed to be intuitive, easy to use, and interoperable, we can help you reduce IV medication errors and streamline the flow of data from the pharmacy to the bedside – all without unnecessary disruption to your existing workflows.

Company: medCOMP®

Description: Medcomp® is the premier developer and manufacturer of cutting-edge vascular access devices that meet and exceed the clinical demands of today's medical specialties, particularly in the fields of interventional medicine, dialysis and oncology. Medcomp's engineering and applications expertise provides products for hemodialysis, peritoneal dialysis, oncology ports and PICCs/CVCs whose progressive designs accommodate advances in medicine and whose quality anticipates the requirements of our professional clients and the patients they serve. Currently one of the world's largest manufacturers of dialysis and centrally terminating venous catheters, Medcomp is, and always has been, on the cutting edge of new vascular access device technologies.

Company: PALL® Medical

Description: Pall Medical develops, manufactures and distributes advanced medical technologies and services to help reduce costs, improve outcomes, control and prevent infections, and minimize healthcare associated complications, affecting people and equipment. With the progress in medical treatment, infusion therapy has become increasingly complex, particularly in intensive care units. An increasing number of patients are undergoing complex and intense treatment, during which they encounter critical phases of impaired vital function, frequently accompanied by reduced microcirculation in vital organs. Pall Infusion filters can play a significant role in preventing contamination by integrating them in a point-of-care infusion system to provide effective protection against particles and nanoparticles. Several studies have shown that the use of infusion filters considerably reduced complications associated with particles and nanoparticles. Protect What Matters – Every Day

SPONSORS

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Company: pfm medical

Description: pfm medical is an internationally operating, medium-sized family company based in Germany, offering solutions in the field of healthcare. For more than 40 years we have successfully developed, manufactured, and distributed quality products and offered reliable service for our medical focus fields. We are focused on therapeutic solutions which improve patient's quality of life, as well as offering the best possible treatment options for users in hospitals, practices, care facilities and laboratories. Since nearly three decades we offer own-developed and produced ports systems and other vascular accesses solutions which meet the highest demands of users and patients.

Company: smiths medical
bringing technology to life

Description: At Smiths Medical, we are passionate about improving and saving the lives of patients through high quality, innovative medical devices and services. We are a leading global supplier of specialty medical devices, consumables and equipment for world's healthcare markets. Specializing in medication delivery, vital care and safety devices, our products are found in hospital, emergency, home and specialty care environments and are used during critical and intensive care, surgery, post-operative care and for support in managing chronic illness.

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WoCoVA

3M Science at WoCoVA

Partnering with you on your path toward zero vascular access complications

Wednesday, 20 June
13:00 – 14:00, General Hall

3M℠ Health Care Academy Sponsored Symposia:

"Patient Safety: Creating Meaningful Change in High Variability Environments."

PRESENTED BY:
Professor Guy Richards, MBBCh, PhD, FCP(SA), FRCP

Professor Serhat Unal, MD, FACP, FEFIM

Dr. Pat Parks, MD, PhD, Medical Director, 3M Critical & Chronic Care Solutions Division

Friday, 22 June
8:30 – 9:00, Vansdalen Room

WoCoVA Session 17: The patient and the dressing of the exit site.

"Skin Matters: Impact of Hospital-Acquired Skin Injuries in the Adult Patient."

PRESENTED BY:
Gaston Cartagena, PharmD, Global Scientific Affairs Manager, 3M Critical & Chronic Care Solutions Division

Weds. - Fri., 20-22 June
Exhibit Hall, Booth 12

Visit our booth for discussions with clinical experts on preventing IV complications, and hands-on demonstrations of 3M vascular access solutions.

3M.com/IVCare

EXHIBITORS

Company:

Adhezion BIOMEDICAL®

SecurePortIV™
Catheter Securement Adhesive
By Adhezion Biomedical

Description: Secure catheters. Fewer complications. Introducing SecurePortIV™ catheter securement adhesive, a breakthrough in catheter securement and site protection that's 3x stronger than transparent film dressings alone. SecurePortIV™ adhesive provides hemostasis, seals the insertion site and reduces early dressing changes. Come by our booth to learn more today.

Company:

COOK® MEDICAL

Description: Since 1963, Cook Medical has worked with physicians to develop minimally invasive technologies. Today, we offer medical devices, biologic materials, and cellular therapies to deliver better patient outcomes more efficiently. Find out more at cookmedical.com, and for the latest news, follow us on Twitter, Facebook, and LinkedIn.

Company:

Dale®
Always Better

Description: Dale® Medical Products manufactures latex-free products designed to save nursing time and reduce skin irritation, while leading to comfortable, trouble-free recovery.

Company:

GE Healthcare

Description: Health Line is a medical device developer, manufacturer, and distributor located in the USA. We offer a comprehensive line of vascular access products including PICCs, CVCs, Hemodialysis, and more. We provide high quality, low cost device manufacturing by incorporating in-house automation, robotics and artificial intelligence expertise. We're looking for international distributors.

Company:

HEALTH LINE
MEDICAL PRODUCTS

Description: Health Line is a medical device developer, manufacturer, and distributor located in the USA. We offer a comprehensive line of vascular access products including PICCs, CVCs, Hemodialysis, and more. We provide high quality, low cost device manufacturing by incorporating in-house automation, robotics and artificial intelligence expertise. We're looking for international distributors.

EXHIBITORS

Company:

Description: The LimbO Waterproof Protector allows patients with a PICC line or midline to shower or bath in confidence, restoring quality of life and reducing the risk of infection.
LimbOs are 100% waterproof, easy to use and non-constrictive. They are also popular for keeping casts and dressings dry too. Available on prescription in the UK and around the world.
We are looking for new international distributors.

Company:

Description: SafeBreak Vascular is designed to prevent IV dislodgement. When a harmful force comes across the IV line, SafeBreak separates. Valves on each end stop the flow of fluid and make the IV pump alarm. SafeBreak can be replaced and the infusion restarted in minutes without having to restick the patient.

Company:

Description: UltraDrape™ is an innovative dressing designed for use during Ultrasound-Guided Peripheral Intravenous (UGPIV) that provides dual-action barrier and securement in one. This eliminates the need for sterile gels, covers and tedious post-IV procedure cleanup.

Company:

Description: Plan1Health is committed to deliver significant value to Patients and Healthcare Providers through continuing development of products such as Ports, PICC lines, Midlines and catheters for wound infusion.
Italian passion for innovation and focus on quality is our driver to develop and improve product, manufacturing process and service to customers.

Company:

Description: Poly Medicure Ltd. (POLYMED) is one of the world's leading manufacturers of high-tech Vascular Access Devices such as Safety IV Catheters, C.V. Catheters, PICC Lines. POLYMED produces wide range of devices with focus on innovation, safety and quality having 7 modern facilities in the world producing daily over 3 million devices.

EXHIBITORS

Company: securAcath

Description: The SecurAcath is a revolutionary new method for catheter securement that does not require sutures or adhesives. The unique design of the SecurAcath secures right at the insertion site using small, flexible securement feet placed in the subcutaneous tissue just beneath the skin. The SecurAcath lasts the life of the line and can dramatically decrease catheter dislodgement and migration, decrease catheter replacement costs, reduce catheter complications and lower total cost of patient care.

Company: TauroPharm GmbH

Description: TauroPharm GmbH is a life science company specialized in the manufacturing of antimicrobial locking solutions based on taurolidine.
The products prevent or dramatically reduce device related blood stream infections (CRBSI) and occlusions. All locking solution are registered as medical devices (CE mark) and are designed for dialysis, oncology, intensive care and parenteral nutrition.
TauroPharm GmbH is offering highly effective products in eradicating bacteria and fungi, including multi resistant forms such as MRSA and VRE.
TauroPharm GmbH is closely working together with key opinion leaders performing trials.

Company: TIDI PRODUCTS Care with Confidence — Grip-Lok®

Description: Grip-Lok is your path to safe, simple, and secure catheter securement. Visit us at booth #15 to learn more about central line securement.

Company: Uni-Com

Description: The dDopp is especially designed for easy and quality vascular access on site.
Combined with the Leapmed pro needle guide, it offers you a real efficient way to proceed.
Your personal fine preset with a dDopp imaging system gives you a fast and accurate view.
With or without hospital link, you can record, review, share quality images.
Fast-Easy-Complete!

NATIONAL VASCULAR ACCESS SOCIETIES

WoCoVA is proud to have so many national societies involved in the world wide network on vascular access. National societies can share results of research, initiatives and innovations on Vascular Access with other VA specialists using the WoCoVA global network. WoCoVA has an increasing number of related societies and offers support in starting a VA society if not yet existing. If your national society is not in the list, take this opportunity to connect to this world wide expert group and share.

WOCOVA 2018 - EVENT APP

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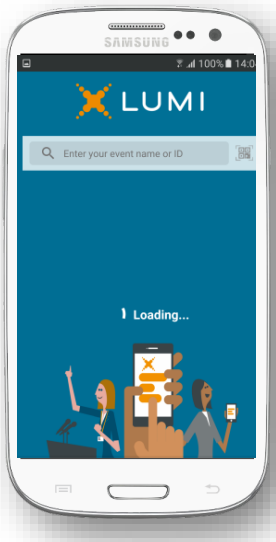

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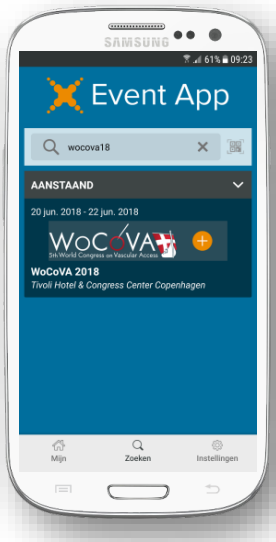

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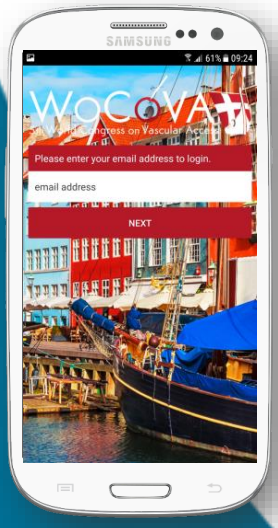

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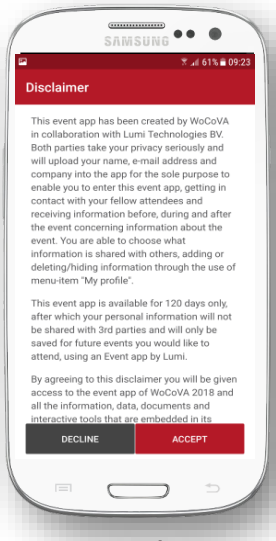

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20-22 JUNE 2018
TIVOLI HOTEL & CONGRESS CENTER
COPENHAGEN DENMARK
WoCoVA 5th World Congress on Vascular Access

Geistlich Pharma

DR. GIANCARLO SCOPPETTUOLO
Catheter-related bloodstream infections: be careful about intraluminal colonization!
Catholic University of the Sacred Heart, Rome, IT

PROF. GEERT WANTEN
Taurolidine 2% to prevent catheter-related bloodstream infections in patients on home parenteral nutrition
Radboud University Medical Centre Nijmegen, NL

PROF. MAURO PITTIRUTI
Chairman
Catholic University of the Sacred Heart, Rome, IT

Satellite Symposium:

Infection of Central Venous Access Devices

Friday, 22 June 2018
1:00 – 2:00 pm
Room Carstensen

20-22 JUNE 2018 TIVOLI HOTEL & CONGRESS CENTER COPENHAGEN DENMARK
WoCoVA 5th World Congress on Vascular Access

Satellite Symposium
Date: Friday 22nd June 2018, 1:00 – 2:00 PM
Location: General Hall, 5th World Congress Vascular Access, Copenhagen

Filters Protect Patients From Harmful Particles

Aspects on Critical Patient Safety and Protection
Should fluid filtration be a factor of critical thinking skills analysis or a standard of care?
Josie Stone RN CPNP (Clinical Education Consultant, US)

Phlebitis
Can In-Line Filters Protect the Surgical Patient?
Dr. Gianluca Villa (University Florence, Italy)

Inflammation, Sepsis, Organ Failure
Can In-Line Filters Protect the ICU Patient?
Dr. Michael Sasse (University Hospital of Hanover (MHH), Germany)

Learn more about Particles in Injectables: https://go.pall.com/wocova2018

PALL Medical
Booth No. 6

CITY AND TRAVEL INFORMATION

About Copenhagen

Located in the north of Europa, between Sweden and Norway on one site and Germany on the other, Denmark is the smallest of the Scandinavian countries. Between the 8th and the 10th century these countries were the home of the Vikings. Today, the Danes, a population of nearly 6 million inhabitants, are considered to be the happiest people in the world.

Denmark's capital, Copenhagen, is located on the Strait of Øresund. The Øresund Bridge connects Denmark to Sweden. The colourful warehouses of Nyhavn, the lush Tivoli Gardens, castles and churches, and of course den lille havfrue, Copehagen's iconic little mermaid statue… Copenhagen has attractions and sights to suit every taste and interest – and most of them are within walking distance! Browse the websites below to make the most of your stay.

Transportation

From Copenhagen Airport

From Copenhagen Airport Terminal 3 there is a direct train to the city center on track 2. Get off at Copenhagen Central Station and walk to the Congress Center, which is within 8-10 minutes walking distance.

You can also get a train on tracks 11 and 12 at Central Station that will take you to Dybbølsbro Station, which is just behind the Congress Center.
Tickets from the airport to Copenhagen Central Station are also valid on the bus, metro and S-train.

Taking a taxi from the airport will cost approx. DKK 280. All taxis are metered and accept all major international credit cards.

Find out more about Copenhagen Airport on their webpage:
https://www.cph.dk/en/

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on Wednesday, June 20th
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WELCOME RECEPTION

WEDNESDAY
JUNE 20, 2018
18:00 – 19:00
EXHIBITION AREA

WoCoVA
5th World Congress on Vascular Access

CITY AND TRAVEL INFORMATION

Climate

Copenhagen is in the oceanic climate zone. Its weather is subject to low-pressure systems from the Atlantic which result in unstable conditions throughout the year. June is the sunniest month of the year with an average of about eight hours of sunshine a day. July is the warmest month with an average daytime high of 21 °C.

Time Difference

Denmark uses summer time settings, which equal to CEST (UTC+2)

Communication

For international calls to Copenhagen, dial the international code +45 and the correspondent's number (without the 0).

Credit Cards

Major credit cards including American Express, Diners Club, Visa and Mastercard are accepted throughout Denmark at hotels, shops and restaurants.

Currency & Banking

Denmark's currency is the Danish Krone (DKK). 1 DKK = 0,13€ = 0,16 $.

Electricity

'Type K' is the electrical plug used in Denmark (220-240V/50Hz).

Language

Danish is the official language, but most Danes speak English very well. In the medieval period Danish emerged as a separate language from Swedish. The first printed book in Danish language dates from 1495, the 'Rimkrøniken' (Rhyming Chronicle), a history book.

Mobile phones

As a courtesy to speakers and other delegates, we request that all mobile phones and pagers are turned off before entering the meetings.

No Smoking Policy

Smoking is not permitted in Denmark in any indoor public areas including bars and restaurants or on any means of public transportation.

GENERAL CONGRESS INFORMATION

WIFI access

network name: Tivoli Hotel & Congress Center
Password: tivolihotel

Socials

Welcome reception
The welcome reception will take place on Wednesday June 20 from 18:00h till 19:00h at the exhibition.
During this reception everyone will be warmly welcomed. There are drinks and small bites and time to network and visit the exhibition.

Registration/badges

All participants are obliged to wear their name badge during all events. Admission to the sessions is restricted to registered participants wearing their name badge. Your badge will be handed out to you at the registration desk at Tivoli Hotel & Congress Center. Entrance to the scientific sessions is not possible with exhibitor badges.

The opening hours of the registration desk are as follows:

Tuesday	19 June 2018	15.00 - 18.00 hrs.
Wednesday	20 June 2018	08.00 - 18.30 hrs.
Thursday	21 June 2018	08.00 - 18.30 hrs.
Friday	22 June 2018	08.00 - 17.00 hrs.

GENERAL CONGRESS INFORMATION

The Venue

The Tivoli Hotel & Congress Center, is conveniently located in central Copenhagen: it is within short distance of a broad range of hotels and hostels.

Address: Arni Magnusson Gade 2 | 1577 Copenhagen V - Denmark
Tel: +(45) 44 87 00 00

Congress secretariat

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The Netherlands
wocova@congresscare.com

Colophon

WoCoVA
Congress Brochure
Copenhagen, Denmark, June 2018
1200 ex.

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Ton van Boxtel

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E-mail: info@wocova.com
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B|BRAUN
SHARING EXPERTISE

THURSDAY,
21 JUNE, 2018
13:00-14:00 H
GENERAL HALL,
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B. BRAUN SATELLITE SYMPOSIUM

ULTRASOUND AND ECG:
BETTER TOOLS, SMARTER DECISIONS, ADVANCED CARE

13:00 h	Introduction & Moderation	Gregory Schears MD, USA
13:05-13:20 h	Vascular access in a complicated world, current problems and concerns	Andrew Jackson, UK
13:20-13:35 h	A solution for difficult vascular access: Ultrasound guided placement of longer length peripheral IVCs	Gregory Schears MD, USA
13:35-13:50 h	ECG technique for IV Ports and PICC tip positioning: Unusual patient cases	Prof. Marguerite Stas, Belgium
13:50-14:00 h	Questions & Answers	

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Booth #18 | June 20-22
to learn about our full line of clinically preferred needlefree IV connectors.

+Don't Miss

An Exclusive Presentation by Marcia Ryder, PhD, MS, RN
"Needleless Connectors: More Science Behind Bacterial Transfer!"
June 21 | 1:00 pm | Carstensen Room

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NEW DeltaVen® Closed System Catheter

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Ballonsalen/Blomstersalen (280, ground floor)
Thursday 21 June 2018, 13:00 - 14:00

"Advancing Peripheral Intravenous Vascular Access - Opportunities and Early Experience with Closed System Catheters"

Speakers:
Evan Alexandrou, RN, PhD, Clinical Nurse Consultant (Liverpool Hospital, Sydney, Australia)
Andrew Barton, RN, IV Lead at Frimley Health NHS Trust, UK and Chair of NIVAS

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NOTES


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World Congress Vascular Access
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17 - 19 JUNE
IN ATHENS
GREECE

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