INS 2025 Speaker Spotlight

Claire Rickard, RN, PhD, GDN(CritCare), FAAN, FACN, FAHMS

- **When did your passion begin?**

  I was an intensive care nurse and I loved every part of that, but from an infusion therapy perspective, of course I had the chance to learn about everything from dialysis to pulmonary artery pressures, vasopressors, antibiotics, arterial and central venous catheters and more. But then when I started working in different hospitals, I couldn't believe the variation in what was considered "best practice" for the same procedure, such as a dressing or skin antiseptic. The very logical part of my brain said that there must be one most effective approach. Then, when I studied research methods and had the chance to work as a research coordinator I learned about this pyramid of evidence and how randomised controlled trials were the best way to get an answer on questions about "cause and effect". I started my first research trial in central venous catheters in 2008, and I didn't though it then, but there were just so many fantastic and important practice questions that were unresolved throughout every aspect of infusion therapy, that I have just kept on going from one research project to the next. It's been a really incredible and rewarding opportunity but what kept feeling the passion were the friends and colleagues along the way.

- **Can you share a preview of the key themes or topics you will be discussing at the conference?**

  I'm going to talk about decision-making for removal of peripheral IV catheters. The standard of practice is "clinically indicated" removal, but we still see a bit of confusion in healthcare about what that means. There are also still pockets of belief and practice that we should routinely replace catheters every few days. I'm going to cover the history, the theory, the evidence, current standards, guidelines, the role of patients, and what's been going on with implementation, in terms of how do we best support staff at the bedside to make a good assessment and then act on it in terms of timely, appropriate removal.

- **What inspired you to focus on these particular areas in your presentation?**

  Look, I've been fairly involved in obsessed with this for a couple of decades. When I was a bedside nurse, the CDC guidelines actually said that peripheral IVs rarely get infected, so we didn't worry about them too much, but they did recommend routine replacement of catheters to in fact to avoid phlebitis. I worked with hospitals and hospitals in the home to do randomized controlled trials and we found that clinically indicated replacement was just as safe as routine, but prevented a lot of unnecessary catheters being inserted. However it's fair to say that even my thinking has evolved a lot since that time, in terms of what "clinically indicated" actually means. Clinical assessment is always a sophisticated and multicomponent exercise, and catheter removal is no different. Then, we also know that

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people don't always act, even when they know they should, so we have to look at other things to lack culture, communication and so on. INS has a leading role in this area.

- **How do you see the field of infusion therapy evolving over the next few years?**

  I hope we become more adept at rapid change, and at breaking down silos between professions, departments and industries. Unfortunately, the problems patients face are still with us, despite all the money and efforts we have thrown at them. We constantly have new information and technologies and we have to get that to benefit patients more quickly. It's really important for those of us that are older not to cling to the old ways and get in the way of younger people have different ways of working and thinking about work. We also have to find ways to be more cost-effective, so we can invest our limited health dollars more wisely, and have less impact on the environment health of our lovely planet.

- **What do you hope attendees will take away from your talk?**

  I hope they will go away with renewed interest and some new ideas about how to improve the removal of peripheral IV catheters in their setting. "The only no risk IV is no IV!" If we can't avoid putting them in, then we need to make sure we get them out as soon as we can, and definitely as soon as anything looks like it's going wrong. I hope they go away thinking more about the systems that nurses, doctors, and others work in, and think how we can put better support in place to encourage and help people to make the right decision about removal at the right time. We know education on its own is not enough, so we do need people to think and act at a higher level so they can be change agents, and we can all do that if we be strategic and respectful and persevere!