

## From the Editor's view

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Offence isn't always the best defence; sometimes education is far more effective – at least, it's a crucial part of any tactical strategy, offensive or defensive. Throughout the pandemic, information was continually communicated, giving you, on the front lines and in research

positions, the only edge that could be had. This journal is dedicated to disseminating information, educating vascular access professionals about new theories and best practices to make your work more effective and, I hope, more rewarding. It is one way to help prepare you for the vascular access battles you face each day, i.e., insertion, management, and removal.

In this issue, we have articles that are related to both education and battle. In our first article, Kerrie Curtis and Dr Gillian Ray-Barruel present *eviQ* and *eviQ* Education, free online resources for clinicians, patients, and carers, providing information about cancer treatment protocols. Recently, the section on central venous access devices (CVADs) was updated to reflect the latest developments in CVAD management. The high failure rate of CVADs (15–66%) poses risks that are particularly problematic for cancer patients because of the complications of related infusion therapies. The article presents an overview of this valuable resource, designed to improve the patient's experience, as well as the clinician's and carer's.

In our second article, Major Benjamin Mackie and his colleagues share the protocol for a study comparing two dressing and securement methods as preventative measures against catheter dislodgement, a particular problem in combat situations. Since the study will be done through simulation training, they also look at the effectiveness of that model, as training in the field is sometimes impossible. The authors explain that although there are specific challenges to inserting peripheral intravenous catheters (PIVCs) in combat situations, rapid delivery of blood or drug infusions can save lives. The difficulties of the environment make securement both crucial and complicated, often resulting in catheter failure. The study's *in vitro* simulations involve inserting and securing PIVCs and applying pull-out force so the quality and safety of vascular access device securement practices can be assessed and data provided for improved dressings and securements. The knowledge gained from the proposed study could assist you in your practice, whether you are in combat or not.

If you've been wondering about the new Management of Peripheral Intravenous Catheter Clinical Care Standard, have a look at the message from our Deputy Editor, Dr Gillian Ray-Barruel. She offers twelve suggestions for how best to incorporate the standards into your practice.

Spring is a time to look forward to new growth and warmer weather, things that seem to make our lives more enjoyable. As 2021 winds down, I hope you stay safe and well through the spring and that the new year brings you many moments of peace and joy. Thank you for your continued courage and care on healthcare's front lines and please remember that your expertise and professional dedication are much appreciated.

Regards,

Linda M. Verde  
Editor-in-Chief

The image shows the logos for Teleflex and ARROW. The Teleflex logo is in a stylized, white, sans-serif font with a registered trademark symbol. Below it, the word ARROW is written in a bold, white, sans-serif font. Both logos are set against a dark blue background.