
Pre-filled Saline Syringe (PreSS)

Initiative Type

Redesign

Service Improvement

Status

Deliver

Added

30 July 2019

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09 May 2024

URL

<https://test.clinicalexcclence.qld.gov.au/improvement-exchange/pre-filled-saline-syringe-press>

Summary

The Pre-filled Saline Syringe (PreSS) initiative involves the introduction of a pre-filled saline syringe specifically designed for flushing vascular access devices. PreSS was introduced to the Emergency and Trauma Centre at the Royal Brisbane and Women's Hospital by Senior Clinical Research Nurse

Tracey Hawkins.

Key dates

Jul 2019

Partnerships

Queensland Emergency Department Strategic Advisory Panel (QEDSAP)

Key Contacts

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Aim

PreSS aims to decrease potential for infection by improving adherence to Aseptic Non Touch Technique (ANTT) principles and extend patency life of PIVCs with the use of the pre-filled saline syringe.

Benefits

Benefits to using PreSS instead of manual flushing include:

- reduction in risk of catheter related blood stream infections
- improved adherence to ANTT principals
- improved cost effectiveness.

Background

The Queensland Health I-CARE Guidelines (2015) designated aseptic flushing as a prime step in the process of inserting and maintenance of Vascular Access Devices, including PIVCs. It was observed that at the Royal Brisbane and Women's Hospital Emergency Trauma Centre (RBWH ETC) that the customary method of drawing up a normal saline flush was resulting in deviation from best practice guidelines including potential for contamination, and breach of medication labelling guidelines. In recognition that pre-filled syringes were not used in many Queensland EDs, PreSS was adopted under the PROV-ED Project for state-wide rollout.

Solutions Implemented

Implementation of prefilled saline syringes involves:

- key stakeholder engagement
- identification of clinical change champions
- staff education
- appropriate ordering and organising of equipment monitoring and feedback

Evaluation and Results

The implementation of PreSS at the RBWH ETC saved an estimated \$10,982 per year, based on material costings alone. Not included in this estimate is the released staff time and prevention of potential medication errors and Hospital-Associated Blood Stream Infections.

Further Reading

Queensland Health Intra-vascular Device Management; Australian Commission on Safety and Quality in Health Care (ACSQHC) Management of Peripheral Intravenous Catheters Clinical Care standard.

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