

Tests, treatments and procedures at risk of inappropriateness in Italy
that Health Professionals and Patients should talk about.

**Five Recommendations from the Italian Association of Medicine Nurses - ANIMO
(FNOPI Professional Society)**

1	<p>Don't mince and disguise medications in foods to administer them to patients with dysphagia and/or via NG-tube (nasogastric tube) or PEG (Percutaneous Endoscopic Gastrostomy) if not specifically indicated.</p> <p>If not recommended, crushing and disguising drugs is considered an inappropriate procedure to be included in potential medication errors. Altering the formulation of drugs and administer them disguised in food or beverages may increase their toxicity, determine instability, affect the absorption times, make them less effective and attractive. When possible, it would be appropriate to use alternative pharmaceutical applications, or consider different ways and means of administration in order to ensure a correct clinical efficacy, adequate absorption of the medicament and to minimize the obstruction of the tube.</p>
2	<p>Don't make regular use of restraint as a falls risk management tool.</p> <p>In the relevant scientific literature there is no evidence suggesting physical restraint as an intervention to prevent patient falls. On the contrary, mechanical restraint can cause psychological and direct and indirect physical side effects. Instead, it's necessary to assess the risk of falling for each patient and implement interventions aimed at reducing the personal and environmental risk factors.</p>
3	<p>Don't resort to bladder catheterization for managing incontinence or performing simple diagnostic tests.</p> <p>Often, in the care of not self-sufficient elderly patients recourse is made to bladder catheterization to manage incontinence and/or perform diagnostic tests. The literature gives precise indications concerning the situations in which you need to resort to bladder catheterization, beyond which the patient is subjected to an unnecessary and increased risk of infection.</p>
4	<p>Don't leave in place any type of venous catheter (central; peripheral; short, medium or long term) if the problem for which it was set is no longer present.</p> <p>Often in daily practice, vascular devices are left in place only for the likelihood that once removed they can be necessary again. The main guidelines indicate that in order to prevent and reduce complications (infections, phlebitis, thrombosis) a venous catheter should be removed as soon as possible, unless the signs that induced its placement are lasting,</p>
5	<p>Don't follow the mobilization protocols and those for the treatment of pressure sores as "standard" protocols in the dying patient.</p> <p>Given the limited temporal horizon, the mobilization and the wound care performed routinely do not bring any benefit to the dying patient. Instead, these procedures can engender discomfort and cause unnecessary pain. At the end of life you need to redefine the goals of care and target them to the comfort and control of the disturbing symptoms. In particular, it is essential to assess the risk of pressure sores and use anti-decubitus devices without mobilizing the patient routinely but only according to his/her real needs and requirements, ensuring maximum comfort. In presence of bedsores, taking into consideration that the continuous control of bacteria and/or the debridement of necrotic tissue are meaningless, it becomes a priority to use atraumatic dressings, which can remain in place for several days and can control the stink.</p>

Please note that these items are provided only for information and are not intended as a substitute for consultation with a clinician. Patients with any specific questions about the items on this list or their individual situation should consult their clinician.

How this list was created

<p>The procedures considered at risk of inappropriateness have been identified through the involvement of all the regional representatives of the association Animo. Every contact person was given a mandate to:</p> <ul style="list-style-type: none"> - Reflect on the procedures exclusively related with the scope of autonomous nursing decision-making; - Identify five procedures that did not bring about benefits to the patient; - Support the selection with appropriate literature. <p>The regional representatives, after a peer comparison, sent the identified procedures to the Animo project contact person. The Animo Research Group performed the supporting bibliographic research. This activity made it possible to draw up a list of 5 procedures that was presented and discussed with the IPASVI contact person for the project and the representatives of other nursing associations. The methodological approach was organized by the Academy of Nursing Sciences (ASI). All recommendations were revised in November 2021. The sources of all recommendations were revised in January 2024.</p>

Sources

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4	<ol style="list-style-type: none"> 1. Pittiruti M, Van Bortel T, Scoppettuolo G, et al. European recommendations on the proper indication and use of peripheral venous access devices (the ERPIUP consensus): A WoCoVA project. J Vasc Access 2023;24:165-82. 2. Gorski LA, Hadaway L, Hagle ME et al. Infusion Therapy Standards of Practice, 8th Edition. J Infus Nurs 2021;44 (Suppl 1):S224. 3. Loveday HP, Wilson JA, Pratt RJ, et al. epic3: national evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. J Hosp Infect 2014;86 (Suppl 1):S1-70. 4. NHMRC. Australian Guidelines for the Prevention and Control of Infection in Healthcare.(2019) [Internet]. https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019 [accessed January 2024].
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<p>Slow Medicine ETS, an Italian Third Sector organization of health professionals, patients and citizens promoting a Measured, Respectful and Equitable Medicine, launched the campaign “Doing more does not mean doing better- Choosing Wisely Italy” in Italy at the end of 2012, similar to Choosing Wisely in the USA. The campaign aims to help physicians, other health professionals, patients and citizens engage in conversations about tests, treatments and procedures at risk of inappropriateness in Italy, for informed and shared choices. The campaign is part of the Choosing Wisely International movement. Partners of the campaign are the National Federation of Medical Doctors' and Dentists' Orders (FNOMCeO), that of Registered Nurses' Orders (FNOPI), the Academy of Nursing Sciences (ASI), National Union of Radiologists (SNR), Tuscany regional health agency, PartecipaSalute, Altroconsumo, the Federation for Social Services and Healthcare of Aut. Prov. of Bolzano, Zadig. www.choosingwiselyitaly.org; www.slowmedicine.it</p>	<p>ANIMO (National Association of Medicine Nurses) aims at fostering the professional development of nurses to improve care for individuals and communities. It has representatives in each Italian region with the aim of promoting and disseminating the principles and initiatives of the association. It promotes and organizes scientific, cultural, and research initiatives; collaborates with universities and training agencies for the development and continuing education of its members. www.animo.fadoi.org</p>
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