What is it?
We all know what catheter shear is and we all know how it can happen. Any time that you re-introduce the needle into the catheter after you have take it out you run the risk of causing catheter shear. You can break a part of the catheter off, leaving it free to wander around inside the body.
Proper IV starting technique states that once the needle is taken out of the skin, it should never be re-inserted. If you want reposition the IV, do it while the needle is still in the FIRST TIME.

I know what you’re thinking, what’s the big deal? We’ve all seen various clinicians do it throughout the hospital, however that does not make it RIGHT.
Re-inserting the needle into the catheter after it has been withdrawn has caused several complications.

At Ronald Reagan UCLA Medical Center, this caused a patient to be emergently taken to the OR several hours after having an IV started for an embolism.

At Texas Children’s Hospital a patient ended up with an infection in her arm after such a technique was used.

There was another case in Michigan where this technique was used on a patient that had a heart condition, the consequences of this technique ended up putting the patient in the ICU.
We want to be cutting edge and we’d really like to not cause our patients harm, right? So we can we do?

First and foremost, once the needle is out of the catheter NEVER re-insert it. Yes, I realize that this is a pediatric hospital and it is commonplace among pediatric patience but it is still improper technique.

Readjusting the IV while the needle is still in the catheter is acceptable, however once that needle is removed it SHOULD not be inserted into the catheter again.