VASCULAR ACCESS DEVICE ASSESSMENT

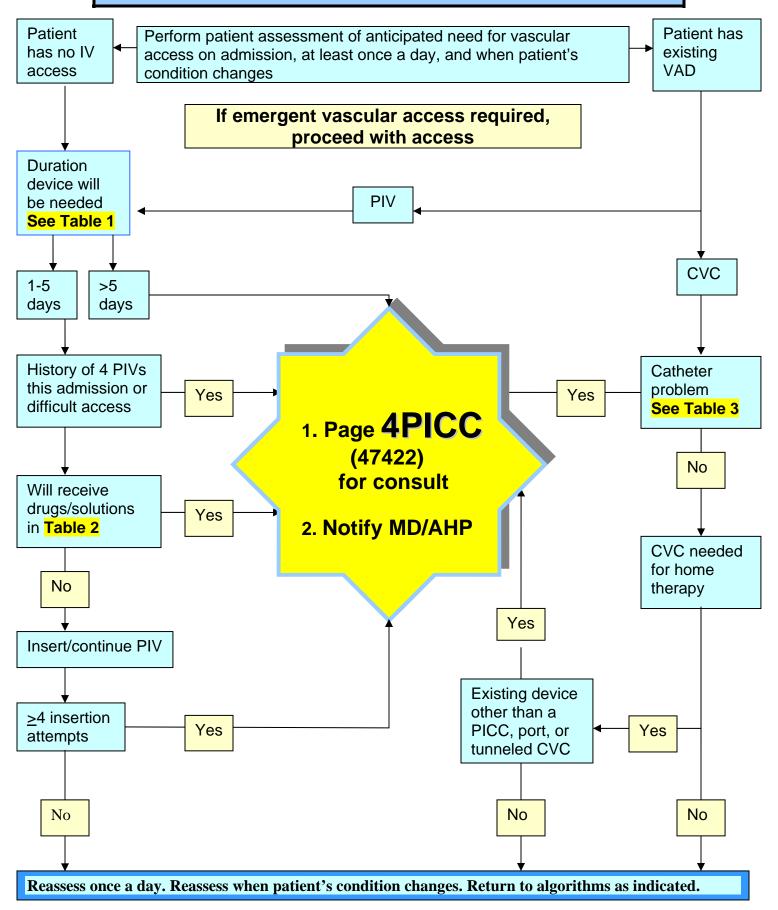


Table I

Diagnostic categories known to typically require >5 days of intravenous therapy:

Abcess

Cardiac dysrythmias

Craniotomy
Cystic fibrosis

Epidermolysis bullosa

Leukemia Liver disorders Lymphomas

Metabolic disorders

Neutropenia

Nutrition disorders

Pneumonia

RSV Pneumonia Spinal procedures

Surgery of Esophagus Duodenum Kidnev

Syncope and collapse

Transplants:

Heart Liver Lung Kidney

Ventricular shunt procedure Patient conditions often prolonging the need for

IV therapy:

Coagulopathies Immunosuppression

Malnutrition Obesity

Poor venous access

Table II

Vesicant or highly phlebogenic drugs for which central venous access delivery is recommended:

Acyclovir Chemotherapy

Alprostadil agents:

Carboplatin Amphotericin B Amiodarone Carmustine Calcium chloride Dacarbazine Calcium gluconate Dactinomycin Ciprofloxacin Daunorubicin Clindamycin Doxorubicin •Dextrose >12.5% Etoposide Dobutamine Fluorouracil Dopamine Idarubicin

Ifosfamide Epinephrine Erythromycin Mechlorethamine Gancyclovir Mitomycin C Teniposide Gentamicin Vinblastine Mannitol Nafcillin Vincristine Nicarpidine Vindesine Nitroprusside Vinorelbine

•Norepinephrine Phenobarbital Phenylephrine Pipercillin

Potassium chloride >50meq

Potassium acetate Potassium phosphate

Rifampin

Sodium bicarbonate

Tobramycin Vancomycin

Central line required

Refer to *IV Therapy policy* for a comprehensive list of irritants/vesicants.

TABLE 3

Fever

Damage to existing catheter

Dislodgement or migration of catheter suspected

Inflammation at exit site or along catheter track

Leaking at catheter site

Occlusion, i.e., unable or difficult to flush or withdraw

Pain in catheterized extremity

Swelling of ipsilateral arm, shoulder, or neck

Visible collateral circulation