VASCULAR ACCESS DEVICE ASSESSMENT

Patient has no IV access

Perform patient assessment of anticipated need for vascular access on admission, at least once a day, and when patient's condition changes

Patient has existing VAD

If emergent vascular access required, proceed with access

Duration device will be needed **See Table 1**

PIV

1-5 days

>5 days

CVC

History of 4 PIVs this admission or difficult access

Yes

1. Page 4PICC (47422) for consult

2. Notify MD/AHP

Yes

Catheter problem **See Table 3**

No

Will receive drugs/solutions in **Table 2**

Yes

No

Insert/continue PIV

CVC needed for home therapy

Yes

Existing device other than a PICC, port, or tunneled CVC

Yes

≥4 insertion attempts

Yes

No

No

No

Reassess once a day. Reassess when patient's condition changes. Return to algorithms as indicated.

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
  - Kidney
- 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
- Alprostadil
- Amphotericin B
- Amiodarone
- Calcium chloride
- Calcium gluconate
- Ciprofloxacin
- Clindamycin
- •Dextrose >12.5%
- •Dobutamine
- •Dopamine
- •Epinephrine
- Erythromycin
- Gancyclovir
- Gentamicin
- Mannitol
- Nafcillin
- Nicarpidine
- Nitroprusside
- •Norepinephrine
- Phenobarbital
- Phenylephrine
- Pipercillin
- •Potassium chloride >50meq
- Potassium acetate
- Potassium phosphate
- Rifampin
- Sodium bicarbonate
- Tobramycin
- Vancomycin

Chemotherapy agents:

- Carboplatin
- Carmustine
- Dacarbazine
- Dactinomycin
- Daunorubicin
- Doxorubicin
- Etoposide
- Fluorouracil
- Idarubicin
- Ifosfamide
- Mechlorethamine
- Mitomycin C
- Teniposide
- Vinblastine
- Vincristine
- Vindesine
- Vinorelbine

• *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