Considerations when assessing for the appropriate vascular access device:

**Infusate characteristics**
- Central Access Not Required
  - Less than 10% Dextrose
  - Isotonic Solutions
  - Osmolarity <600 mOsm/L
  - Meds pH between 5-9
- Central Access Required
  - More than 10% Dextrose
  - Hypo and Hypertonic Sol’n
  - Osmolarity >600 mOsm/L
  - Meds pH below 5 & over 9
  - Inherently irritating meds (see list)

**Duration of therapy**
- Less than 5 days
  - Good PIV → PICC
  - Poor PICC → CVC
- 1 - 4 Weeks
  - Good PICC → TUN
  - Poor PICC → CVC
- Less than 3 months
  - Good PICC → TUN
  - Poor PICC → CVC
- More than 3 months
  - Good PICC → PORT
  - Poor PICC → TUN

**Vascular integrity**
- Central Access Not Required
  - Good PIV → PICC
  - Poor PICC → CVC
- Central Access Required
  - Good PICC → TUN
  - Poor PICC → CVC

**Diagnostics/Procedures**
- CECT
  - PICC Power Injectable
  - CVC
  - PICC
- CVP Monitoring
  - PICC
  - CVC
  - PICC

Notes:
- PICCs are contraindicated for dialysis, ESRD, CKD patients. Screened on a case to case basis
- Mastectomies and lymph node dissections are screened on a case to case basis

PIV - Peripheral IV
PICC - Peripherally Inserted Central Catheters
CVC - Non-tunneled Central Venous Catheters
TUN - Tunneled Central Venous Catheters
PORT - Totally Implantable Central Venous Catheters
ESRD - End-Stage Renal Disease
CKD - Chronic Kidney Disease
CECT - Contrast-Enhanced Computed Tomography