Considerations When Assessing for the Appropriate Vascular Access Device

Sample conditions that may require short term therapy:
- UTI, cellulitis, dehydration, nausea, vomiting, pain management, anemia, diabetes

Sample conditions that may require long term IV therapy:
- Osteomyelitis, endocarditis, malnutrition, GI bleed, cancer, pancreatitis, sepsis

Infusate Characteristics:
- <10% Dextrose
  - Isotonic solns
  - Osmolarity <600mOsm/L
  - pH between 5-9
- >10% Dextrose
  - Hypo or hypertonic solns
  - Osmolarity >600mOsm/L
  - pH below 5 or above 9

Vascular Integrity:
- Good
- PIV
- Midline

Staff nurse utilizes resources to start PIV access (DO NOT call PICC nurse for PIV starts). If unsuccessful, notify MD for PICC Consult. PICC nurse will then place appropriate vascular device.

Poor
- Requires multiple sticks or history of difficult access, obesity, edema to upper extremities

Diagnostic Procedures:
- CT w/contrast
- PIV
- Midline
- Power PICC
- CVP Monitoring
- PICC
- CVC
- Not on dialysis, creatinine >3 w/ nephrology consult
- Obtain approval of nephrologist and document in chart
- Dialysis/ESRD
- Notify nephrologist for approval and document in chart

Contraindications for PICC Placement:
- *Mastectomy w/lymph node removal
- *Upper extremity AV grafts or fistulas
- *Pacemaker side
- *Weepy, exudative open skin to upper arm
- *Contractures to upper arms

Legend:
- PIV-Peripheral IV
- PICC-Peripherally Inserted Central Catheter
- CVC-Non-tunneled Central Catheter
- Port-Implanted Central Catheter
- CKD-Chronic Kidney Disease

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