

## LINE SELECTION MADE INCREDIBLY EASY

### Consider these questions:

1. What is the patient's diagnosis?
2. What therapy is planned?
3. What is the projected length of therapy?
4. What are the patient's medical conditions?

### Diagnoses and conditions which frequently require a line:

<b>Diabetes</b> <b>Obesity</b> <b>History of IV Drug Abuse</b> <b>Cancer/Chemo</b> <b>Bowel obstruction</b>	<b>Cellulitis</b> <b>MRSA</b> <b>AIDS</b> <b>Urosepsis</b> <b>Pancreatitis</b>	<b>Pneumonia</b> <b>Notoriously bad veins</b> <b>Frequent lab draws</b> <b>Osteomyelitis</b> <b>Crohn's Flare</b>
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### Drug considerations

#### Irritant Drugs, cause phlebitis, infiltration

<b>Ampicillin sodium</b> <b>Azithromycin</b> <b>Aztreonam</b> <b>Bumetanide</b> <b>Cefazolin</b>	<b>Cefoxitin</b> <b>Ceftazidime</b> <b>Ceftriaxone</b> <b>Cephradine</b> <b>Ciprofloxacin</b> <b>Clindamycin</b>	<b>Diltiazem</b> <b>Erythromycin</b> <b>Flumazenil</b> <b>Ganciclovir</b> <b>Gentamicin</b> <b>Imipenem</b>	<b>Iron dextran</b> <b>Levofloxacin</b> <b>Methicillin</b> <b>Morphine</b> <b>Nafcillin</b> <b>Ofloxacin</b>	<b>Penicillin</b> <b>Potassium &gt; 20</b> <b>Propofol</b> <b>Sulbactam sodium</b> <b>Tobramycin</b> <b>Unasyn</b>
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#### Vesicant Drugs, can necrose tissue if extravasated

<b>Calcium chloride</b> <b>Calcium gluconate</b> <b>Dactinomycin</b> <b>Dextrose &gt; 10%</b> <b>Diazoxide</b> <b>Diltiazem</b>	<b>Dopamine</b> <b>Dobutamine</b> <b>Esmolol</b> <b>Indomethacin</b> <b>Lorazepam</b> <b>Metronidazole</b>	<b>Midazolam</b> <b>Nitroprusside</b> <b>Norepinephrine</b> <b>Phenergan</b> <b>Phenobarbital</b> <b>Phenytoin</b>	<b>Pipercillin</b> <b>Potassium &gt; 40</b> <b>Promethazine</b> <b>Rifampin</b> <b>Sodium bicarbonate</b> <b>Sulfamethoxazole</b>	<b>TPN</b> <b>Vancomycin</b> <b>Zosyn</b>
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