

Venous Access Decision Path

Dr Liz Prentice February 2012

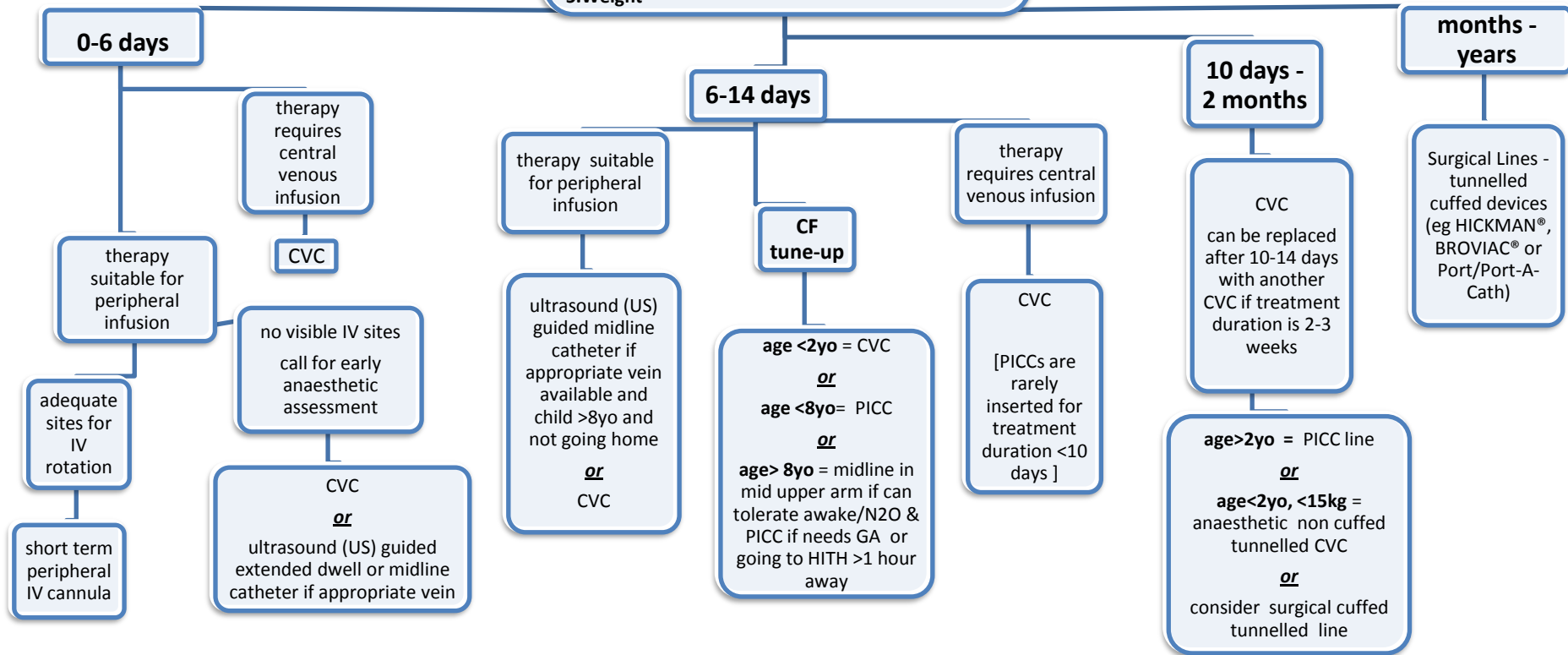
Refer also to Clinical Practice Guidelines:
 Choosing an appropriate venous access device and Venous access guidelines for cystic fibrosis tune-ups

CONSIDERATIONS:

1. Does prescribed therapy requires central venous infusion: continuous vesicant chemotherapy
 hypertonic (osmolality > 500mOsm/L)
 extremes of pH (pH <5, >9),
 TPN with >10% dextrose or >5% protein
2. Expected therapy duration
3. Medical history
4. Age
5. Weight
6. Vein status

Note on PICCS
 PICC lines have a high insertion and post insertion failure rate in children <2yo and <15kg and are not recommended

Note on midlines
 Midlines are more likely to occlude or dislodge than PICCs so not recommended <8yo or if patient going home to HITH



A PICC is a long peripherally inserted catheter with the tip in the lower SVC
A midline catheter is an 8 or 12 cm catheter inserted in the upper arm with the tip located just below the axilla
An extended dwell catheter is a 5cm catheter inserted in an arm or leg
An anaesthetic non cuffed tunnelled CVC is inserted into the IJV/SCV junction and tunnelled onto the chest wall

Therapy requires central venous infusion (see above): needs CVC. PICC, HICKMAN®, BROVIAC or port
Therapy OK for peripheral infusion: periph. IV or extended dwell