UCLA - Adult Vascular Access Planning Guidelines

Evaluate IV access needs daily
(patient does not have PICC, non-tunneled CVC, tunneled CVC or implanted port)

Duration

- Anticipate < 5 days IV therapy or blood draws
  - Good IV access (Adequate periph veins)
    - Peripheral IV
  - Poor IV access (> 3 failed PIV attempts)
    - Short-term non-tunneled CVC/Midline

- Anticipate > 5 days IV therapy or blood draws
  - > 3 Months
    - Tunneled CVC/Port
  - < 3 Months
    - PICC
    - Short-term non-tunneled CVC/Midline
    - Tunneled CVC/Port

Catheter choice
(in order of preference)

- PICC placement may be contraindicated with altered circulation such as patients with AV grafts/fistulas, history of DVT, peripheral vascular ligation, DVT, lymph node dissection, etc.
- For home IV medications, consider stable access such as a PICC/Midline catheter, tunneled CVC, or port. For patients with short-term therapy, good access, and good home care resources, a PIV may be considered.
- Please discuss with case manager. Temporary CVCs are not approved for home use.

Diagnoses that may require long term IV access:
- Abscess
- Cardiomyopathy
- Cellulitis
- Dehydration
- Endocarditis
- Hyperemesis
- Malignancies
- Transplant
- Renal Failure
- Sepsis
- Osteomyelitis
- Pneumonia

Administration through a central venous catheter is recommended for:
- Irritant Drugs-Infusions with pH < 5 or > 9
- Vesicant Drugs-Agent capable of causing tissue destruction. These medications include those with osmolality > 600 mOsm/L, chemo, and TPN with glucose > 10%.

Midline catheters are not appropriate for parental nutrition, continuous infusion of vesicant drugs, infusions with osmolality > 600 mOsm/L, and infusions with pH < 5 or > 9. These medications include but are not limited to TPN, chemotherapy agents, vancomycin, dopamine, amphotericin, and phenytoin. Please consult with a pharmacist if you are not sure if a medication can be administered through a midline catheter.

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