### Diagnoses that may require long term IV access:

- Abscess
- Cardiomyopathy
- Cellulitis
- Dehydration
- Endocarditis
- Hyperemesis
- Malignancies
- Transplant Rejection
- Osteomyelitis
- Pneumonia
- Renal Failure
- Sepsis

### Central access recommended:

- Infusions with pH < 5 or > 9
- Infusions with osmolarity > 600 mOsm/L
  - Includes TPN, chemotherapy, vesicants, vasopressors

### Plan for PICC, nontunneled CVC, tunneled CVC or Implanted port placement

- Schedule placement with physician or nurse performing the procedure
- Arrange for sedation if needed
- Order NPO based on time of planned procedure

### If nurses are unsuccessful after 3 attempts, NO ADDITIONAL IV ATTEMPTS WILL BE MADE

Utilize IV start resources*

Inform charge nurse and physician that peripheral IV access could not be obtained

Physicians should consider the following:

1. Alternatives to IV fluid or IV medication administration (PO/NG fluids and medications, IM injections)
2. If PIV needed because patient will be NPO for procedure, review NPO guidelines and confirm actual time for procedure. Anesthesia has alternatives to IV sedation (PO, IM, gas) therefore, a PIV may not be absolutely necessary
3. Placement of an EJ or nontunneled CVC by the PICU medical team

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* Pediatric charge nurses, PICC nurses, NICU charge nurse, pediatric anesthesia

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**rev 7/10**