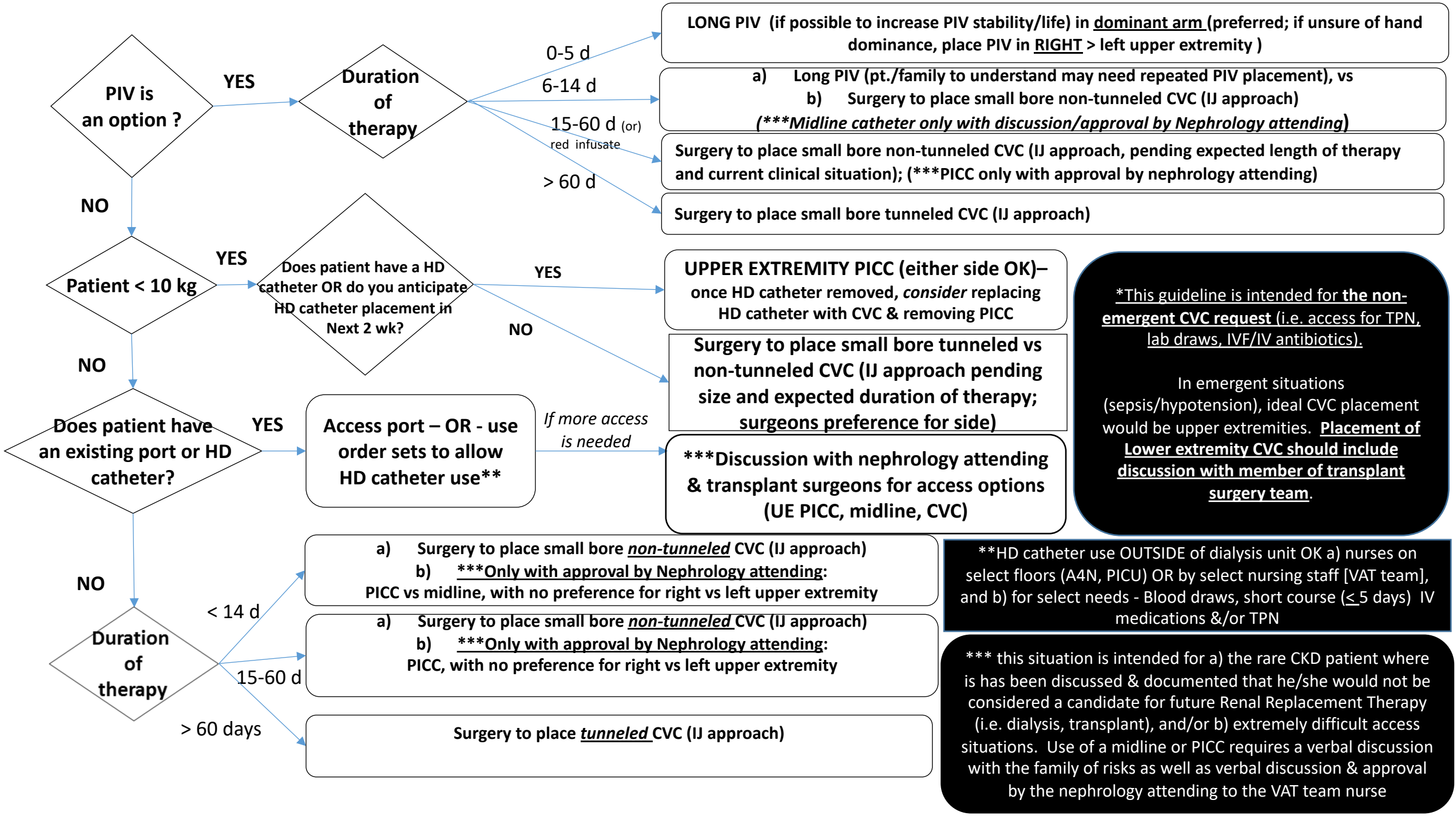
PIV is an option ?
YES
Duration of therapy
0-5 d
6-14 d
15-60 d (or) red infusate
> 60 d
LONG PIV (if possible to increase PIV stability/life) in dominant arm (preferred; if unsure of hand dominance, place PIV in RIGHT > left upper extremity)
a) Long PIV (pt./family to understand may need repeated PIV placement), vs
b) Surgery to place small bore non-tunneled CVC (IJ approach)
(***Midline catheter only with discussion/approval by Nephrology attending)
Surgery to place small bore non-tunneled CVC (IJ approach, pending expected length of therapy and current clinical situation); (***PICC only with approval by nephrology attending)
Surgery to place small bore tunneled CVC (IJ approach)
NO
Patient < 10 kg
YES
Does patient have a HD catheter OR do you anticipate HD catheter placement in Next 2 wk?
YES
NO
UPPER EXTREMITY PICC (either side OK)– once HD catheter removed, consider replacing HD catheter with CVC & removing PICC
Surgery to place small bore tunneled vs non-tunneled CVC (IJ approach pending size and expected duration of therapy; surgeons preference for side)
NO
Does patient have an existing port or HD catheter?
YES
Access port – OR - use order sets to allow HD catheter use**
If more access is needed
***Discussion with nephrology attending & transplant surgeons for access options (UE PICC, midline, CVC)
*This guideline is intended for the non-emergent CVC request (i.e. access for TPN, lab draws, IVF/IV antibiotics).
In emergent situations (sepsis/hypotension), ideal CVC placement would be upper extremities. Placement of Lower extremity CVC should include discussion with member of transplant surgery team.
NO
Duration of therapy
< 14 d
15-60 d
> 60 days
a) Surgery to place small bore non-tunneled CVC (IJ approach)
b) ***Only with approval by Nephrology attending:
PICC vs midline, with no preference for right vs left upper extremity
a) Surgery to place small bore non-tunneled CVC (IJ approach)
b) ***Only with approval by Nephrology attending:
PICC, with no preference for right vs left upper extremity
Surgery to place tunneled CVC (IJ approach)
**HD catheter use OUTSIDE of dialysis unit OK a) nurses on select floors (A4N, PICU) OR by select nursing staff [VAT team], and b) for select needs - Blood draws, short course (≤ 5 days) IV medications &/or TPN
*** this situation is intended for a) the rare CKD patient where is has been discussed & documented that he/she would not be considered a candidate for future Renal Replacement Therapy (i.e. dialysis, transplant), and/or b) extremely difficult access situations. Use of a midline or PICC requires a verbal discussion with the family of risks as well as verbal discussion & approval by the nephrology attending to the VAT team nurse