

# Vascular Access Device Tracking Form

Patient Name: \_\_\_\_\_ Medical Number: \_\_\_\_\_

**DISCHARGE/TRANSFER to Long Term Care Facility or home care agency:**

- This completed form AND
- Copy of Chest X-RAY or Fluoroscopy report (for PICC or other Central Venous Catheter) indicating catheter tip placement.

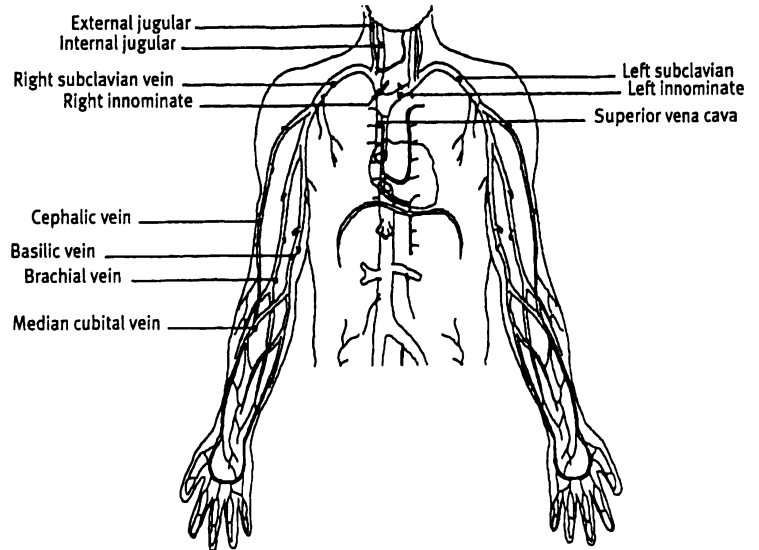
Date Inserted	Insertion Site	Gauge or French size	# of lumens	Total catheter length	Internal length	External length: Measured from exit site to _____	Arm circumference	
							10 cm above exit site	10 cm below exit site
				_____ cm	_____ cm	_____ cm	_____ cm	_____ cm

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Catheter Types:**

- Midline:** *peripheral tip location*
  - open-ended
  - Groshong
  - PASV
- PICC:** *peripherally inserted central catheter*
  - open-ended
  - Groshong
  - PASV
  - Power PICC
- Midclavicular:** *peripheral tip location*
- Other:** \_\_\_\_\_

See reverse side for INS Definitions



**INDICATE INSERTION SITE ON ILLUSTRATION**

**Rationale for vascular access device placement:**

- Poor venous access
- Long Term Therapy
- Other \_\_\_\_\_

Facility placing device: \_\_\_\_\_

Contact person: \_\_\_\_\_ Dept: \_\_\_\_\_

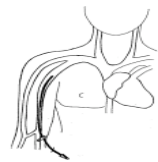
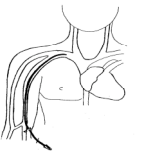
Phone: \_\_\_\_\_

- Patient Education:**
- written (booklet/materials)
  - verbal
  - needs further education
  - none given/comments \_\_\_\_\_

# VASCULAR ACCESS DEVICE IDENTIFICATION GUIDE

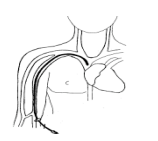

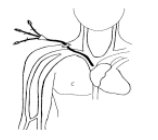
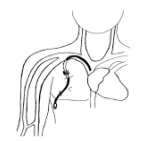
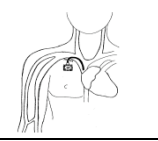
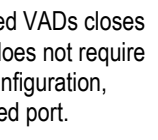
## PERIPHERAL ACCESS DEVICES:

Recommended infusates include pH > 5 and < 9 / Osmolality < 600 mOsm/liter. Therapies not appropriate include, but are not limited to, continuous vesicant therapy and parenteral nutrition (INS Standards of Practice S38).

<p><b>Midline:</b> catheter is between 3 to 8 inches in length; catheter tip dwells in the basilic, cephalic, or brachial vein, at or below the axillary level and distal to the shoulder (INS Standards of Practice S39 &amp; S42).</p>	
<p><b>Midclavicular:</b> catheter is threaded through the basilic, cephalic or brachial vein with the catheter tip dwelling in the subclavian or brachiocephalic (innominate) vein, but does not reach the SVC. <i>Note: tip location is sub-optimal, not preferred and generally not used due to possible increased risk of thrombosis.</i></p>	

## CENTRAL VASCULAR ACCESS DEVICES (CVAD):

Recommended infusates include pH < 5 or > 9 / Osmolarity > 600 mOsm/Liter, continuous vesicant therapy, parenteral nutrition, long term therapies, irritating infusates, and for limited venous access for therapy prescribed. The INS, FDA, and AVA define the optimal tip location for CVADs as dwelling in the lower one third of the superior vena cava (SVC) to the junction of the SVC and the right atrium (INS Standards of Practice S42).

<p><b>Peripherally Inserted Central Catheter (PICC) CVAD:</b> catheter is inserted via the basilic, median cubital, cephalic, or brachial vein with the catheter tip advanced into the SVC as noted above (INS Standards of Practice S38 &amp; S42).</p>	
<p><b>Jugular CVAD:</b> direct percutaneous insertion into the internal jugular vein, tip threaded to the SVC.</p>	
<p><b>Subclavian CVAD:</b> direct percutaneous insertion into the subclavian vein, tip threaded to the SVC.</p>	
<p><b>Tunneled non-cuffed CVAD:</b> short SC tunnel tract from skin insertion to vein entry, which is either the subclavian or jugular vein. Not cuffed, so must be sutured in place. Most common brand is the Hohn, a white silicone catheter.</p>	
<p><b>Tunneled, cuffed CVAD:</b> external portion is tunneled through SC tissue, vein entry is a few inches away from the skin insertion site. A Dacron cuff on the tunneled part of the catheter serves to anchor the device in place.</p>	
<p><b>Implanted Port:</b> The catheter is usually inserted through the jugular or subclavian vein or through the basilic vein of the arm with the tip advanced into the SVC. The catheter is tunneled through subcutaneous tissue and is attached to a small chamber (port) implanted under the skin.</p>	
<p><b>Groshong or PASV:</b> The integral valve at the tip or inside the hub of these specially designed VADs closes as soon as IV flow stops. This design prevents blood from refluxing into the catheter tip and does not require heparin flushing to maintain patency. These valved devices are available in every catheter configuration, including: midline, PICC, Subclavian or Jugular non-tunneled, tunneled catheter, and implanted port.</p>	

Illustrations by Fran Powers, MA, MEd, CRNI, PharMerica, used with permission.

References: *Infusion Nurses Society (INS) Standards of Practice 2006; INS Position Paper 1998; FDA patient Safety News: Show #1, February 2002: Cardiac Perforation and Tamponade: The Deadly Duo of Central Venous Catheters; Association for Vascular Access (AVA) Position Paper 1998.*

## VAD TRACKING TOOL GOALS

- Provide a simple way to identify the vascular access device (VAD) when the patient is transferred between facilities.
- Provide continuity of care
- Prevent disruptions in therapy
- Provide an educational reference

## ANTICIPATED OUTCOMES

- Improved communication between transferring facilities
- Improved patient satisfaction
- Consistent and appropriate care for the patient's VAD
- Increased awareness of the different types of VADs and their use.