

What Line Is It Anyway?

What line is it?

Where is the tip?

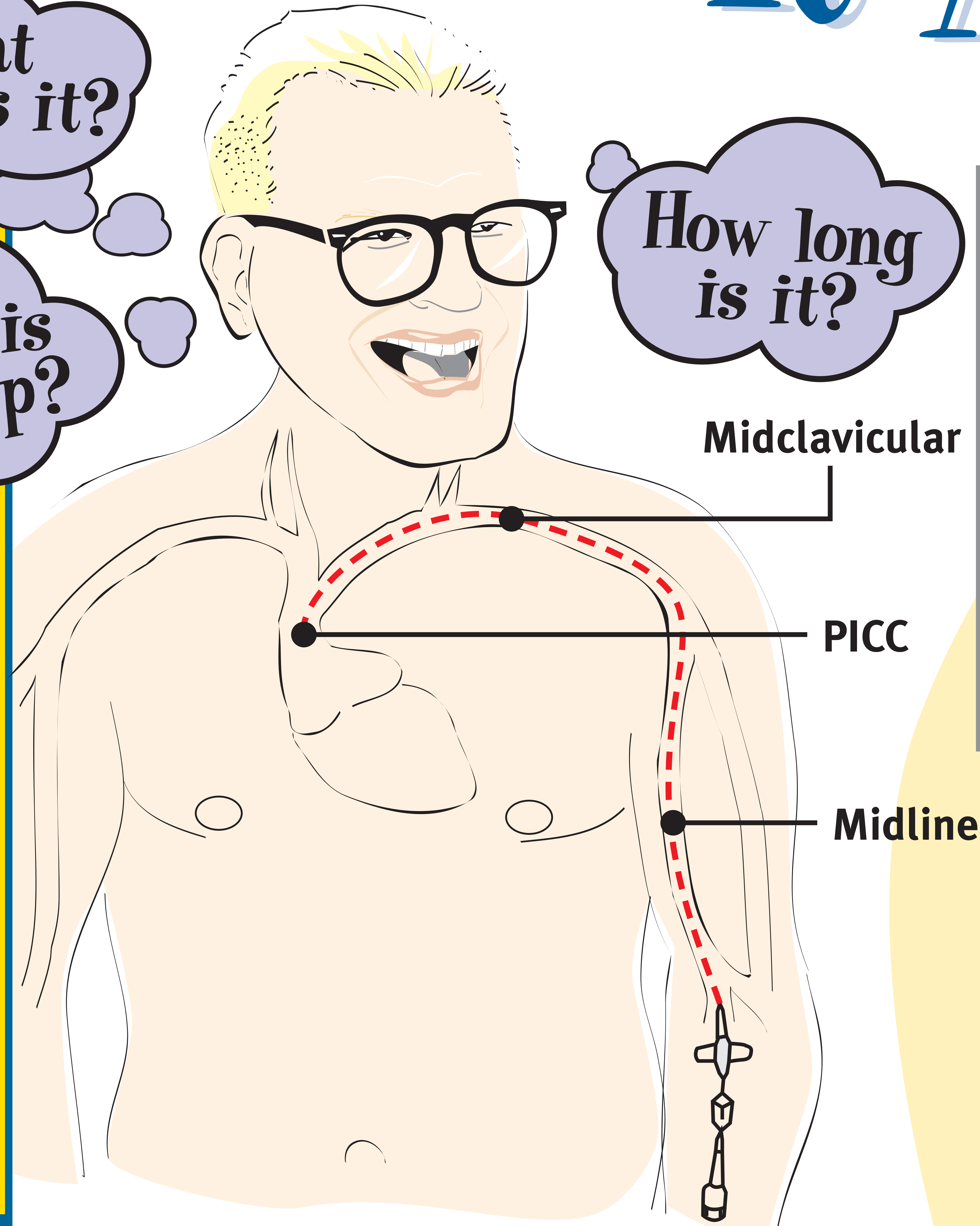
How long is it?

GOALS

- Provide a simple way to identify the vascular access device (VAD) when the patient is transferred between facilities
- Transfer vital VAD information from one facility to another in a standardized, user-friendly format
- Provide continuity of care
- Prevent disruptions and delays 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



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).

Midline: 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 & S42).

Midclavicular: 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. **Note:** tip location is sub-optimal, not preferred and generally not used due to possible increased risk of thrombosis.

CENTRAL VASCULAR ACCESS DEVICES (CVAD):
Recommended infusates include pH < 5 or > 9 / Osmolality > 600 mOsm/Liter, continuous vesicant therapy, parenteral nutrition, long term therapies, irritant 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).

Peripherally Inserted Central Catheter (PICC) CVAD: 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 & S42).

Jugular CVAD: direct percutaneous insertion into the internal jugular vein, tip threaded to the SVC.

Subclavian CVAD: direct percutaneous insertion into the vein threaded to the SVC.

Tunneled, non-cuffed CVAD: short SC tunnel tract for which is either the subclavian or jugular vein. Not cuffed. Most common brand is the Hohn, a white silicone cath.

Tunneled, cuffed CVAD: external portion is tunneled a few inches away from the skin insertion site. A Dacron catheter serves to anchor the device in place.

Implanted Port: The catheter is usually inserted through vein or through the basilic vein of the arm with the tip of catheter is tunneled through subcutaneous tissue and (port) implanted under the skin.

Groshong or PASV: The integral valve at the tip or in as soon as IV flow stops. This design prevents blood from backflowing to maintain patency. These valves do not include midline, PICC, Subclavian or Jugular non-tunneled.

References: Infusion Nurses Society (INS) Standards of Practice for Vascular Access, 2017. *INS Standards of Practice for Vascular Access*.
Central Venous Catheters: Association for Vascular Access, 2017. *AVS Standards of Practice for Vascular Access*.

Illustrations by Fran Powers, MA, MEd, CRNI, PhD

Use this handy form!

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	Catheter length (tip to hub)	Internal length	External length (insertion site to hub)		Arm circumference	
						Upper	Lower	Upper	Lower

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

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