INPATIENT GUIDELINES FOR CENTRAL LINE ACCESS

Central Lines for Emergent Placement

**Immediate Management** during Code Blue or Rapid Responses

- IO
- CVC/Cordis

If CVC/Cordis is a crash line, the line must be changed within 24 hours

- Resuscitation without any other indications for Central Access
- PIV x 2 attempts, x 2 RNs

- CVC

Central Lines for Non-Emergent Placement

**Short Term Management for:**
- Central Venous Pressure monitoring
- Central Venous Sampling
- Resuscitation; Volume or Blood
- TPN/Medication Administration (irritants)
- Vasoactive medication in the OR/ICU/ED

- CVC

**Long term Management for:**
- IV fluids/TPN/IV Abx Chemotherapy administration that will be given over an extended period.
- Requirement for repeated, periodic blood sampling

- PICC*

< 7 Days

1-4 Weeks***

< 3 Months

> 3 Months

Key

- **IO:** Intraosseous
- **CVC:** Non-Tunneled, Central Venous Catheter
- **PICC:** Peripherally Inserted Central Catheter
- **PIV:** Peripheral Intravenous Catheter
- **TUN:** Tunneled, Central Venous Catheter
- **Port:** Implanted Port

† It may be clinically appropriate to place a PICC for <7 days therapy. Consult PICC team. It is recommended that CVC be considered first.

* It is strongly recommended that Patients with ESRD not have a PICC due to eventual need for dialysis access. Consult Renal.

± If PICC is needed sooner than when the placement can be scheduled, proceed to CVC placement. **A PICC is never appropriate for resuscitation or CVP monitoring**

** See Long Term CVAD CPOE order for Indications for TUN lines and Ports. (Guidelines available on reverse)

*** For IV ABX needed for > 2 weeks an ID or Antimicrobial Stewardship Team consult is strongly recommended.