

CENTRAL VASCULAR DEVICE INSERTION REQUEST FORM for the wards

Full Name:
HCR

Patient Name	<u> </u>			HcRN:	Todovia Data			
Patient Name				nckiv:	Today's Date			
Urgency	□ < 7 Days	□ <3 Days		<24hours	SAP			
PATIENT HISTORY & DIAGNOSIS								
Reason for Centr	Reason for Central venous access:							
□ ATB □	TPN □ ot	her medication \qed	Bloo	d sampling				
□ Haemofiltration	on / hemodialysis	□ Other						
F	-£ +b							
□ < 2 Weeks		recommended lines:	Mooks	□ At least:	□ Weeks			
□ < 2 Weeks □ < 6 Weeks □ > 6 Weeks □ At least: □ Weeks □ Central line/midline/PICC □ PICC line □ Broviac □ Vascath / Permcath								
Preferred number of lumens:								
□ 1 lumen □ 2 lumens □ 3 lumens								
Please note, that more lumens means more complications, so try to keep it at minimum required.								
(For blood samples there is no need for dedicated lumen. Blood can be taken during changing the TPN infusions)								
Previous central venous access:								
□ Yes < 2 weeks ago □ Yes > 2 weeks ago □ No, never								
Coagulation tests, Platelets count normal: ☐ Yes ☐ No ☐ Not checked Date:								
Active infection:								
History of venous thrombosis: Yes No If yes, please give details:								
Doppler checked	: □ Yes □	No						
Results:								
Fasting status (if GA required):								
Last solid food:								
Last clear drink:								
Line approved by Consultant Anaesthetist / Consultant Surgeon:								
Name of the consultant & a type of the line approved: Contact Consultant Surgeon, if line needed >6 weeks								
Contact Consultant Surgeon, if fine needed >6 weeks								
Ordering Consultant is taking responsibility for the management of Central Vascular device								
Ordering Consult	ant (Printed name):			Ordering Consultant (Signature):			



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Type of Line	Type of access	Location	Length of usage					
Peripherally Inserted Central Catheter PICC	 Short-term venous access devices Inserted under local anaesthetic 	 Brachial, cephalic, median-cubital or scalp vein placement Single or multiple lumens 	0 days to 6 weeks					
Midline	 Short-term venous access devices Inserted under local anaesthetic 	 Brachial, cephalic, median-cubital or scalp vein placement Single or multiple lumens 	0 days to 6 weeks					
Midlines can be used for antibiotic therapy, and fluids, blood transfusions, although not for concentrated TPN intended to use for centrally located catheters. So midline catheters should not be used for any solution containing greater than 10 percent dextrose or 5 percent protein, or any vesicant or caustic solution								
Central Venous Catheter	Short term central device inserted under general anaesthetic	Single or multiple lumensRight or left internal jugular usually preferredSutured in place	7-10 days					
Tunnelled Hickman or Broviac	Known to the children in CHI at Crumlin as "Freddy"	 Infra-clavicular placement Single or multiple lumens Dissolvable sutures are used. Dacron cuff. Can be felt under the skin. Inform medical staff if the Dacron cuff is visible, as this is an indication that the catheter has moved. 	Indefinite					
Implanted Venous Access Port (Implantofix)	 Totally implanted venous access device Inserted under general anaesthetic Accessed through the skin using a non-coring needle 	 Intradermal Dome-shaped Incision scar often seen across, above, or below the dome Palpable 	Indefinite					
Umbilical Venous Catheter	Used in neonatal units	Inserted via the umbilical vein in the umbilical cord, with the tip of the catheter positioned at the junction of the inferior vena cava (IVC) with the right atrium. It is above the diaphragm and beyond the liver at T9-T10	3-7 days					
Non-tunnelled Permcath/Vascath	Used predominately for Haemofiltration or plasmapheresis	 Permcath are non-tunnelled long term lines used for haemodialysis or plasmapheresis. Vascaths are temporary non tunnelled lines used for maximum of three weeks for haemodialysis and Haemofiltration or plasmapheresis 	Indefinite Max 3 weeks					