

**CENTRAL VASCULAR DEVICE INSERTION  
 REQUEST FORM  
 for the wards**

Full Name: .....  
 Address: Addressograph  
 .....  
 HCR:.....  
 .....

<b>Patient Name</b>		<b>HcRN:</b>	<b>Today's Date</b>
<b>Urgency</b>	<input type="checkbox"/> < 7 Days <input type="checkbox"/> <3 Days <input type="checkbox"/> <24hours <input type="checkbox"/> <ASAP		
<b>PATIENT HISTORY &amp; DIAGNOSIS</b>			
<b>Reason for Central venous access:</b>			
<input type="checkbox"/> ATB <input type="checkbox"/> TPN <input type="checkbox"/> other medication <input type="checkbox"/> Blood sampling <input type="checkbox"/> Haemofiltration / hemodialysis <input type="checkbox"/> Other			
<b>Expected length of therapy and recommended lines:</b>			
<input type="checkbox"/> < 2 Weeks <input type="checkbox"/> < 6 Weeks <input type="checkbox"/> > 6 Weeks <input type="checkbox"/> At least: <input type="checkbox"/> Weeks <input type="checkbox"/> Central line/midline/PICC <input type="checkbox"/> PICC line <input type="checkbox"/> Broviac <input type="checkbox"/> Vascath / Permcath			
<b>Preferred number of lumens:</b>			
<input type="checkbox"/> 1 lumen <input type="checkbox"/> 2 lumens <input type="checkbox"/> 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)			
<b>Previous central venous access:</b>			
<input type="checkbox"/> Yes < 2 weeks ago <input type="checkbox"/> Yes > 2 weeks ago <input type="checkbox"/> No, never			
<b>Coagulation tests, Platelets count normal:</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not checked            Date:			
<b>Active infection:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Isolation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Details:</i>			
<b>History of venous thrombosis:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please give details:</i>			
<b>Doppler checked:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>Results:</i>			
Fasting status (if GA required):			
Last solid food:			
Last clear drink:			
<b>Line approved by Consultant Anaesthetist / Consultant Surgeon:</b>			
<i>Name of the consultant &amp; a type of the line approved:</i>			
<b>Contact Consultant Surgeon, if line needed &gt;6 weeks</b>			
<b>Contact Consultant Anaesthetist / Intensivist if line needed &lt;6 weeks</b>			
<b>Ordering Consultant is taking responsibility for the management of Central Vascular device</b>			
<b>Ordering Consultant (Printed name):</b>		<b>Ordering Consultant (Signature):</b>	

**CENTRAL VASCULAR DEVICE INSERTION  
 REQUEST FORM  
 for the wards**

Full Name: .....  
 Address: **Addressograph**  
 .....  
 HCR:.....  
 .....

Type of Line	Type of access	Location	Length of usage
<b>Peripherally Inserted Central Catheter PICC</b>	<ul style="list-style-type: none"> <li>Short-term venous access devices</li> <li>Inserted under local anaesthetic</li> </ul>	<ul style="list-style-type: none"> <li>Brachial, cephalic, median-cubital or scalp vein placement</li> <li>Single or multiple lumens</li> </ul>	0 days to 6 weeks
<b>Midline</b>	<ul style="list-style-type: none"> <li>Short-term venous access devices</li> <li>Inserted under local anaesthetic</li> </ul>	<ul style="list-style-type: none"> <li>Brachial, cephalic, median-cubital or scalp vein placement</li> <li>Single or multiple lumens</li> </ul>	0 days to 6 weeks
<p><i>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</i></p>			
<b>Central Venous Catheter</b>	<ul style="list-style-type: none"> <li>Short term central device inserted under general anaesthetic</li> </ul>	<ul style="list-style-type: none"> <li>Single or multiple lumens</li> <li>Right or left internal jugular usually preferred</li> <li>Sutured in place</li> </ul>	7-10 days
<b>Tunnelled Hickman or Broviac</b>	<ul style="list-style-type: none"> <li>Known to the children in CHI at Crumlin as "Freddy"</li> </ul>	<ul style="list-style-type: none"> <li>Infra-clavicular placement</li> <li>Single or multiple lumens</li> <li>Dissolvable sutures are used.</li> <li>Dacron cuff. Can be felt under the skin.</li> <li>Inform medical staff if the Dacron cuff is visible, as this is an indication that the catheter has moved.</li> </ul>	Indefinite
<b>Implanted Venous Access Port (Implantofix)</b>	<ul style="list-style-type: none"> <li>Totally implanted venous access device</li> <li>Inserted under general anaesthetic</li> <li>Accessed through the skin using a non-coring needle</li> </ul>	<ul style="list-style-type: none"> <li>Intradermal</li> <li>Dome-shaped</li> <li>Incision scar often seen across, above, or below the dome</li> <li>Palpable</li> </ul>	Indefinite
<b>Umbilical Venous Catheter</b>	<ul style="list-style-type: none"> <li>Used in neonatal units</li> </ul>	<ul style="list-style-type: none"> <li>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</li> </ul>	3-7 days
<b>Non-tunnelled Permcath/Vascath</b>	<ul style="list-style-type: none"> <li>Used predominately for Haemofiltration or plasmapheresis</li> </ul>	<ul style="list-style-type: none"> <li>Permcath are non-tunnelled long term lines used for haemodialysis or plasmapheresis.</li> <li>Vascaths are temporary non tunnelled lines used for maximum of three weeks for haemodialysis and Haemofiltration or plasmapheresis</li> </ul>	Indefinite Max 3 weeks