

**To describe the implementation of nursing-based venous access team (VAT) and standardized interventional radiology (IR) protocols in accordance with Kidney Disease Outcomes Quality Initiative (K/DOQI) guidelines to provide central venous access while preserving peripheral veins in patients with chronic kidney disease (CKD)” Chick et al (2017).**

Abstract:

**PURPOSE:** To describe the implementation of nursing-based venous access team (VAT) and standardized interventional radiology (IR) protocols in accordance with Kidney Disease Outcomes Quality Initiative (K/DOQI) guidelines to provide central venous access while preserving peripheral veins in patients with chronic kidney disease (CKD).

**MATERIALS AND METHODS:** Review of peripherally inserted central catheter (PICC) and small-bore central catheter (SBCC) referral and placement data from VAT and IR databases was conducted over a 12-year period. SBCC referral was automatic for patients with creatinine levels  $\geq 3$  mg/dL or a renal transplant regardless of creatinine level unless dialysis was not planned. All SBCC insertions, regardless of referral source, were identified and reviewed, and SBCC placements prompted by K/DOQI PICC contraindication were identified. Catheter types, indications, access sites, technical success, and complications were ascertained.

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**RESULTS:** A total of 35,781 requests for PICC placement were made to the VAT; 1,889 (5%) were referred to IR for SBCC placement per institutional policy, and 2,200 SBCCs were attempted or newly placed during this period, 1,879 (85%) based on K/DOQI contraindications. Primary indication for SBCC placement was antibiotic therapy (59%). Access sites included right internal jugular vein (IJV) (70%), left IJV (24%), right external jugular vein (EJV) (3%), left EJV (2%), right common femoral vein (CFV) (0.3%), and left CFV

(0.2%). Technical success rate of SBCC insertion was 99%. Six minor (0.3%) and three major (0.1%) complications occurred.

**CONCLUSIONS:** Automatic referral for SBCC placement in patients with CKD via VAT and IR protocols may eliminate PICC placement and thereby protect peripheral veins needed for hemodialysis. SBCC placement has high technical success and low complication rates.

Reference:

Chick, J.F., Reddy, S.N., Yam, B.L., Kobrin, S. and Trerotola, S.O. (2017) Institution of a Hospital-Based Central Venous Access Policy for Peripheral Vein Preservation in Patients with Chronic Kidney Disease: A 12-Year Experience. *Journal of Vascular and Interventional Radiology*. January 19th. .

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