	Device	PIV Peripheral Intravenous Catheter	MC Midline Catheter	PICC Peripherally Inserted Central Line Catheter	
	Site	Inserted into a peripheral vein and ends just proximal to the insertion site.	Inserted into a peripheral vein (basilic, cephalic, or brachial vein) and ends at the mid-chest.	Inserted into a peripheral vein (usually basilic or brachial) and ends at the superior vena cava.	
UIDE	Insertion	A vein that can support an IV catheter.	Ultrasound-guided insertion by a qualified provider.	Chest x-ray to ensure proper placement.	
0		Administration of medications, fluids, blood products and to collect blood specimens.			
EVICE (VAD	Indications	Access needed short term.	Access needed for 2-4 weeks.	Access needed long-term (>4 weeks), TPN, chemotherapy, and irritant therapies that can cause chemical phlebitis (e.g., Vancomycin and Nafcillin).	
	ks	Infiltration, inflammation of vein (phlebitis), infection at insertion site, bruising (hematoma), or bleeding at insertion site.			
ASCULAR ACCESS DEVICE (VAD) GUIDE	Complications/Risks	Blood clot formation around the catheter (thrombosis), catheter dislodgement, and/or blown vein.		Peripheral or DVT. Because the PICC line is deep within the bloodstream, it can provide a pathway for bacteria to enter the body causing bloodstream infections.	
VASCUL	Organizat U.S. Depa official vie	ion (QIN-QIO) under contract with rtment of Health and Human Servic	the Centers for Medicare & Med es (HHS). Views expressed in this my reference to a specific produc	vation Network-Quality Improvement icaid Services (CMS), an agency of the material do not necessarily reflect the t or entity herein does not constitute b612-09/07/23	

	Device	הכיורכ	PIV Peripheral Intravenous Catheter	MC Midline Catheter	PICC Peripherally Inserted Central Line Catheter
SUIDE	Ci+o	סווב	Inserted into a peripheral vein and ends just proximal to the insertion site.	Inserted into a peripheral vein (basilic, cephalic, or brachial vein) and ends at the mid-chest.	Inserted into a peripheral vein (usually basilic or brachial) and ends at the superior vena cava.
	Incortion		A vein that can support an IV catheter.	Ultrasound-guided insertion by a qualified provider.	Chest x-ray to ensure proper placement.
0			Administration of medications, fluids, blood products and to collect blood specimens.		
VICE (VAD	Indications	Indications	Access needed short term.	Access needed for 2-4 weeks.	Access needed long-term (>4 weeks), TPN, chemotherapy, and irritant therapies that can cause chemical phlebitis (e.g., Vancomycin and Nafcillin).
	U J	ks	Infiltration, inflammation of vein (phlebitis), infection at insertion site, bruising (hematoma), or bleeding at insertion site.		
ASCULAR ACCESS DEVICE (VAD) GUIDE	Complications / Dis		Blood clot formation around the catheter (thrombosis), catheter dislodgement, and/or blown vein.		Peripheral or DVT. Because the PICC line is deep within the bloodstream, it can provide a pathway for bacteria to enter the body causing bloodstream infections.
VASCUL	Orgar U.S. D officia	nizati Depai al vie	ion (QIN-QIO) under contract with tment of Health and Human Servic	the Centers for Medicare & Med es (HHS). Views expressed in this my reference to a specific produc	vation Network-Quality Improvement icaid Services (CMS), an agency of the material do not necessarily reflect the ct or entity herein does not constitute 6612-09/07/23

Complications/Risks	Indications	Insertion	Site	Device
Infiltration, inflammat site, bruising (hemato Blood clot formation around the catheter (thrombosis), catheter dislodgement, and/or blown vein.	Administration of mee blood specimens. Access needed short term.	A vein that can support an IV catheter.	Inserted into a peripheral vein and ends just proximal to the insertion site.	PIV Peripheral Intravenous Catheter
Infiltration, inflammation of vein (phlebitis), infection at insertion site bruising (hematoma), or bleeding at insertion site. Blood clot formation Artery, vein, or around the catheter embolism, device the PICC (thrombosis), catheter embolization, and ine is deep within dislodgement, and/or embolization, and it can provide catheter a pathway for blown vein.	Access needed for 2-4 weeks.	Ultrasound-guided insertion by a qualified provider.	Inserted into a peripheral vein (basilic, cephalic, or brachial vein) and ends at the mid-chest.	MC Midline Catheter
infection at insertion rertion site. Peripheral or DVT. Because the PICC line is deep within the bodystraam, it can provide a pathway for bacteria to enter the body causing bloodstream infections.	blood products and to collect Access needed long-term (>4 weeks), TPN, chemotherapy, and irritant therapies that can cause chemical phlebitis (e.g.,Vancomycin and Nafcillin).	Chest x-ray to ensure proper placement.	Inserted into a peripheral vein (usually basilic or brachial) and ends at the superior vena cava.	Peripherally Inserted Central Line Catheter

PICC	or AV graft/ ig the insertion vice stabilization	History of venous thrombosis and/or ascular surgical procedures at the prospective placement site.	Preserves peripheral veins, reduces risk of phebitis, infiltration, and air embolism, eliminates complications such as preumothorax and great vessel perforation perforation in the neck or chest, allows central venous allows central venous pressure (CVP) monitoring.	Недини имолнов		
	ffectin ent dev	Hist throid proc place	Press veins phle and i elimi as pr as pr asso centi in th in th in th press press mon			
MC	o surgery (e.g., maste y) or skin conditions a actors which will preve	Contrinuous infusions with a substance that can substance that can blistering, blistering, sloughing, or necrosis when necrosis when it escapes from the vain into the vain into the value, total parenteral nutrition (TPN), history of venous thrombosis. The stricted blood flow to extremities, peripheral circulatory impairment, peripheral circulatory dissection.	Reduces the risk of infection and venous stenosis. Keduces repeated venipunctures.			
PIV	Limitations to arm due to surgery (e.g., mastectomy or AV graft/ fistula in same extremity) or skin conditions affecting the insertion area. Local skin/tissue factors which will prevent device stabilization or device access.	Local skin infection, inflammation, trauma or burns, need for long-term IV access, lymphedema, access, lymphedema, access (IVT) in thrombosis (IVT) in three extremity of the intravenous device.	Easier to place. Does not require ultrasound or chest x-ray for verification.			
	Advantages Contraindications					
	VASCULAR ACCESS DEVICE (VAD) GUIDE					

CE (VAD) GUIDE	Contraindications	Local skin infection, inflammation, trauma or burns, need for long-term IV access, lymphedema, or deep vein thrombosis (DVT) in the extremity of the intravenous device.	Continuous infusions with a substance that can cause tissue blistering, sloughing, or necrosis when it escapes from the vein into surrounding tissue, total parenteral nutrition (TPN), chemotherapy, history of venous thrombosis, restricted blood flow to extremities, peripheral circulatory impairment, peripheral neuropathy, or lymph node dissection.	History of venous thrombosis and/or vascular surgical prospective placement site.
ASCULAR ACCESS DEVICE (VAD) GUIDE	Advantages	Easier to place. Does not require ultrasound or chest x-ray for verification.	Reduces the risk of infection and venous stenosis. Reduces repeated venipunctures.	Preserves peripheral veins, reduces risk of phlebitis, infiltration, and air embolism, eliminates complications such as pneumothorax and great vessel perforation associated with central line insertions in the neck or chest, allows central venous pressure (CVP) monitoring.
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Limitations to arm due to surgery (e.g., mastectomy or AV graft/ fistula in same extremity) or skin conditions affecting the insertion area. Local skin/tissue factors which will prevent device stabilization or device access.

PICC

PIV

		PIV	МС	PICC	
		Limitations to arm due to surgery (e.g., mastectomy or AV graft/ fistula in same extremity) or skin conditions affecting the insertion area. Local skin/tissue factors which will prevent device stabilization or device access.			
ASCULAR ACCESS DEVICE (VAD) GUIDE	Contraindications	Local skin infection, inflammation, trauma or burns, need for long-term IV access, lymphedema, or deep vein thrombosis (DVT) in the extremity of the intravenous device.	Continuous infusions with a substance that can cause tissue blistering, sloughing, or necrosis when it escapes from the vein into surrounding tissue, total parenteral nutrition (TPN), chemotherapy, history of venous thrombosis, restricted blood flow to extremities, peripheral circulatory impairment, peripheral neuropathy, or lymph node dissection.	History of venous thrombosis and/or vascular surgical procedures at the prospective placement site.	
	Advantages	Easier to place. Does not require ultrasound or chest x-ray for verification.	Reduces the risk of infection and venous stenosis. Reduces repeated venipunctures.	Preserves peripheral veins, reduces risk of phlebitis, infiltration, and air embolism, eliminates complications such as pneumothorax and great vessel perforation associated with central line insertions in the neck or chest, allows central venous pressure (CVP) monitoring.	
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