

Comparison of Vascular Access Lines

Types:	Duration:	Indication:	Description:	Intervention 1:	Intervention 2:	Intervention 3:
PICC line: peripherally inserted central catheter	Temporary	Long term parenteral nutrition, chemotherapy or antibiotic therapy	Silicone catheter, PICC is in a peripheral vein and threaded through the subclavian vein and into the superior vena cava	Good sterile technique. Withdraw blood from PICC line > 2 fr with a 10 cc or larger syringe to withdraw heparin.	IV fluid can be administered after withdrawing 1 – 3 cc of heparin	If no blood return do not use this line. For priority 1 patient obtain medical direction for possible use of line.
Broviac, Hickman catheters: both have external clamps. Groshong catheters: do not have external clamps. Cook catheters: will be sutured into the neck area. Hohne catheters: will be sutured into the chest area.	Partially implanted Generally short duration placement	Long term parenteral nutrition, chemotherapy, antibiotic therapy, multiple blood draws	Chest wall, with one end of the catheter outside the body, and the other end through the subclavian vein into the superior vena cava. They are single, double and triple lumen. Site must be kept dry. Must have a non-crushing clamp readily available in case of damage to the line	Good sterile technique. Withdraw blood from line with a 10 cc or larger syringe to withdraw heparin.	IV fluid can be administered after withdrawing 1 – 3 cc of heparin	If no blood return do not use this line. For priority 1 patient obtain medical direction for possible use of line.
Mediports or infusa ports: secured under the skin of the chest.	Totally implanted	Long term parenteral nutrition, chemotherapy or antibiotic therapy, multiple blood draws	Chest wall, with one end of the catheter outside the body, and the other end through the subclavian vein into the superior vena cava. The hub is metal or plastic with a self sealing injection port. Single or double port. No limits on clothing or activity.	Good sterile technique. Withdraw blood from line with a 10 cc or larger syringe to withdraw heparin. Use a Huber needle (non- cutting needle) if available, if emergency use a straight needle	IV fluid can be administered after withdrawing 1 – 3 cc of heparin	If no blood return do not use this line. For priority 1 patient obtain medical direction for possible use of line.