

FOR HEALTHCARE PROVIDER USE ONLY.
THIS INFORMATION IS FOR REFERENCE PURPOSES ONLY AND DOES NOT
SUBSTITUTE THE CLINICAL JUDGMENT OF THE HEALTHCARE PROVIDER.

TYPES AND USES OF VENOUS ACCESS DEVICES

PERIPHERAL DEVICES¹

Typically inserted in the hand, arm, or foot with lines that terminate within the extremities

CENTRAL DEVICES¹

Peripheral or central lines that terminate in veins within the thorax



Some infused treatments must be administered by a healthcare provider (HCP). This can be done at an infusion center, a doctor's office, a hospital, or at home.



Other infused treatments may be administered by a trained caregiver at home. While an HCP will need to monitor the patient, they do not need to be present during home infusions.²

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PERIPHERAL DEVICES – Conventional peripheral intravenous (PIV)

WHEN TO USE

For short-term access

Replace and rotate site at least every 72 to 96 hours

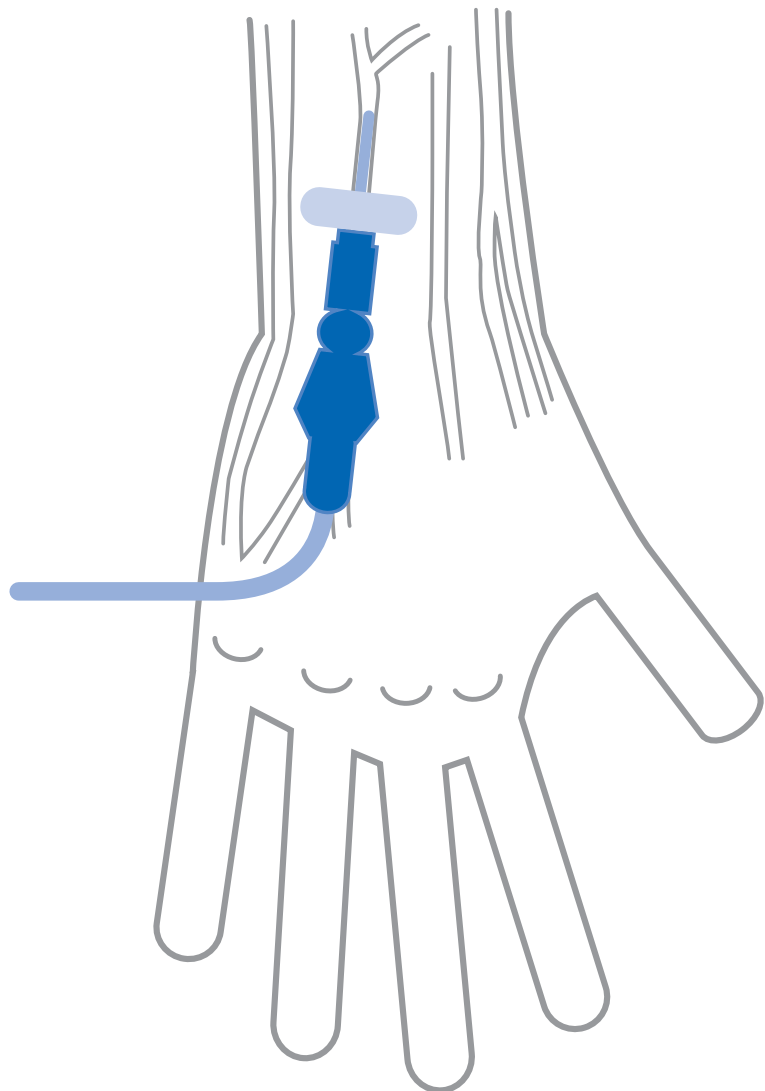
WHEN TO AVOID

When access is needed for more than a few days, as longer use increases expense and risk for complications

POSSIBLE COMPLICATIONS

These are not all of the possible complications. Please see device instructions for complete safety information.

Infection; rates of infiltration (leakage) and phlebitis increase dramatically with increased dwell time; regular site rotation makes outpatient treatment more complex



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PERIPHERAL DEVICES – Midline peripheral catheter

WHEN TO USE

For access from 1 to 4 weeks

Usage is declining as PICCs are easier and safer

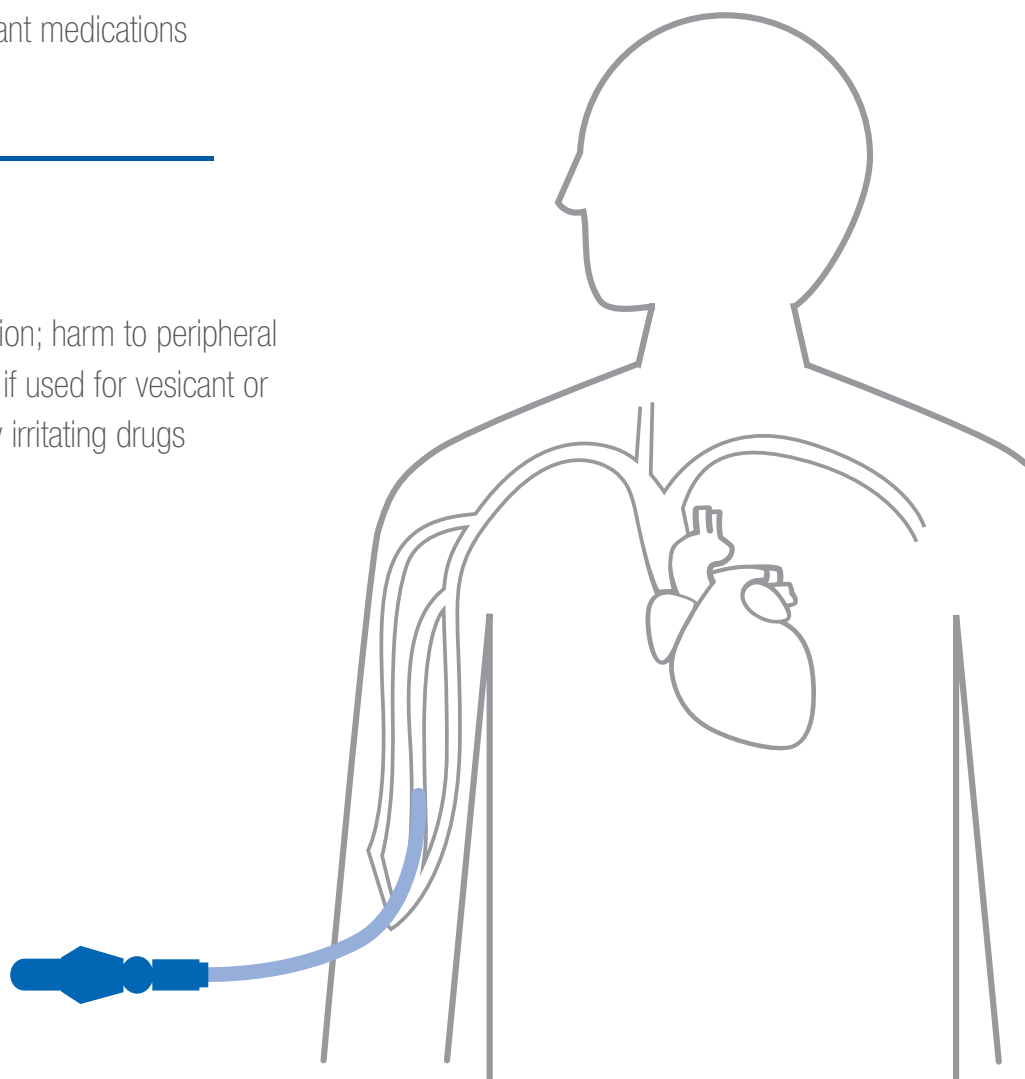
WHEN TO AVOID

When access is needed for longer than
1 month or when administering
vesicant medications

POSSIBLE COMPLICATIONS

These are not all of the
possible complications.
Please see device
instructions for complete
safety information.

Infection; harm to peripheral
veins if used for vesicant or
highly irritating drugs



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CENTRAL DEVICES – **Peripherally inserted central catheters (PICCs)**

WHEN TO USE

For medium-term access
(up to 6 months)

For administration of antibiotics, total parenteral nutrition (TPN),
chemotherapy, transfusions, and frequent blood sampling

WHEN TO AVOID

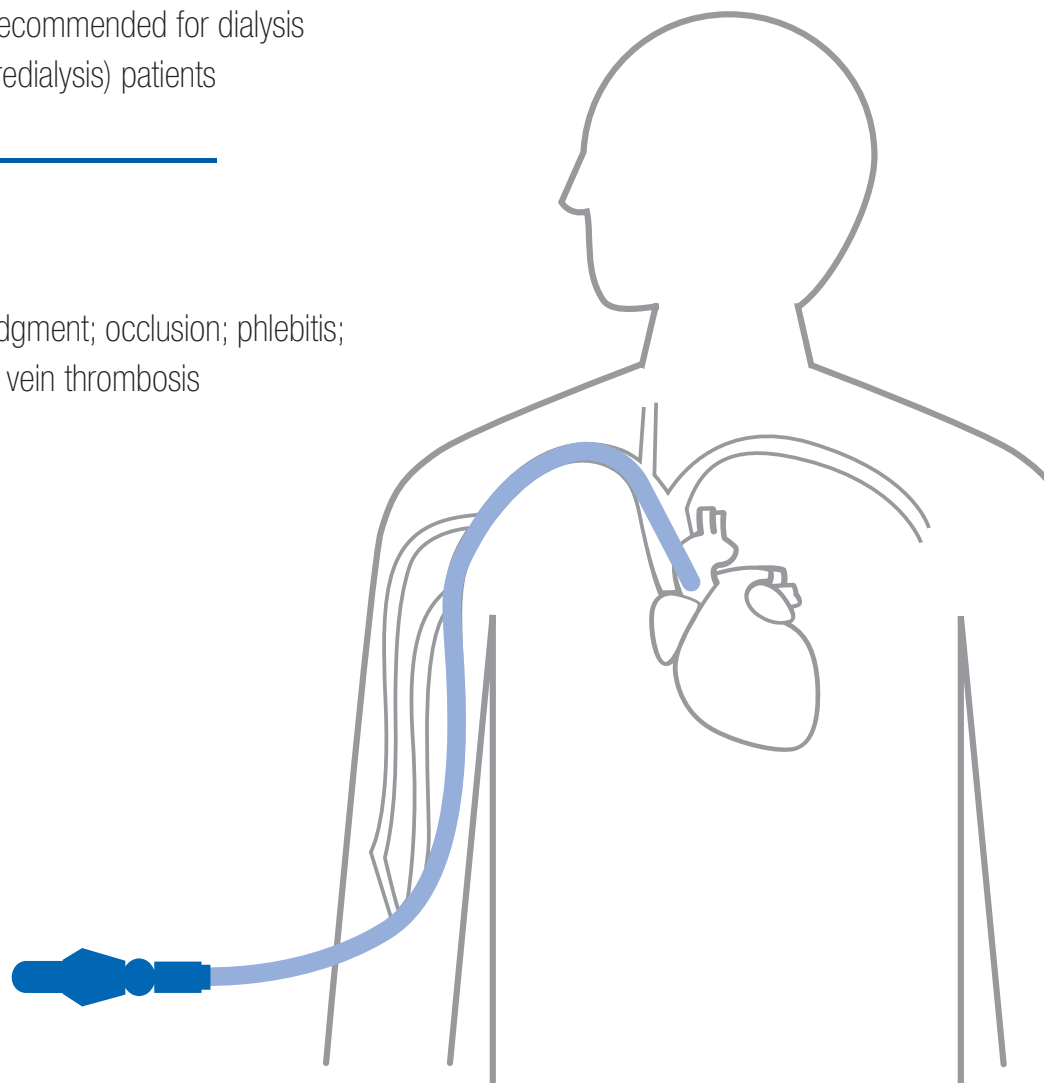
When long-term or permanent access is
required (>4 months)

Not recommended for dialysis
(or predialysis) patients

POSSIBLE COMPLICATIONS

These are not all of the
possible complications.
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instructions for complete
safety information.

Dislodgment; occlusion; phlebitis;
deep vein thrombosis



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CENTRAL DEVICES – **Non-tunneled central catheter**

WHEN TO USE

For short-term access when PIV is not suitable
Often used for resuscitation and central venous pressure monitoring

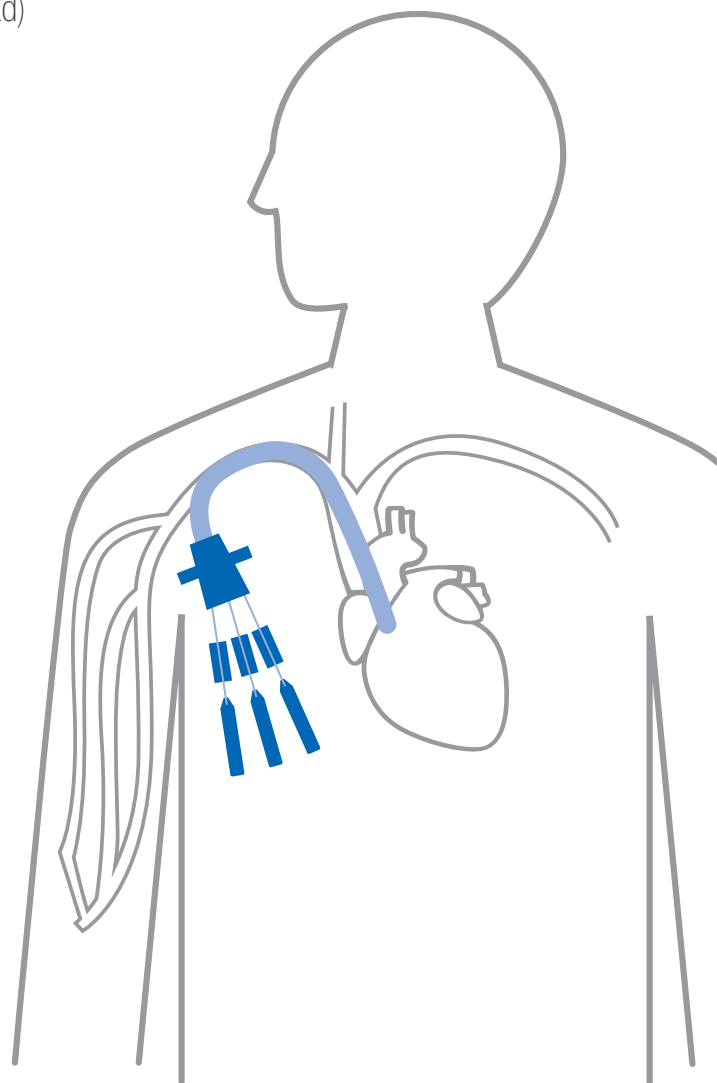
WHEN TO AVOID

When access is required for more than a few days
(use a tunneled catheter instead)

POSSIBLE COMPLICATIONS

These are not all of the
possible complications.
Please see device
instructions for complete
safety information.

Higher risk of infection



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CENTRAL DEVICES – **Tunneled central catheter**

WHEN TO USE

For frequent long-term access, and especially for TPN, transfusions,
and frequent blood sampling

Can be used when PICC line is contraindicated or not possible

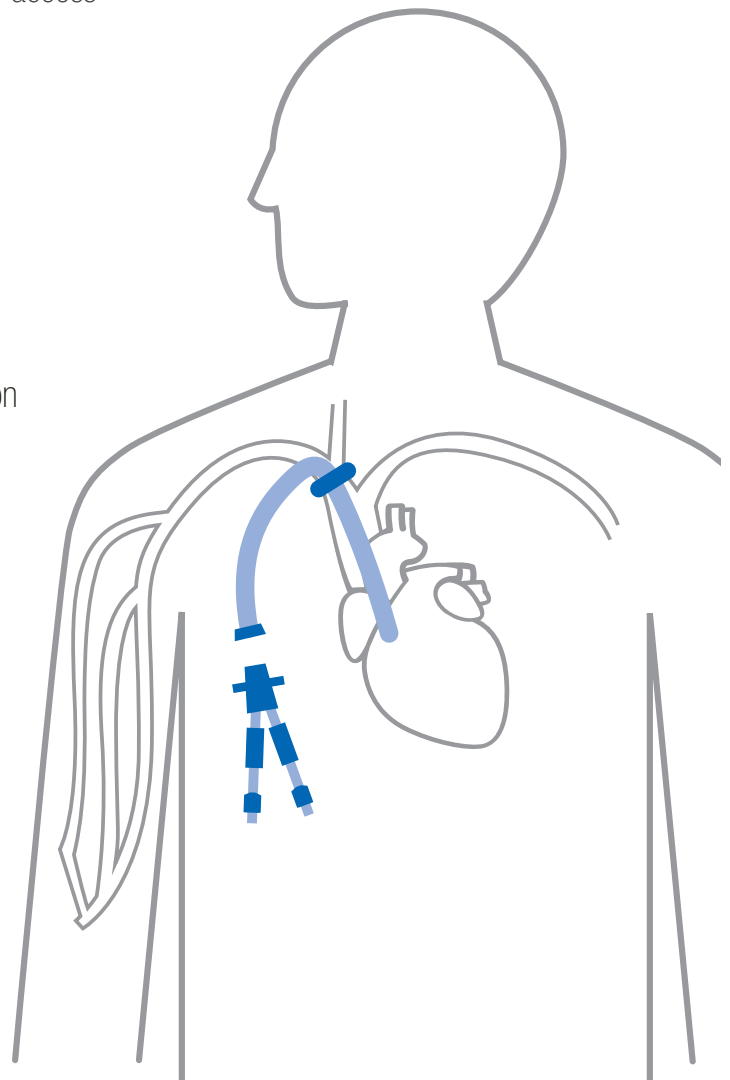
WHEN TO AVOID

When access of shorter duration is required
(consider an implantable port if access
is to be less frequent)

POSSIBLE COMPLICATIONS

These are not all of the
possible complications.
Please see device
instructions for complete
safety information.

Thrombosis; occlusion; infection



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CENTRAL DEVICES – **Implantable port**

WHEN TO USE

For infrequent access on a long-term basis or when lifestyle concerns make one of the other options less feasible

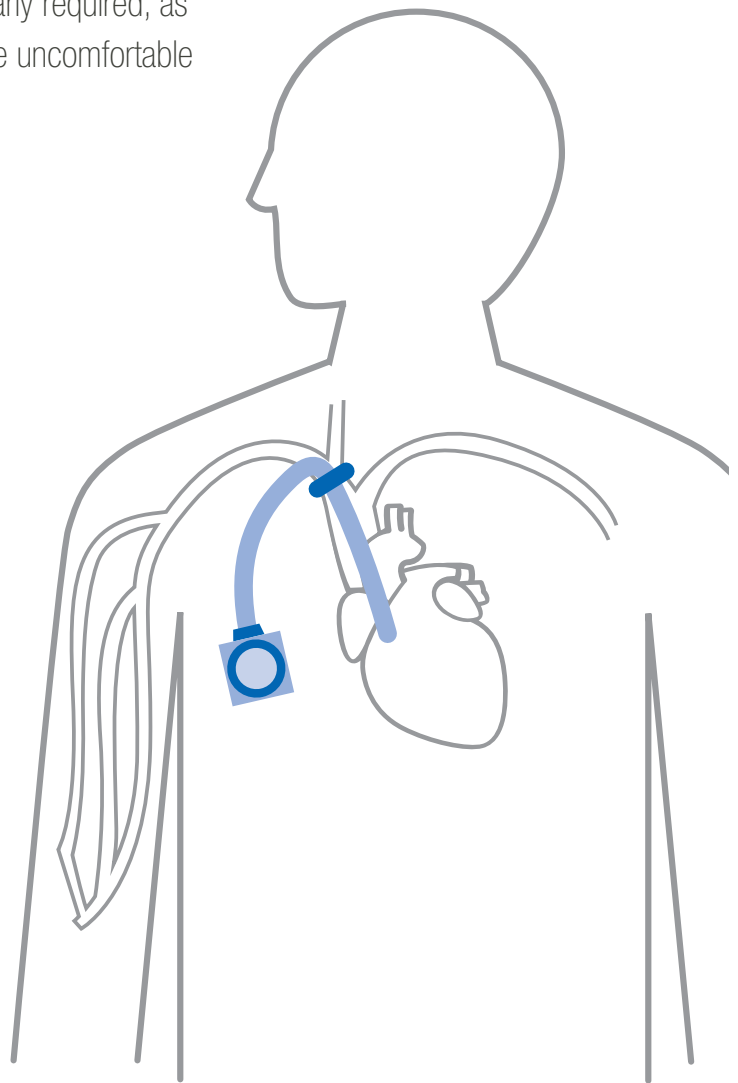
WHEN TO AVOID

When venous access is regularly required, as frequent needle pokes may be uncomfortable for the patient

POSSIBLE COMPLICATIONS

These are not all of the possible complications. Please see device instructions for complete safety information.

Increased discomfort; risk of extravasation; infection



References: 1. Cheung E, Baerlocher MO, Asch M, et al. Venous access: a practical review for 2009. *Can Fam Physician*. 2009;55(5):494-496. 2. Cudkovicz ME, Titus S, Kearney M, et al. Efficacy and safety of ceftriaxone for amyotrophic lateral sclerosis: results of a multi-stage, randomised, double-blind, placebo-controlled, phase 3 study. *Lancet Neurol*. 2014;13(11):1083-1091.