Cancer Therapy Venous Access Device Decision Guide

Version 2 (2014)

Flynn M, Dougherty L, Freires M, Johl R, Saltmarsh K & Oakley C

UKONS Oncology Nursing Society

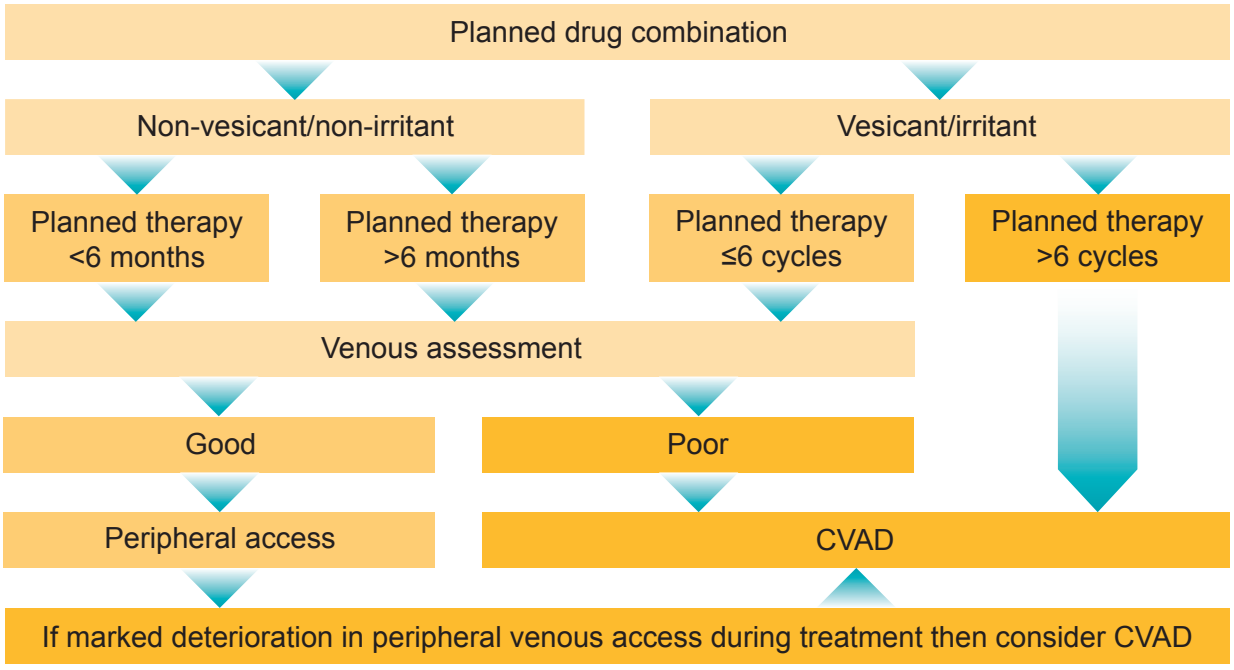
Guide for use

The Cancer Therapy Venous Access Device Decision Guide recognises that the choice of venous access is a subjective decision reliant on institutional resources, practitioner skill levels and patient preference.

The Decision Guide is intended to be a holistic assessment tool initiated before treatment commencement and assessed at key points throughout the patient's treatment. It allows for the patient to make an informed decision on their vascular access based on practitioner recommendation.

The Decision Guide does not rely on a weighted score to decide on device preference, rather it is a prompt designed to reflect best practice and adapt to institutional resources. It is best utilised to allow for practitioner skill development in venous access assessment and device selection. Further it provides for a documented record of the patient–practitioner venous access consultation.

Any drug to be delivered by a continuous ambulatory drug delivery system or TPN must be administered via central venous access.



CVAD	Advantages	Disadvantages	Suggested for
PICC	• Ease of insertion • Ease of removal • Ease of access • Small catheter Fr	• Risk of infection and thrombosis • Self care not possible • Needs specialist dressing whilst *in situ* • Restrictive to ADLs	Short-term (<6 cycles) intermittent IV therapy and slow rate continuous infusion e.g. FEC or continuous 5FU
Implanted port	• Low infection risk • Low obtrusiveness	• Surgical insertion/GA • Specialist equipment and skills required • Surgical removal	Long-term intermittent IV therapy (>6 months) e.g. trastuzumab
Skin-tunnelled catheter	• Low infection risk • Self care possible • High flow rates	• Risk of thrombosis • Large catheter Fr • Surgical removal • Restrictive to ADLs	Fluid intensive and myelosuppressive therapy e.g. leukaemic inductions

Reference list

• Chernecky C, Macklin D, Nugent K, Waller J L (2002). The need for shared decision-making in the selection of vascular access devices: an assessment of patients and clinicians. *Journal of Vascular Access Devices*, 7:3, 34–39. • Dougherty L (2008). Vascular access devices, in: *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. 7th edition, L Dougherty & S Lister, eds. Wiley Blackwell: Oxford. • Hamilton H (2000). Selecting the correct intravenous device: nursing assessment. *British Journal of Nursing*, 9:15, 968–978. • McGowan D, Wood S (2008). Developing a venous assessment tool in IV chemotherapy administration. *British Journal of Nursing,* 17:3, 158–164. • Pratt R J, Pellowe C M, Wilson J A, Loveday H P, Harper P J, Jones S R, McDougall C, Wilcox M H (2007). epic2: national evidence-based guidelines for preventing healthcare-associated infections in NHS hospitals in England. *Journal of Hospital Infection*, 65:S1, S1–S64. • RCN IV Therapy Forum (2010). *Standards for Infusion Therapy*. RCN: London.

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Patient Identification label	Date		
	Regimen		
	Planned length of treatment		
Vein assessment	Yes	No	*Does the patient have accessible peripheral veins of sufficient quality suitable to provide the required level of venous access? Does your team have the necessary skill level to establish peripheral venous access for the patient at every visit?*
Absence of larger palpable veins			
Extensive oedema/adipose tissue over forearms			
Inadequate venous fill of target veins			
Significant vein wall rigidity			
Significant cellulitis of forearm and/or upper arms			
Vein availability	Yes	No	*Will the patient have accessible peripheral veins available for the proposed term of treatment (accounting for vein rotation and deterioration)?*
Axillary lymph node clearance			
Upper limb/axilla/SVC venous thrombosis			
Extensive skin lesions—forearms			
Previous central venous access			
Thrombophlebitis present			
Venous access device insertion and patency factors	Yes	No	*Is there an increased risk of cannula dislodgement, haematoma formation or thrombophlebitis for the patient with peripheral venous access? Is there an increased risk of infection for this patient? e.g. long-term steroid therapy*
Fragile skin quality			
Decreased platelets <50 x 10^9/L			
Anticoagulant therapy i.e warfarin, aspirin, LMW heparin			
Anxiety/needle phobia			
Factors affecting long-term venous access patency	Yes	No	*Will the patient be receiving therapy where intensive fluid management will be required (such as concentrated electrolytes)? Is there an increased risk of vein deterioration and thrombophlebitis in the patient? Would a skin-tunnelled catheter or implanted port offer a lower risk of site infection for the patient?*
Vesicant and/or irritant therapy for >6 cycles			
Anticipated intensive IV therapy i.e. blood products, electrolyte support, fluid support, multiple antimicrobial therapy			
Expected periods of sustained neutropenia (<0.5 x 10^9/L for >7 days)			
Co-morbidities that may affect peripheral venous access	Yes	No	*The effects of co-morbidities individual to the patient must be accounted for when undertaking a venous access assessment. Would the patient be able to cope with the presence of a CVAD and notify the team appropriately to report adverse events?*
Diabetes			
Peripheral vascular disease			
Raynaud's phenomenon			
Hypotension			
Other (please state):			
Other (please state):			
Practitioner recommended venous access device:	Name		
Comments:	Date		
	Signature		
Patient and practitioner agreed venous access device:			
Comments:			