Targeting Vein Preservation & Optimal Site Choice

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Disclosures

I am a consultant for B.Braun & Christie
 Medical Holdings

No off label use will be discussed

Simulation Lab Agenda

- Presentation Overview of Lab
- NIR Pre-Access Assessment
- Placing a PIV using NIR
- Enhanced Stabilization with SteadyCare.

Objectives

- Describe critical importance of pre-access assessment prior to PIVC placement
- Discuss optimal use of NIR as a screening tool to identify viable venous access targets and in an algorithm for optimal device choice
- Identify techniques using NIR to identify valves and other obstacles to strategically optimize site choice and help reduce complications

Peripheral Venous Pre-Access Assessment (PVPA)

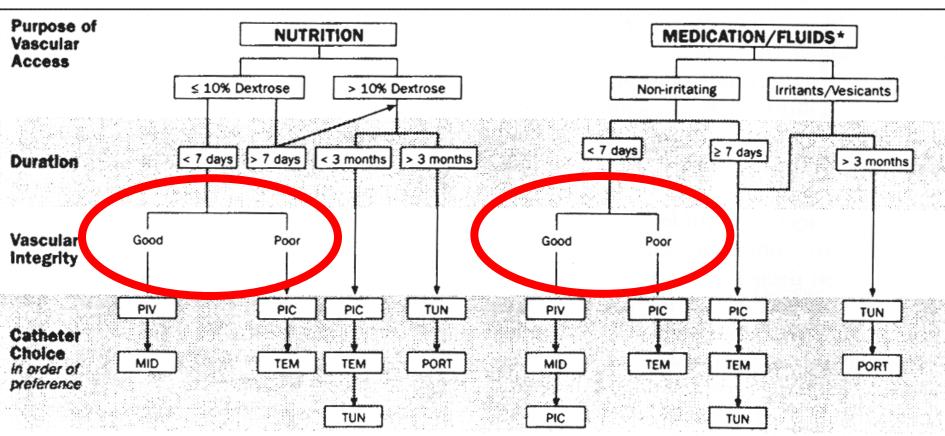
What is PVPA?

- Entry point for VAD Choice Algorithm
- Method to quantify viable venous targets
- Means to prospectively match access needs with venous target opportunities
- Only realistic way to provide vein preservation strategies and limit sticks
- Initial part of optimal site choice
- Point of care evaluation of targets

VASCULAR ACCESS PLANNING

(NON-EMERGENT USE, REASSESS DAILY)

FOR MULTIPLE ACCESS NEEDS, SELECT A MULTILUMEN CATHETER



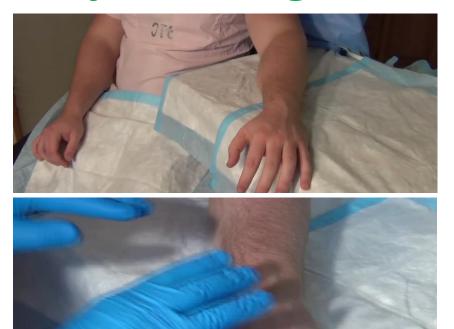
*Home Use—Consider stable access PIC, TUN, PORT as appropriate. For patients with short-term therapy, good access, and good home care resources, PIV may be considered. Discuss with their case manager.

J Nursing Care Quality, 13 (2), 77-85, 1998

PVPA Best Practice

Eyes & Fingers

US & NIR







Goal of PVPA

- Quickly quantify viable venous targets for clinical decision making
- Use this information to partner with patient to choose optimal VAD
- Record and communicate findings
- Use this information to refine future algorithms through CQI and research

PVPA Screening

5 categories for Identifying Venous Targets

- 1. V-Easily locate accessible veins by sight
- 2. T-Easily locate accessible veins by palpation
- 3. N-Easily locate accessible veins with near-infrared vein visualization
- 4. U-Accessible veins only identified with ultrasound
- 5. 0-Lacks adequate veins for peripheral venous access

PVPA Screening

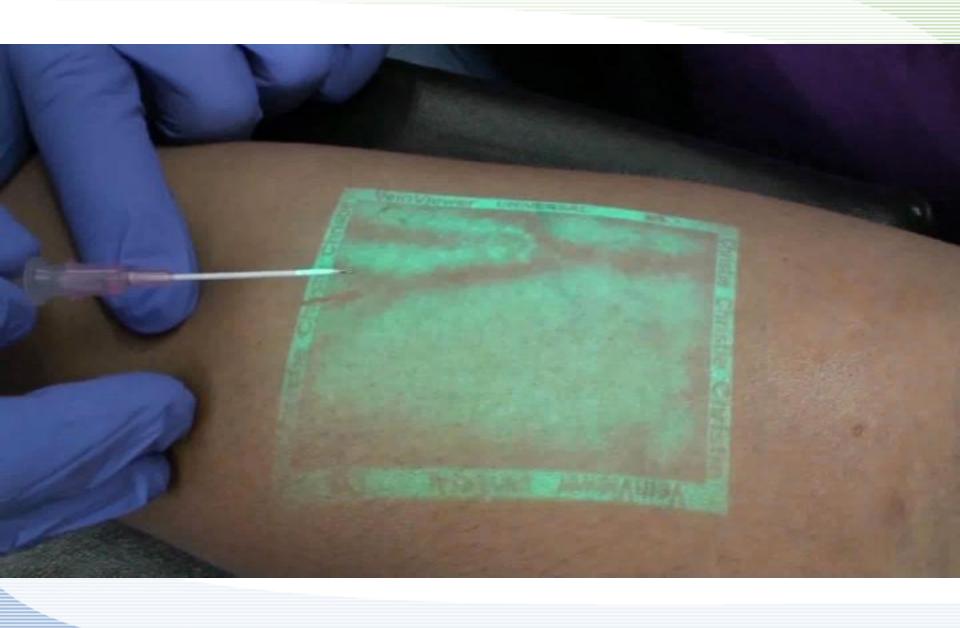
Quantification

- A. > 10 Optimal Choices
- **B.** 5-10 Optimal Choices
- C. 1-5 Optimal Choices

Qualifiers

- A. RF-Renal Failure
- **B.** CS-Chronic Steroids
- C. SL-Site Limitations
- D. LD-Limited Dwell
- E. P-Pediatrics
- F. G-Geriatrics
- G. Site:B-Bilateral, L-Left, R-Right

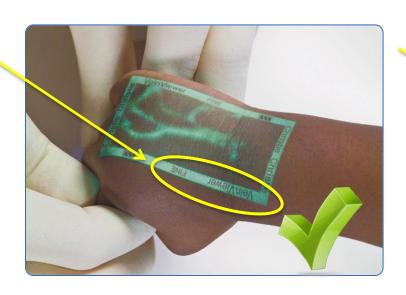
Placing a PIV with NIR

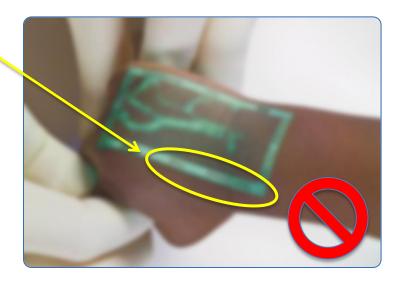


Set up and Focus



Set up and Focus





Keep Edge on Skin

Resize

Standard



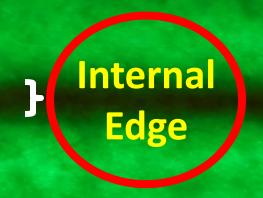
Medium



Narrow

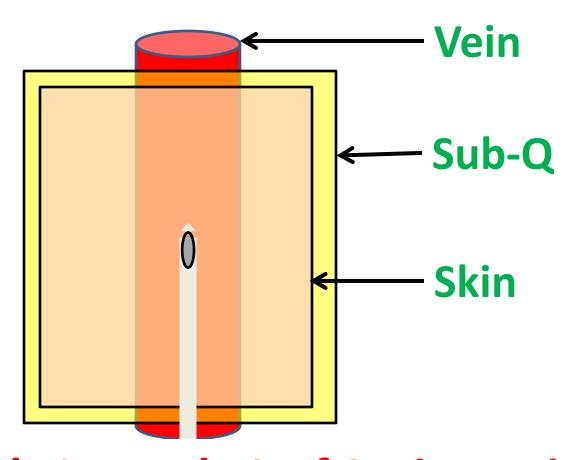


External Edge



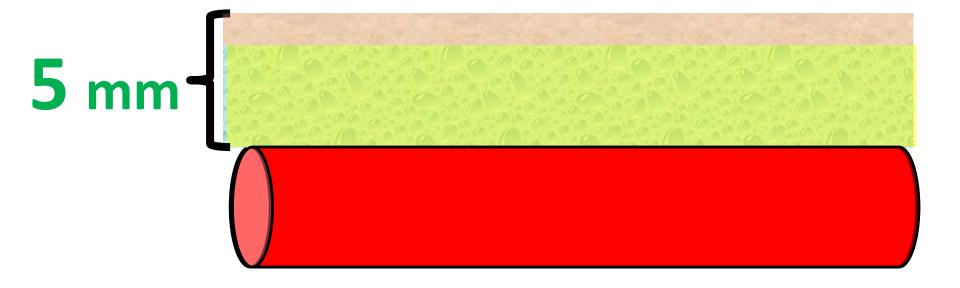
= True Intraluminal Vein Diameter

Vein Depth

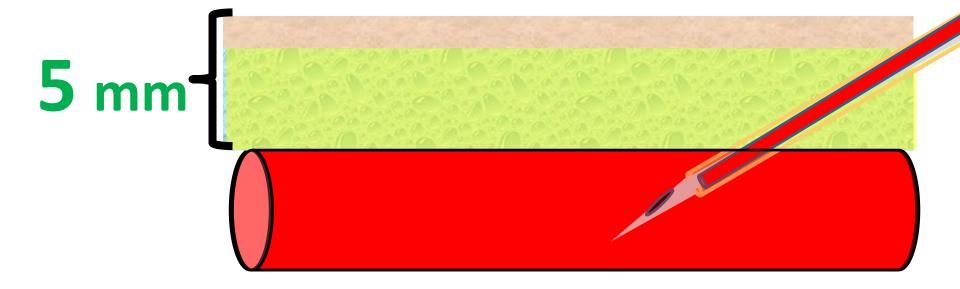


A Center Stick Controls 2 of 3 Dimensions

Vein Depth & Center Sticks



Vein Depth & Center Sticks



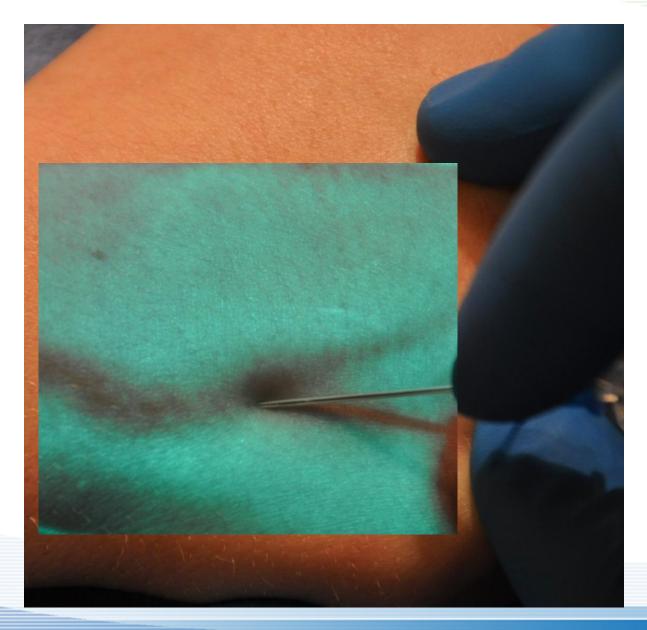
Tricks



Finding an Optimal Site



Your Venous GPS



Peripheral Venous Site Choice

Vein Visualization Strategies

Vein Characteristic	Eye	Palp	U/S	NIR
Internal Vein Diameter	+/-	+/-	V	V
Straight Vein Pathway	+/-	+/-	+/-	V
Valve Location	0	0	0	V
Venous Obstruction	0	+/-	V	V
Venous Flow	0	0	+/-	V
Catheter Tip-Valve	0	0	+/-	V

PIV Site Choice Strategy

- Identify straight, wide vein segments
- Avoid catheter tip too close to valves, tortuosities and bifurcations
- Choose sites with good venous flow
- Find sites away from joints
- Choose sites that allow adequate stabilization

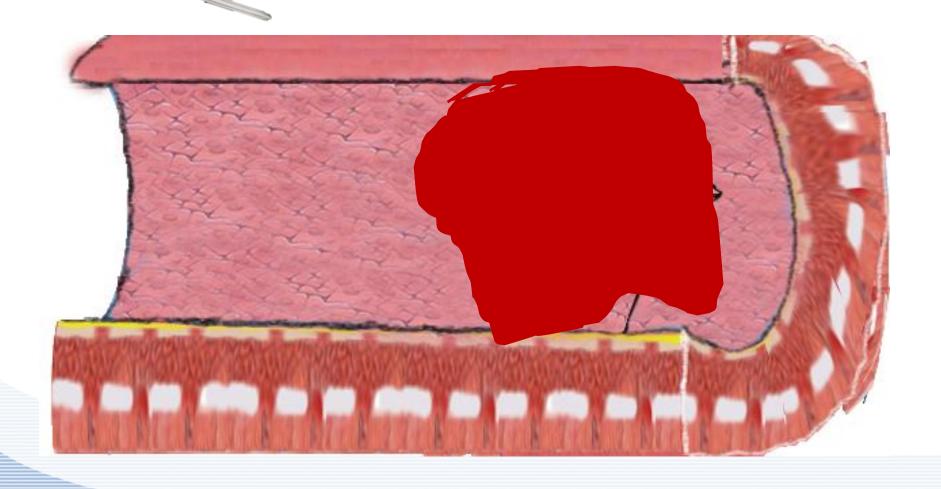


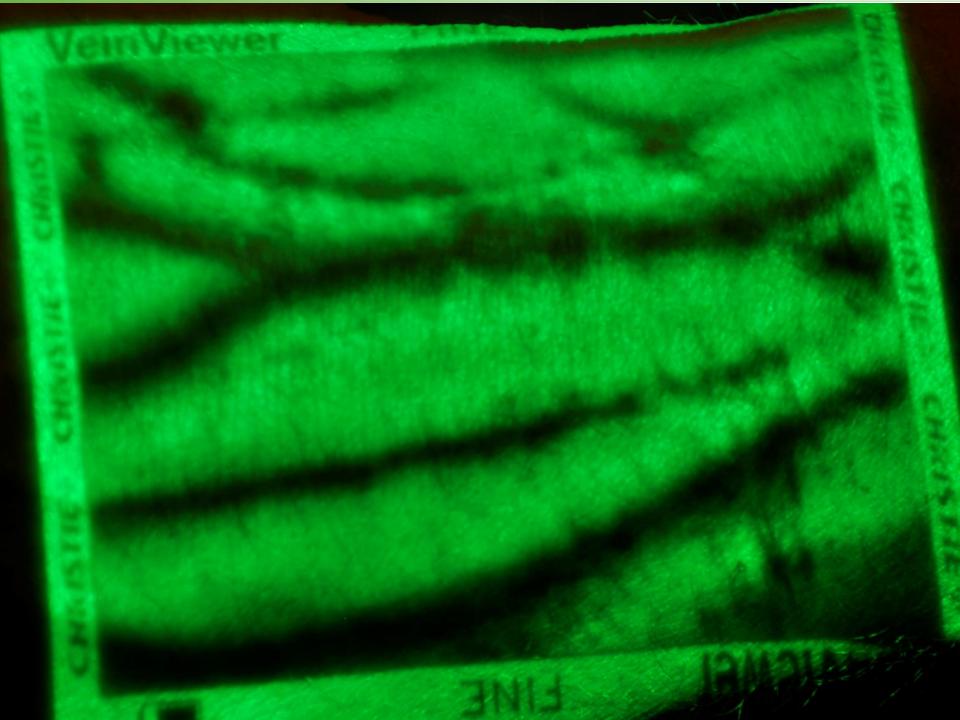


Valves and Site Choice

- Valves interfere with catheter placement
- May result in blown veins and failure to thread catheter
- Can reduce catheter flow and may bias toward thrombosis
- May contribute to the development of phlebitis
- Contribute to restarts and pain for patient

Vessel Hemtoma from Valve Strike

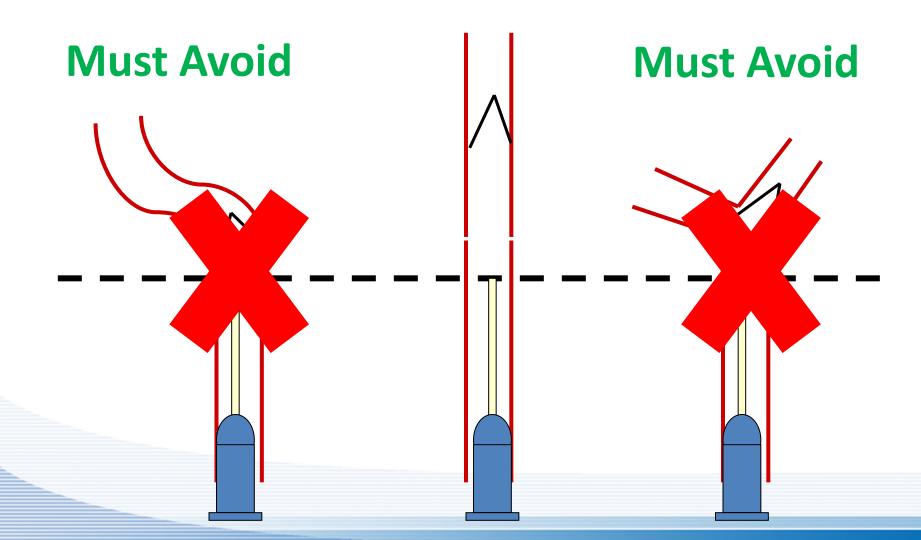






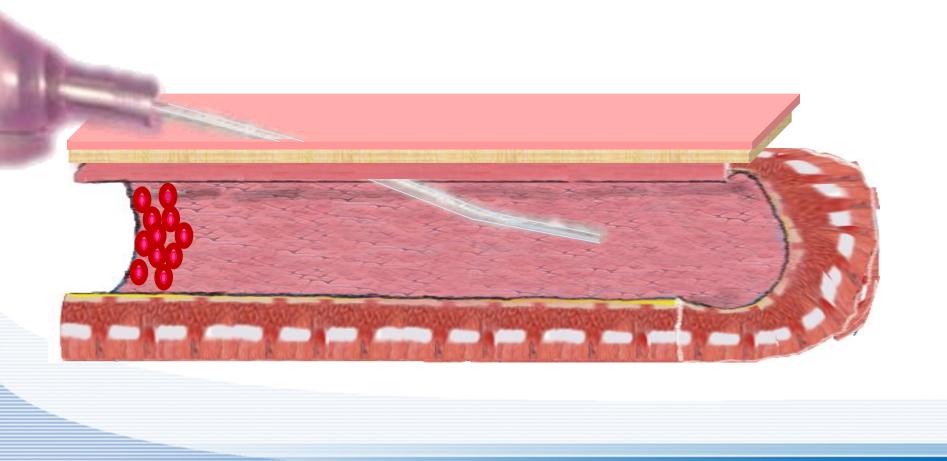
Picking an Optimal Access Site

Must Find

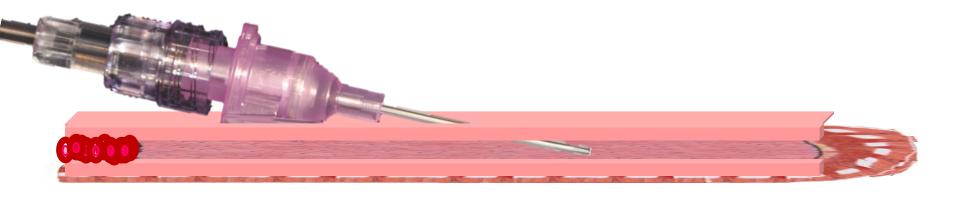


Catheter to Vein Ratio

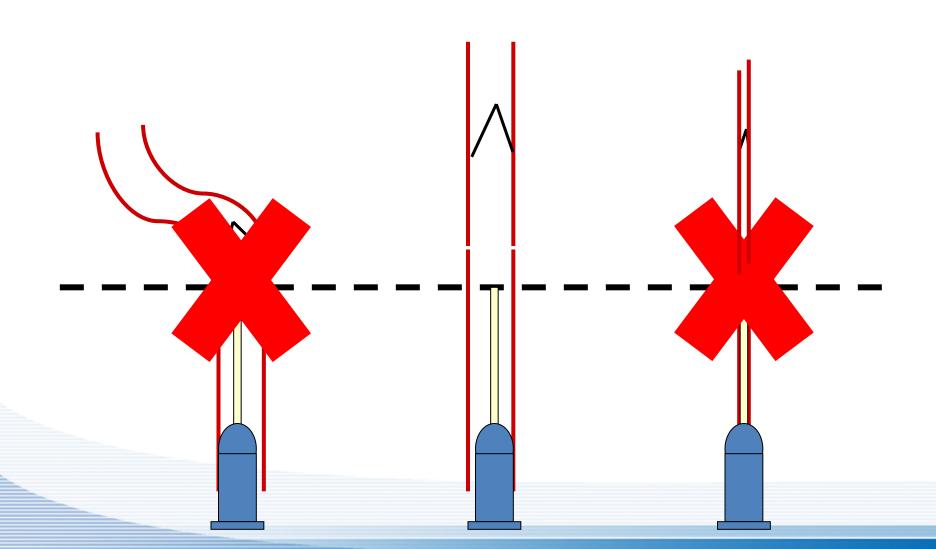
Optimal Catheter/Vein Ratio



Suboptimal Catheter/Vein Ratio



Picking an Optimal Access Site





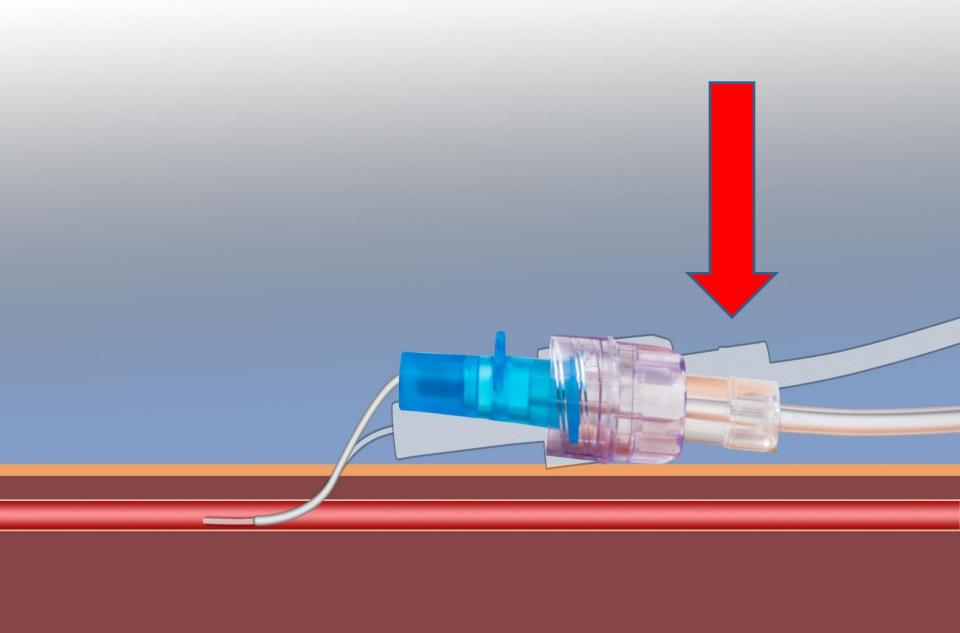
VeinViewer FINE LIME

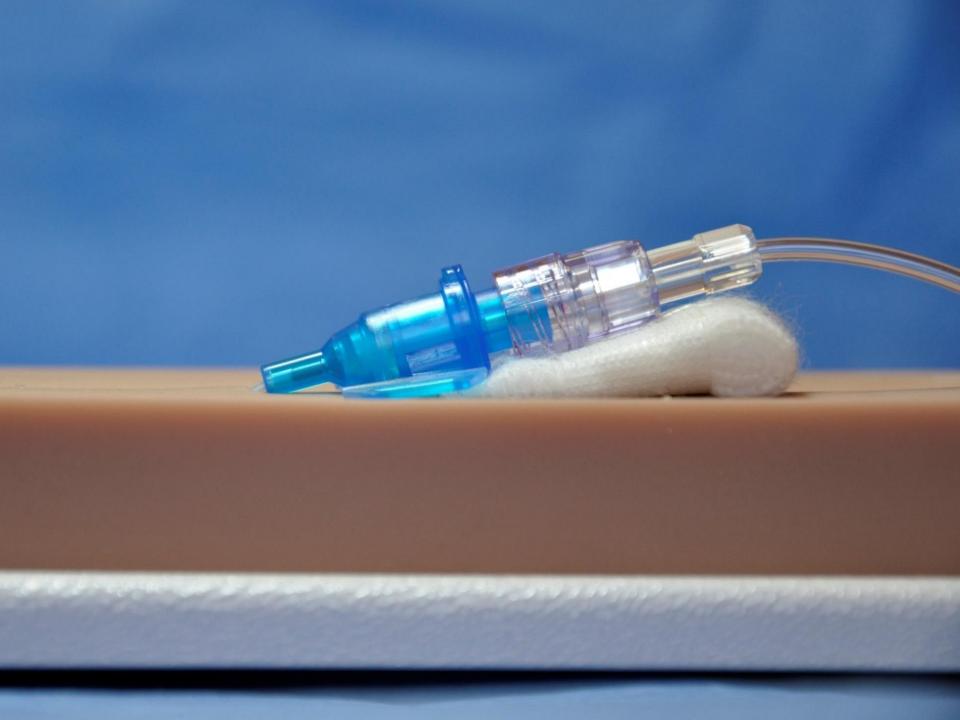
Optimal Catheter/Vein

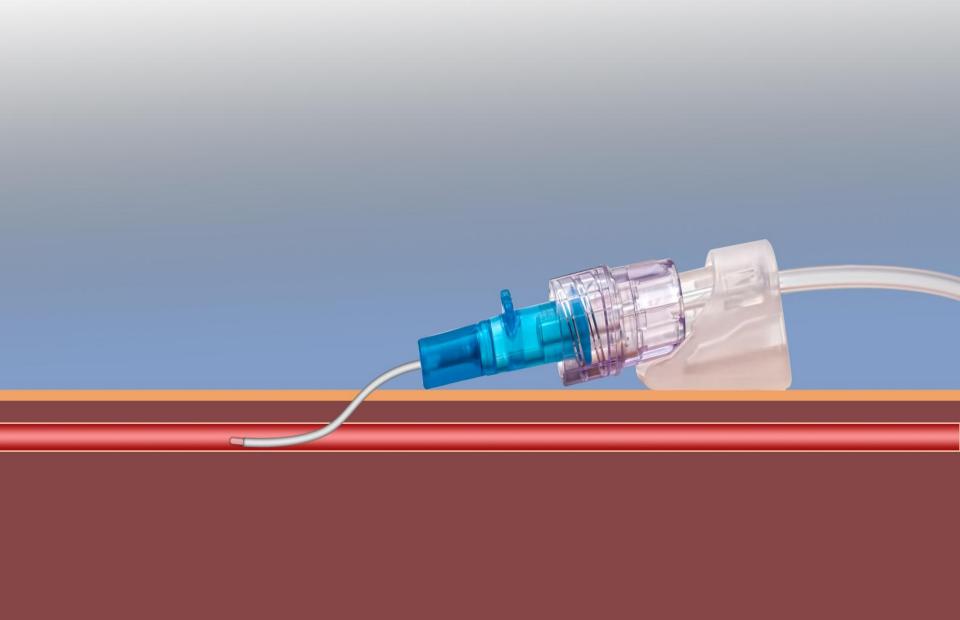
- Difficult to estimate real vein size for most PIV access using unaided eye.
- Palpation even more difficult.
- U/S good but harder to know straightaways and can't easily see valves or tortuosities
- NIR easily identifies straightaways and projects exact vein width with some products.
- Thus NIR <u>is necessary</u> for optimal PIV catheter/ vein strategies to preserve flow & integrity.

Enhanced Stabilization











Simulation Time

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