RIGHT LINE DECISION TOOL

GENUINE NEED FOR IV THERAPY?

NO

Continue via alternative route

YES

Emergency

Insert PIVC if peripheral access available

If peripheral access is impossible consider intraosseous and/or involve the Vascular Access Specialist (as defined locally) for non-tunelled CVC or alternative device as indicated

Known difficult IV Access

Refer to Vascular Access Specialist and/or bespoke patient pathway

Non-Emergency

SHOULD the therapy be administered via CVAD? (see medicines section)

NO

YES

PERIPHERAL VEIN ASSESSMENT

	1 Excellent	2 Good	3 Fair	4 Poor	5 None Identifiable
Outpatient/ Long term	**<6 months Intermittent Therapy**	**<4 months Intermittent Therapy**	**4-6 weeks Intermittent Therapy**	**One treatment**	**Not suitable for cannulation**
Inpatient/ Acute	<5 days - **PIVC** 6-14 days - **Ultrasound guided PIVC/Midline** Use may be extended beyond the recommended time if **no complications** are noted and still clinically indicated (see daily evaluation tool). 'Ultrasound guided PIVC/Midline is preferable for difficult access.'				

If Peripheral Vein grade not compatible with intended treatment duration, consider other type of vascular device

DURATION OF ANTICIPATED THERAPY?

- <14 days[1] → Non-tunnelled CVC
- >6 days - 6 months[1] → PICC
- >4 weeks - months/years[1,2] → Tunnelled CVC or Implanted Port

[1] Chopra et al (2015)
[2] Loverday et al (2014)