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.  

**TYPES AND USES OF VENOUS ACCESS DEVICES**

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

**CENTRAL DEVICES**
Peripheral or central lines that terminate in veins within the thorax
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

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

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

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

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_This information is for reference purposes only and does not substitute the clinical judgment of the healthcare provider._
## 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

Dislodgment; occlusion; phlebitis; deep vein thrombosis

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

This information is for reference purposes only and does not substitute the clinical judgment of the healthcare provider.
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
### 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 – Tunneled central catheter**
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

Increased discomfort; risk of extravasation; infection

CENTRAL DEVICES – Implantable port

References: