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Congress

RUOLO DELL'ACCESSO PERIFERICO NELLE TERAPIE DOMICILIARI

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IL DOMICILIO



I DESTINATARI DELLE CURE DOMICILIARI

- Persone non autosufficienti o a rischio di non autosufficienza
- Qualsiasi età e strato sociale
- Patologie in fase terminale in malati inguaribili che non rispondono più a trattamenti specifici;
- Fasi subacute di patologie croniche in malati multiproblematici e/o non autosufficienti;
- Dimessi o dimissibili da strutture sanitarie o residenziali compresa la dimissione protetta;
- Pazienti, anche in età evolutiva, con patologie croniche e/o in particolari condizioni di disagio sociale;
- Portatori di gravi disabilità.

TERAPIA ENDOVENOSA A DOMICILIO

Self-infusion Programmes for Immunoglobulin Replacement at Home: Feasibility, Safety and Efficacy

Malini V. Bhole, MSc, MRCPCH, MD, Janet Burton, MSc, RQN,
Helen M. Chapel, MA, MP, FRCP, FRCPATH*

Immunol Allergy Clin N Am 28 (2008) 821–832
doi:10.1016/j.iac.2008.06.005

SUMMARY

This review of the currently available literature from more than two decades of clinical experience with self-infusions of immunoglobulin at home provides evidence to support the feasibility, safety, and efficacy in all age groups. Self-infusions at home not only increase patient confidence and their understanding of immunodeficiency but also contribute to the improvement of health-related quality of life. Such home therapy programs should be encouraged, and wherever possible, experienced centers should extend their services to include patients who require immunoglobulin therapy for immunomodulation. Home therapy programs play an important role in the long-term health outcome.

The Safety Profile of Home Infusion of Intravenous Immunoglobulin in Patients With Neuroimmunologic Disorders

Nizar Souayah, MD, Ashar Hasan, RPh,† Hafiz M. R. Khan, PhD,; Hussam A. Yacoub, DO,* and Mohsin Jafri, BS‡*

Journal of
CLINICAL
NEUROMUSCULAR
DISEASE

S1

*Volume 12, Number 4 Suppl
June 2011*

TABLE 2. Adverse Reactions of 4076 IVIG Infusion Series in 420 Patients: Complications by Patients

	Total No. Patients (420), %	Neuroimmunological Patients (334), %	IDS Patients (86), %*	Rigas et al ¹⁵ (70 Patients), %	Stangel et al ¹⁹ (27 Patients), %	Brannagan et al ²⁰ (88 Patients), %	Bertorini et al ²¹ (42 Patients), %
All patients	90 (21.4)	72 (21.5)	18 (21)	33	57	59	81
with adverse reactions							
Mild adverse reactions	86 (20.4)	69 (20.6)	17 (19.7)	31.6	54	—	64.2
Moderate adverse reactions	4 (1)	3 (0.8)	1 (1.1)	1.4	—	—	—
Severe adverse reactions	0	0	0	0	3	4.5	16.6
Headache	10.7	10.8	10.4	11.4	26	26	48
Back pain	0.9	1.2	0	—	—	—	—
Infusion site reaction	2.1	2	2.3	4.2	—	—	33
GI-related reactions	3.8	3.9	3.4	2.8	—	19.3	24
Cardiovascular reactions	1.2	0.9	2.3	5.7	2.2	2.2	5
Generalized skin reactions	1.9	2.4	0	8.5	6	6	14
Aseptic meningitis	0.2	0.3	0	0	—	0	7.1
ARF	0	0	0	0	1.1	1.1	0
Thromboembolic events	0.4	0.5	0	0	1.1	1.1	0
Fatigue, generalized weakness, fever	2.1	2	2.3	2.8	4.1	6.8	48
Chills	0.7	0.9	0	2.8	—	16	—
Other infusion-related reactions	1.4	1.5	1.1	—	30	30	29

GI, gastrointestinal; IDS, immunodeficiency syndrome.



Contents lists available at [ScienceDirect](#)

Healthcare

journal homepage: www.elsevier.com/locate/hjdsi



Review article

Home infusion: Safe, clinically effective, patient preferred, and cost saving[☆]

Jennifer M. Polinski^{*}, Mary K. Kowal, Michael Gagnon, Troyen A. Brennan, William H. Shrank

sibilities. Home infusion costs were significantly lower than medical setting infusion costs, with savings between \$1928 and \$2974 per treatment course.

Conclusions: Home infusion care can provide safe, clinically effective care improve patients' quality of life and reduce healthcare costs. As the overhaul of the healthcare payment system gains momentum, the home infusion care delivery model offers strong promise as one in a set of approaches that can improve care and lower costs.

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Intravenous therapy in older patients

► **NS714 Dougherty L** (2013) Intravenous therapy in older patients.

Nursing Standard. 28, 6, 50-58. Date of submission: October 31 2012; date of acceptance: May 14 2013.

Introduction

IV therapy can be delivered in the hospital and home setting. Providing IV therapy for

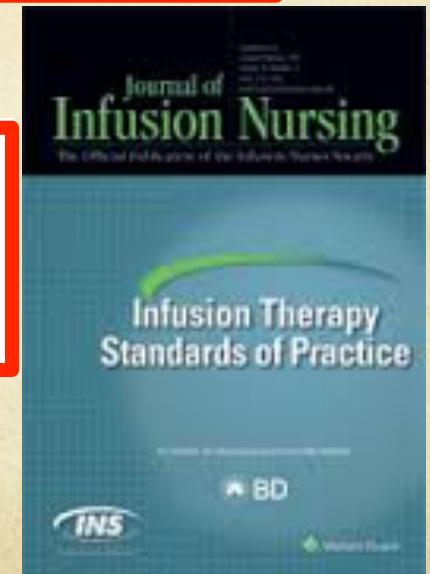
PRINCIPALI TIPOLOGIE DI TERAPIE ENDOVENOSE AL DOMICILIO

- Terapia idratante
- Terapia nutrizionale
- Terapia antibiotica
- Terapia antalgica
- Terapia sintomatologica
- Emotrasfusioni

COSA DICONO LE LINEE GUIDA RISPETTO ALLE INFUSIONI PER VIA PERIFERICA

1. Consider the infusate characteristics (eg, irritant, vesicant, osmolarity) in conjunction with anticipated duration of infusion therapy (eg, less than 6 days) and availability of peripheral vascular access sites.¹⁻⁷ (IV)

3. Do not use peripheral catheters for continuous vesicant therapy, parenteral nutrition, or infusates with an osmolarity greater than 900 mOsm/L



Therapies which are not appropriate for certain peripheral cannulae and midlines include continuous vesicant chemotherapy, parenteral nutrition solutions and/or medications with osmolarity greater than 900 Osm/L (INS, 2016).

These aspects should not be considered in isolation and a risk assessment that includes vein assessment, duration and environment of therapy as well as pH and osmolarity is important prior to any site and device selection (Hallam et al., 2016; Gorski et al., 2015).



...QUINDI... ...PER VIA PERIFERICA...

- Soluzione Fisiologica
- Soluzione Glucosata al 5%
- Soluzione Elettrolitica
- Sacche e soluzioni Nutrizionali < 900 mOsm/L
- Farmaci compatibili per pH e Osmolarità

TIPOLOGIA AVP

- Aghi metallici a farfalla
- Cannule corte (2-6 cm)
 - Senza prolunga
 - Con prolunga
- Cannule lunghe o Mini-midline (6-15 cm)
- Cateteri Midline (15-25 cm)

AGHI METALLICI A FARFALLA

Avoid the use of steel needles for the administration of fluids and medication that might cause tissue necrosis if extravasation occurs [33, 34]. Category IA



**Guidelines for the Prevention of
Intravascular Catheter-Related
Infections, 2011**

5. Use steel winged devices only for single-dose administration. The device is not left in place.^{1-3,5}
(IV)

RUOLO DEGLI AGHI METALLICI A FARFALLA A DOMICILIO

- Limitato a:
 - Prelievi ematici
 - Somministrazione estemporanea di farmaci a bolo

QUINDI RUOLO ESTREMAMENTE RIDOTTO

CANNULE PERIFERICHE CORTE (PIVCs)

A peripheral cannula is defined as one that is less than or equal to 3 inches (7.5cm) in length. Peripheral cannulae should be selected for short term therapy of 3–5 days and for bolus injections or short infusions in the outpatient/day unit setting.

Ideally, peripheral devices should be equipped with a safety device with engineered sharps injury protection. Local risk assessments should be undertaken concerning the use of these devices to reduce needlestick injuries and to monitor infection rates (Loveday et al., 2014; DH, 2013a).



26.5 Safety-engineered devices are selected and consistently activated and/or used.

- Senza prolunga
- Con prolunga

	PIVCs senza aletta e prolunga	PIVCs con aletta e prolunga
Lunghezza	2 - 6 cm	2 - 6 cm
Materiale	Teflon / PUR	PUR
Calibro	14 - 26 G	14 - 26 G
Luogo utilizzo	P. S./DEA, sala operatoria, radiologia	Reparti degenza, Domicilio
Protezione	Medicazione Semipermeabile Trasparente	Medicazione Semipermeabile Trasparente
Stabilizzazione	Medicazione trasparente (preferibilmente bordata)	Colla / sutureless device (separato opp. Integrato nella MST)
Durata prevista	24 / 48 h	Fino a 7 gg
Utilizzo	Accesso venoso in urgenza	Terapie endovenose protratte (<7gg) compatibili con via periferica

QUANDO SI UTILIZZANO LE CANNULE PERIFERICHE CORTE (PIVCs)?

Use a midline catheter or peripherally inserted central catheter (PICC), instead of a short peripheral catheter, when the duration of IV therapy will likely exceed six days. Category

II



Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011

I. Short Peripheral Catheters

A. Choose a short peripheral catheter as follows:

1. Consider the infusate characteristics (eg, irritant, vesicant, osmolarity) in conjunction with anticipated duration of infusion therapy (eg, less than 6 days) and availability of peripheral vascular access sites.¹⁻⁷ (IV)



Table 3

Catheters used for venous and arterial access

Catheter type	Features	Common use	Duration
Peripheral			
Peripheral venous catheters	Peripheral single lumen Inserted in veins of forearm or hand in adults	Administration of fluid/blood and medication	Short, up to 7-10 days
Peripheral arterial catheters	Single lumen, large calibre Most commonly placed in radial artery; alternatives are femoral, axillary, brachial and posterior tibial arteries	Haemodynamic monitoring Access/blood draw Administration of fluid and medication	Short, up to 7-10 days
Midline catheters	Commonly placed in proximal basilic or cephalic veins via the antecubital fossa. Does not enter central veins	Administration of fluid, blood and medication	Short, 1-4 weeks
Central			
Non-tunnelled central venous catheters	Single and multiple (up to five) lumens Percutaneously inserted into subclavian, internal jugular or femoral veins	Administration of fluid, blood and medication Access/blood draw Multi-lumen catheters used for administration of parenteral nutrition	Short, up to 7-10 days
Tunnelled central venous catheters	Image guided or surgical placement Implanted into subclavian, internal jugular or femoral veins	Frequent long-term access Parenteral nutrition Transfusion Haemodialysis Blood sampling	Long, months/years
Totally implantable catheters	Image guided or surgical placement Tunnelled beneath skin and have a subcutaneous port accessed with a needle Implanted into subclavian or internal jugular vein	Single or double lumen Infrequent access on a long-term basis	Long, months/years
Peripherally inserted central venous catheters	Inserted into basilic, cephalic or brachial veins and enter the superior vena cava	Administration of fluid and medication including chemotherapy Parenteral nutrition Blood sampling	

Adapted from O'Grady et al. 2011.³³⁴

FATTORI CHE INFLUENZANO L'INCANNULAMENTO

- **Età del paziente** – vene fragili e di piccolo calibro in pz. pediatrici e anziani
- **Stato nutrizionale** – vene fragili nei malnutriti, profonde negli obesi
- **Condizioni cliniche/fisiche** – es. amputazioni, linfedema, paresi, mastectomia, FAV, interventi chirurgici, cute compromessa, disidratazione, shock....
- **Terapia in atto** – anticoagulanti, antiaggreganti e cortisone possono rendere fragili le vene
- **Abilità e competenza del personale**

26.1 The appropriate type of vascular access device (VAD), peripheral or central, is selected to accommodate the patient's vascular access needs based on the prescribed therapy or treatment regimen; anticipated duration of therapy; vascular characteristics; and patient's age, comorbidities, history of infusion therapy, preference for VAD location, and ability and resources available to care for the device.



26.3 The VAD selected is of the smallest outer diameter with the fewest number of lumens and is the least invasive device needed for the prescribed therapy.

26.4 Peripheral vein preservation is considered when planning for vascular access.

B. Select the smallest-gauge peripheral catheter that will accommodate the prescribed therapy and patient need^{1,4}: (V)

1. Consider a 20- to 24-gauge catheter for most infusion therapies. Peripheral catheters larger than 20 gauge are more likely to cause phlebitis.^{1-4,9} (IV)



COMPLICANZE PIVCs



The Art and Science of Infusion Nursing

Robert E. Helm, MD
Jeffrey D. Klausner, MD, MPH
John D. Klemperer, MD
Lori M. Flint, BSN, RN, CCRN
Emily Huang, BA

Accepted but Unacceptable: Peripheral IV
Catheter Failure

2015

Mode of Peripheral IV Catheter Failure				Range	Mean	Median
Catheter-related phlebitis				0.1%-63.3%	15.4%	9.0%
Catheter infiltration				15.7%-33.8%	23.9%	22.2%
Catheter occlusion/mechanical failure				2.5%-32.7%	18.8%	22.8%
Catheter dislodgment						
Catheter-related infection						

Study Type	Incidence of Failure (%)	Median	Mean
Prospective randomized controlled	36, ¹⁸ 37, ⁵⁸ 39, ⁵⁰ 40, ⁶ 45, ⁵⁹ 51, ¹⁹ 55, ²⁰ 63 ⁶⁰	43%	46%
Prospective observational	23.5, ⁶¹ 25.5, ⁶² 32, ⁶³ 36.5, ⁶⁴ 47.5, ⁶⁵ 47.6, ⁵¹ 65, ⁶⁶ 66, ⁵⁴ 69.2, ⁵⁵ 77 ⁵³	48%	49%
Retrospective	22.4, ⁶⁷ 95 ⁶⁸	58.7%	59%

ORIGINAL ARTICLE

Risk Factors for Peripheral Intravenous Catheter Failure: A Multivariate Analysis of Data from a Randomized Controlled Trial

Marianne C. Wallis, PhD;^{1,2} Matthew McGrail, PhD;³ Joan Webster, BA;^{2,4} Nicole Marsh, BN;^{2,4}
John Gowardman, MBChB;⁵ E. Geoffrey Playford, PhD;⁶ Claire M. Rickard, PhD²

COMPLICANZE PIVCs

TABLE 1. Baseline Clinical Characteristics and Crude Outcome Counts by Type of Catheter Failure

Category	All catheters, % (<i>n</i> = 5,907)	Cases per 1,000 days (IRR, 95% CI)		
		Occlusion (<i>n</i> = 1,512)	Accidental removal (<i>n</i> = 375)	Phlebitis (<i>n</i> = 273)
Sex				
Male (reference)	64.3	77.9 (1.00)	21.8 (1.00)	13.4 (1.00)
Female	35.7	104.5 (1.34, 1.21–1.49) ^a	21.0 (0.97, 0.77–1.20)	20.5 (1.51, 1.17–1.93) ^a
No. of comorbidities				
0 (reference)	23.9	82.8 (1.00)	26.2 (1.00)	16.1 (1.00)
1	21.4	89.9 (1.09, 0.93–1.27)	19.5 (0.74, 0.54–1.02)	15.1 (0.94, 0.64–1.37)
2 or more	54.7	87.0 (1.05, 0.92–1.20)	20.4 (0.78, 0.61–0.99) ^b	15.6 (0.97, 0.72–1.32)
PIVC size				
20 gauge (reference)	55.4	88.0 (1.00)	18.9 (1.00)	15.2 (1.00)
18 gauge or larger	15.4	74.3 (0.84, 0.72–0.98) ^b	27.0 (1.43, 1.08–1.88) ^a	18.6 (1.22, 0.88–1.68)
22 gauge or smaller	29.2	91.2 (1.04, 0.92–1.16)	23.8 (1.26, 0.99–1.60)	14.9 (0.98, 0.73–1.31)
Inserted by				
IV service (reference)	39.8	88.4 (1.00)	12.8 (1.00)	15.1 (1.00)
Clinical staff	60.2	85.5 (0.97, 0.87–1.07)	27.4 (2.15, 1.69–2.76) ^a	16.1 (1.06, 0.83–1.37)
Hospital				
A (reference)	39.4	90.5 (1.00)	12.7 (1.00)	15.3 (1.00)
B	35.7	80.7 (0.89, 0.79–1.00)	21.9 (1.73, 1.31–2.27) ^a	13.7 (0.89, 0.67–1.20)
C	24.9	89.0 (0.98, 0.86–1.12)	36.8 (2.90, 2.22–3.80) ^a	19.0 (1.24, 0.92–1.68)

COMPLICANZE PIVCs

[Infect Control Hosp Epidemiol](#). 2014 Jan;35(1):63-8. doi: 10.1086/674398. Epub 2013 Dec 2.

Risk factors for peripheral intravenous catheter failure: a multivariate analysis of data from a randomized controlled trial.

[Wallis MC](#)¹, [McGrail M](#), [Webster J](#), [Marsh N](#), [Gowardman J](#), [Playford EG](#), [Rickard CM](#).

Interessano il **36%** degli Accessi Venosi Periferici

A domicilio, significa rischiare un aumento di accessi non programmati di circa **1/3 in tutti i casi di terapia infusionale per via periferica protratta con agocannule**

RUOLO DELLE CANNULE PERIFERICHE CORTE (con aletta e prolunga) A DOMICILIO

- Riservato a:
 - Pz già a domicilio
 - Somministrazione terapie compatibili per durate < 7gg
 - Catetere ponte in attesa di posizionamento presidio stabile
 - Buon patrimonio venoso periferico
 - Eventuali ipodermoclisi

**ESISTONO ALTERNATIVE AD
AGHI METALLICI A FARFALLA
E PIVCs PER LA TERAPIA
PERIFERICA
AL DOMICILIO?**

CANNULE PERIFERICHE LUNGHE (MINI-MIDLINE)



	Periferiche Lunghe / MINI-MIDLINE	
Lunghezza	6 - 12 cm	Minor rischio di dislocazione rispetto a periferiche corte

	Periferiche Lunghe / MINI-MIDLINE	
Lunghezza	6 - 12 cm	Minor rischio di dislocazione rispetto a periferiche corte
Materiale	PUR / altri polimeri (es. PEBA)	

	Periferiche Lunghe / MINI-MIDLINE	
Lunghezza	6 - 12 cm	Minor rischio di dislocazione rispetto a periferiche corte
Materiale	PUR / altri polimeri (es. PEBA)	
Calibro	18 - 20 - 22 G / 3 - 4 Fr	

	Periferiche Lunghe / MINI-MIDLINE	
Lunghezza	6 - 12 cm	Minor rischio di dislocazione rispetto a periferiche corte
Materiale	PUR / altri polimeri (es. PEBA)	
Calibro	18 - 20 - 22 G / 3 - 4 Fr	
Luogo utilizzo	P. S./DEA, sala operatoria, radiologia, Reparti degenza, Domicilio	

	Periferiche Lunghe / MINI-MIDLINE	
Lunghezza	6 - 12 cm	Minor rischio di dislocazione rispetto a periferiche corte
Materiale	PUR / altri polimeri (es. PEBA)	
Calibro	18 - 20 - 22 G / 3 - 4 Fr	
Luogo utilizzo	P. S./DEA, sala operatoria, radiologia, Reparti degenza, Domicilio	
Tecnica inserzione	Seldinger / Seldinger modificata /altre tecniche	Posizionamento più semplice e rapido rispetto ai Midline

	Periferiche Lunghe / MINI-MIDLINE	
Lunghezza	6 - 12 cm	Minor rischio di dislocazione rispetto a periferiche corte
Materiale	PUR / altri polimeri (es. PEBA)	
Calibro	18 - 20 - 22 G / 3 - 4 Fr	
Luogo utilizzo	P. S./DEA, sala operatoria, radiologia, Reparti degenza, Domicilio	
Tecnica inserzione	Seldinger / Seldinger modificata /altre tecniche	Posizionamento più semplice e rapido rispetto ai Midline
	Possibilità inserzione con ecoguida	- Inserimento in vene più profonde = > durata rispetto a periferiche corte - dotazione strumentazione - necessità training specifico



	Periferiche Lunghe / MINI-MIDLINE	
Power-injectable	Si	Caratteristica non intrinseca di Periferiche Corte /Midline

	Periferiche Lunghe / MINI-MIDLINE	
Power-injectable	Si	Caratteristica non intrinseca di Periferiche Corte / Midline
Costo	Generalmente contenuto	Intermedio tra agocannula e Midline

	Periferiche Lunghe / MINI- MIDLINE	
Power-injectable	Si	Caratteristica non intrinseca di Periferiche Corte / Midline
Costo	Generalmente contenuto	Intermedio tra agocannula e Midline
Stabilizzazione	Colla / sutureless device (separato opp. integrato nella MST)	

	Periferiche Lunghe / MINI- MIDLINE	
Power-injectable	Si	Caratteristica non intrinseca di Periferiche Corte / Midline
Costo	Generalmente contenuto	Intermedio tra agocannula e Midline
Stabilizzazione	Colla / sutureless device (separato opp. integrato nella MST)	
Durata prevista	< 29 gg	Maggior durata rispetto a periferiche corte

RUOLO DELLE CANNULE PERIFERICHE LUNGHE / MINI-MIDLINE A DOMICILIO

- Riservato a:
 - Somministrazione terapie compatibili per durate < 29gg
 - Terminalità di vita
 - Catetere ponte in attesa di inquadramento diagnostico
 - DIVA

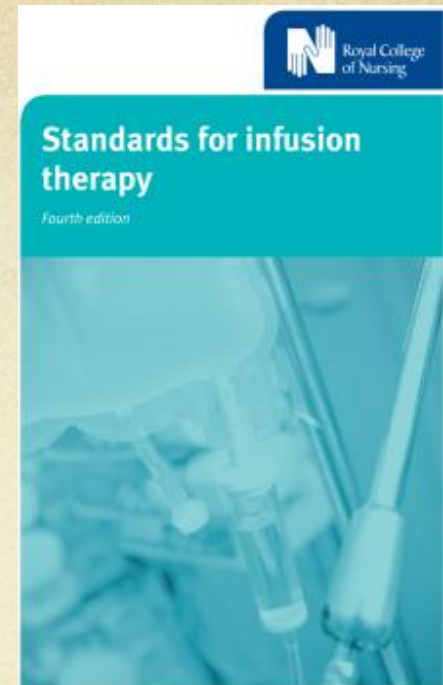
CATETERI MIDLINE

A. Choose a midline catheter as follows:

1. Consider infusate characteristics in conjunction with anticipated duration of treatment (eg, 1-4 weeks).^{1,3,5} (IV)
2. Consider a midline catheter for medications and solutions such as antimicrobials, fluid replacement, and analgesics with characteristics that are well tolerated by peripheral veins.¹¹⁻¹⁴ (V)
3. Do not use midline catheters for continuous vesicant therapy, parenteral nutrition, or infusates with an osmolarity greater than 900 mOsm/L (see Standard 61, *Parenteral Nutrition*).^{1-3, 6,11} (V)



A midline catheter for adults is defined as one that is between 3 and 8 inches (7.5cm–20cm) in length. Midline catheters are used for the administration of blood, fluid and medication when the therapy is expected to last between 1-4 weeks. They may be used where patients present with poor peripheral venous access and when the use of a central venous catheter is contraindicated. The midline catheter provides venous accessibility along with an easy, less hazardous insertion at the antecubital fossa.



Midline catheters can be considered as an alternative to subcutaneous infusion in palliative care depending on the infusate/medicine to be infused, volume and duration of infusion therapy and individual patient needs and dependant on local policy and procedure (Bortolussi et al., 2015).

Midline catheters can be used as an alternative to peripheral cannula for longer term IV infusion therapy (up to <4 weeks) dependant on type of infusate, duration and individual risk assessment and following local policies (Alexandrou et al., 2011).

	MIDLINE	
Lunghezza	20 - 25 cm	-Maggior stabilità rispetto a periferiche lunghe - Maggior pericolo in caso di infusione farmaci non compatibili con circolo periferico

	MIDLINE	
Lunghezza	20 - 25 cm	-Maggior stabilità rispetto a periferiche lunghe - Maggior pericolo in caso di infusione farmaci non compatibili con circolo periferico
Materiale	PUR / Silicone	

	MIDLINE	
Lunghezza	20 - 25 cm	-Maggior stabilità rispetto a periferiche lunghe - Maggior pericolo in caso di infusione farmaci non compatibili con circolo periferico
Materiale	PUR / Silicone	
Power Injectable	Alcuni	

	MIDLINE	
Lunghezza	20 - 25 cm	-Maggior stabilità rispetto a periferiche lunghe - Maggior pericolo in caso di infusione farmaci non compatibili con circolo periferico
Materiale	PUR / Silicone	
Power Injectable	Alcuni	
Numero di lumi	1 - 2	

	MIDLINE	
Lunghezza	20 - 25 cm	-Maggior stabilità rispetto a periferiche lunghe - Maggior pericolo in caso di infusione farmaci non compatibili con circolo periferico
Materiale	PUR / Silicone	
Power Injectable	Alcuni	
Numero di lumi	1 - 2	
Calibro	2 - 5 Fr	

	MIDLINE	
Lunghezza	20 - 25 cm	-Maggior stabilità rispetto a periferiche lunghe - Maggior pericolo in caso di infusione farmaci non compatibili con circolo periferico
Materiale	PUR / Silicone	
Power Injectable	Alcuni	
Numero di lumi	1 - 2	
Calibro	2 - 5 Fr	
Costi	Di poco inferiori ai PICC	Valutare posizionamento PICC (laddove fattibile)

	MIDLINE	
Luogo utilizzo	Reparti degenza, Domicilio	No Urgenza

	MIDLINE	
Luogo utilizzo	Reparti degenza, Domicilio	No Urgenza
Tecnica inserzione (1)	Seldinger modificata	Posizionamento meno semplice e rapido rispetto ad alcuni Mini- Midline, più semplice e rapido rispetto ai PICC

	MIDLINE	
Luogo utilizzo	Reparti degenza, Domicilio	No Urgenza
Tecnica inserzione (1)	Seldinger modificata	Posizionamento meno semplice e rapido rispetto ad alcuni Mini-Midline, più semplice e rapido rispetto ai PICC
Tecnica inserzione (2)	Necessità inserzione con ecoguida	- Dotazione strumentazione - Necessità training specifico



RUOLO DEI MIDLINE A DOMICILIO

- Riservato a:
 - Somministrazione terapie compatibili per durate previste < 30gg
 - Non terminalità di vita (più costoso rispetto a Mini-Midline)
 - Catetere ponte in attesa di inquadramento diagnostico
 - DIVA
 - Poco adatto in previsione di prelievi ripetuti

QUALE DISPOSITIVO DI ACCESSO VENOSO PERIFERICO SCEGLIERE?

TIPOLOGIA PAZIENTE

○ Dimessi da strutture sanitarie

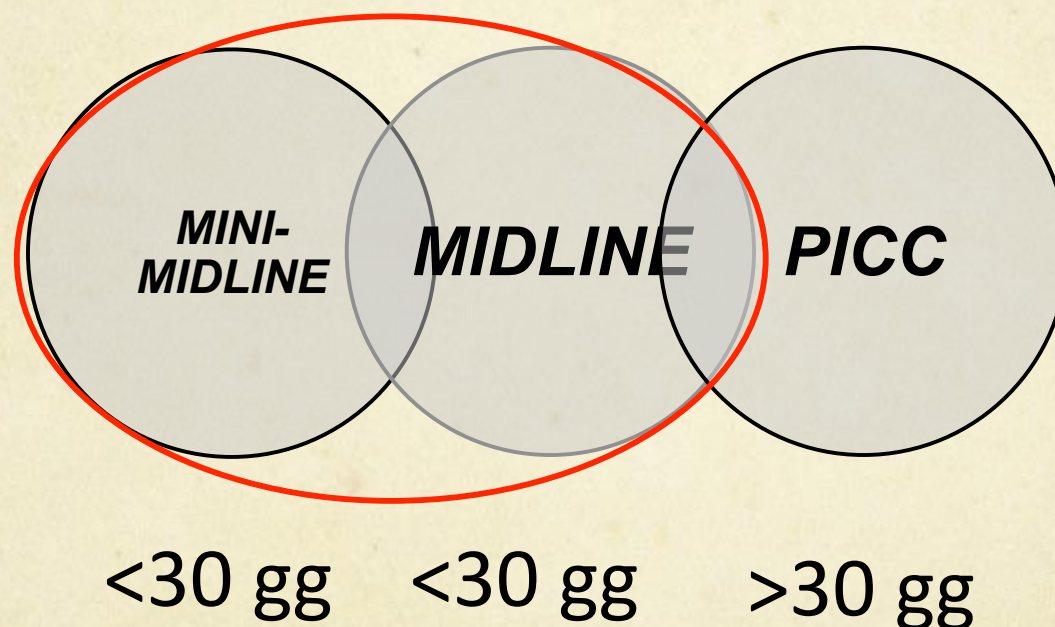


○ Paziente a domicilio



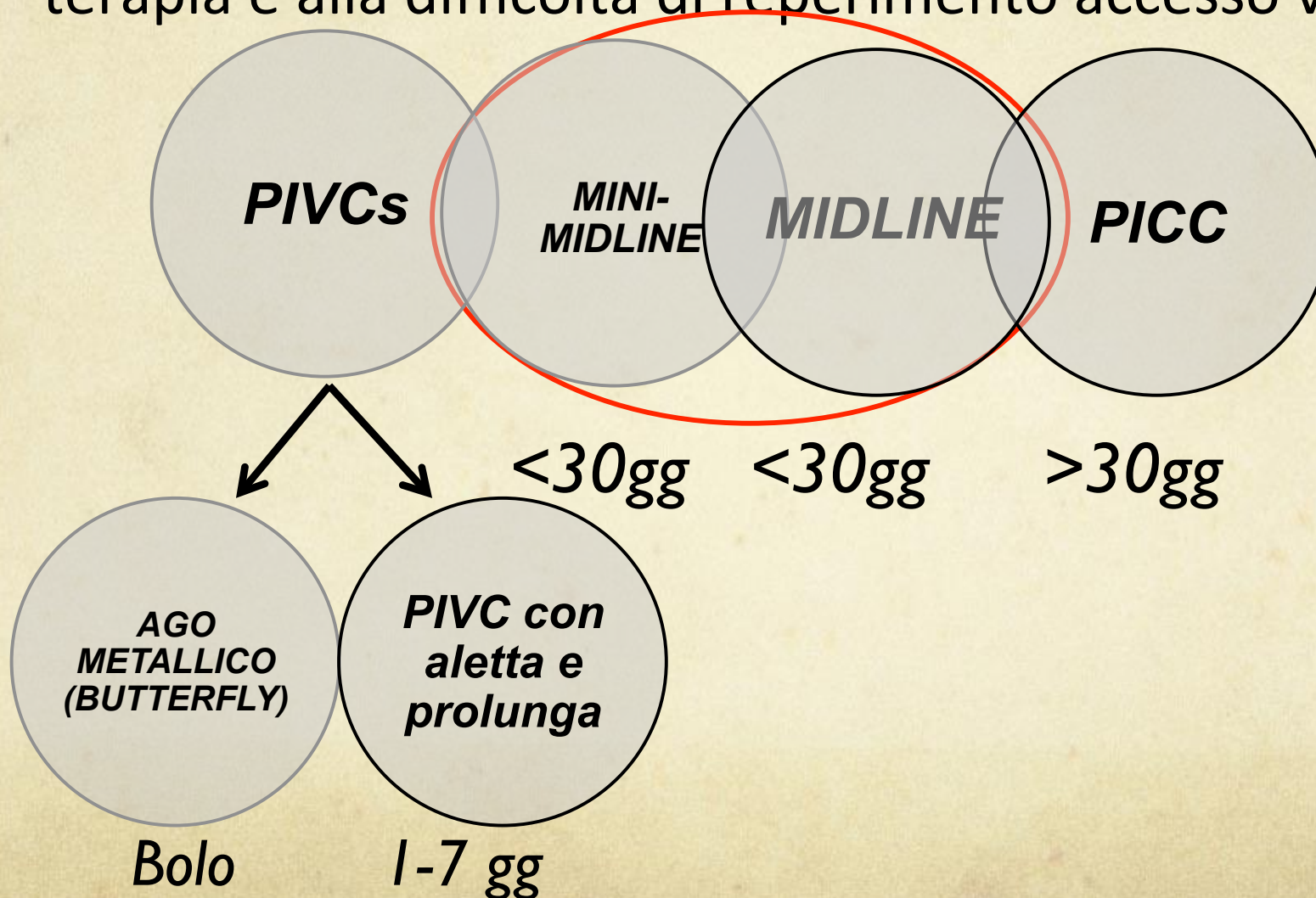
AVP A DOMICILIO NEI PZ DIMESSI DA STRUTTURA

- Dimettere con AVP stabile, compatibilmente con la durata prevista di terapia:



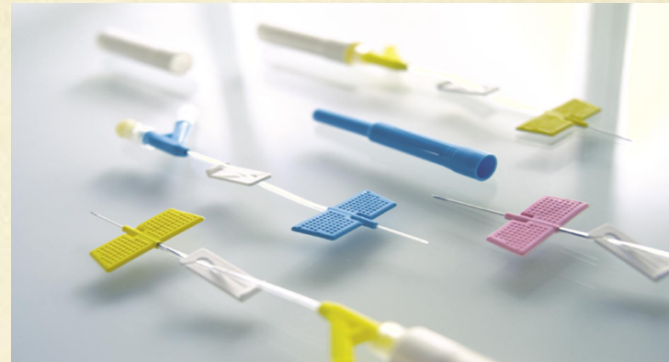
AVP NEL PZ A DOMICILIO

Scegliere il dispositivo in base alla durata prevista di terapia e alla difficoltà di reperimento accesso venoso

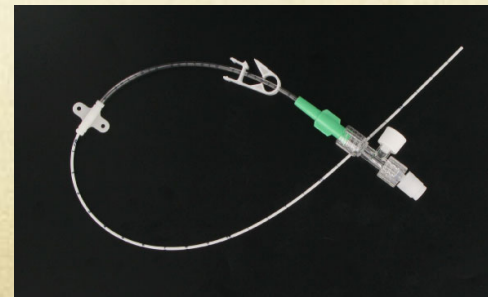


**IN ASSENZA DI PREESISTENTI DISPOSITIVI DI ACCESSO VENOSO –
(cateteri per dialisi normalmente esclusi) – QUALE PRESIDIO SCEGLIERE
A DOMICILIO PER SOMMINISTRAZIONI COMPATIBILI CON VIA
PERIFERICA**

1^ SCELTA: PIVCs con aletta e prolunga



2^ (1^?) SCELTA: Mini-Midline / Midline



RACCOMANDAZIONE FINALE (1)

- Ricordare che si tratta di

Accessi Venosi Periferici

- Corretta indicazione
- Corretta tecnica di inserzione

6. Use ultrasonography (US) for short peripheral catheter placement in adult and pediatric patients with difficult venous access and/or after failed venipuncture attempts (see Standard 22, *Vascular Visualization*).²⁶⁻³¹ (I)

- Corretta tecnica di mantenimento

RACCOMANDAZIONE FINALE (2)

TAKE HOME MESSAGE

PROACTIVE VASCULAR PLANNING

Ricordare che se l'AVP è spesso

LA PRIMA SCELTA

NON SIGNIFICA CHE SIA

L'UNICA SCELTA

Se pz da dimettere con terapia e.v.

Dimetterlo con accesso venoso sicuro ed adeguato



***...GRAZIE PER
L'ATTENZIONE...***

...e arrivederci al prossimo Congresso GAVeCeLT...

GAVeCeLT
Gli Accessi Venosi Centrali a Lungo Termine

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