

YNHHS Adult Inpatient COVID-19 Venous Access and Phlebotomy Guidelines

Scope: Adult inpatients in YNHHS with COVID-19

Leadership and Decision Making:

- 1) YNHHS Adult Inpatient Clinical Discharge Guidelines arrived at through consensus with leadership from Infectious Disease, Medicine, Interventional Radiology, Nursing leadership

Background:

- 1) Treatment algorithms for the adult COVID 19 inpatient population requires frequent lab monitoring to facilitate early detection of abnormal values which can be predictive for clinical decline, as well as stability for discharge. This has been challenging to facilitate for some patients, leading to increased requests for PICC lines and other types of venous access, outside of what usual standards would be

Recommendations:

Venous Access

- 1) Adult inpatients that are COVID positive should initially be managed with standard peripheral venous access
- 2) Patients should be considered for extended length IV (Accucath, Endurance cath, etc) access if:
 - a. Standard peripheral venous access has failed at least twice in a 48 hour period
 - b. Body habitus or venous anatomy prohibit standard peripheral venous access
- 3) Patients should be considered for PICC line placement if:
 - a. Standard and/or extended venous access placement has been unsuccessful, or has failed repeatedly.
 - i. To facilitate PICC placement in this patient population, the following relative contraindications have been removed (in the absence of leukocytosis and/or suspected bacteremia):
 - a) Patients do NOT have to afebrile prior to PICC placement
 - b) Blood cultures do NOT need to be drawn/negative in setting of a fever prior to PICC placement
 - ii. Primary team should discuss with PICC team prior to placement to review candidacy for PICC line, and any concerns for bacterial infection
 - a) Conversation and medical approval for PICC placement should be documented by the primary team
 - b. PICC lines are preferred over midlines due to increased rates of clotting in the COVID population, unreliable blood return, and to optimize staff/PPE utilization.
 - c. Tunnelled central catheters should be considered as clinically indicated
- 4) Unstable/ICU level patients should be considered for central line placement at the discretion of the critical care team

Phlebotomy

- 1) Adult inpatients that are COVID positive should initially be managed with standard peripheral phlebotomy
- 2) Arterial withdrawal of blood should be considered if standard peripheral phlebotomy is unsuccessful after repeated attempts
- 3) Consideration of PICC line placement to aid with phlebotomy if patient has required repeated arterial draws for phlebotomy, and is expected to remain in the hospital for at least 3 more days
 - a. Other extended length peripheral IVs may be considered first, but are not consistently reliable for phlebotomy