

PIVET (PIV Evaluation Tool)

- A guide for nursing staff on who should attempt a PIV start first.
- Guides from novice nurse to expert resource (NNP/VAT)
- Nurses document this in EPIC
- Attached to the IV Therapy Care & Management Policy
- Links to the Line Algorithm for subsequent attempts.

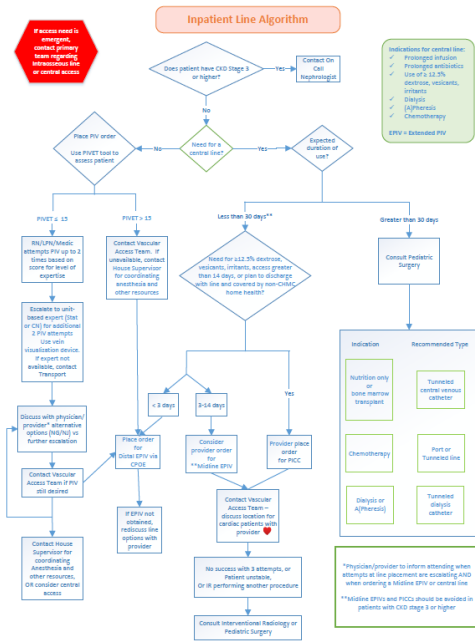
PIV Evaluation Tool (PIVET)

*This tool is for use in a non-emergency situation

Directions for use: Select one score under each category I-V. Total score determines who attempts initial PIV placement.	
I. Available Access sites	
3 points	0-1 sites
2 points	2-3 sites
1 point	>3 sites
II. Patient age in years (NICU ONLY N/A = automatic score of 2)	
3 points	Age 0-1
2 points	Age 1-2
1 point	Age >2
III. Patient Cooperation	
3 points	Uncooperative/hard to immobilize
2 points	Uncooperative/easy to immobilize
1 point	Cooperative
IV. Parent cooperation	
3 points	Extreme anxiety (e.g. parent verbalizes 1 attempt only; or, experienced RN requested)
2 points	Expressing concern
1 point	Able to effectively assist or not available
V. Patient history	
5 points	Difficult/limited access requiring previous PICC/CVL, shock
4 points	Poor access (i.e. obesity, contracture, congenital anomalies interfering with vascular access, excessive scar tissue at IV attempt site) or severe dehydration (i.e. dry mucous membranes, sunken fontanel, tenting of skin)
3 points	Mild dehydration (caregiver reports decreased oral intake, decreased urine output)
2 points	Prior history of difficult IV access (multiple IV attempts)
1 point	No history of difficult IV access problems
TOTAL SCORE	
GUIDE	
<7	Novice: May be attempted up to 1x initially by Student Nurse Interns or by Orientees per Line Algorithm.
7-9	Competent: May be attempted by an RN/LPN/Medic that has completed Orientation.
10-15	Expert: Contact Unit Charge RN for guidance to known department experts in PIV placement.
>15	Contact VAT Team, NNP in NICU, Ultrasound trained inpatient Paramedic, or Anesthesia and document response.

Inpatient Line Algorithm

- A guide for appropriate selection of access based on patient need and duration of use.
- Updated to include use of the PIVET tool
- Linked to all line placement orders in EPIC for easy reference
- Attached to the IV Therapy Care & Management Policy



PICC Consent Workflow

- Clarification on roles in ordering, obtaining consent, and completing the procedure.

PICC Consent Workflow

This is shared responsibility between the provider, proceduralist, and the Bedside RN

Primary Provider Responsibilities:

o The ordering provider will discuss medically related questions, indication, risks, and benefits. This includes alternative options and anticipated duration. Inform caregivers that a request will be placed for the Proceduralist (Vascular Access Team, Interventional Radiologist, or Pedi Surgery) to perform the procedure

o Order arranged for the Proceduralist to place PICC

Proceduralist and Nursing Responsibilities:

o Proceduralist to discuss procedure related risks, benefits, and alternatives specific to PICC placement

o Bedside RN and/or Proceduralist to complete consent

o If the caregiver has additional questions related to medical concerns about why PICC is ordered, contact the ordering provider