Hematology/Oncology/Stem Cell Transplant (HOT) Central Venous Catheter

Ann & Robert H. Lurie Children's Hospital of Chicago

INCLUSION

All HOT patients needing CVC access:

- Multiple lumens needed for therapy
- Difficult access for prolonged therapy
- Medications requiring central access (e.g. repeated use of vesicants or irritants)

RECOMMENDATIONS

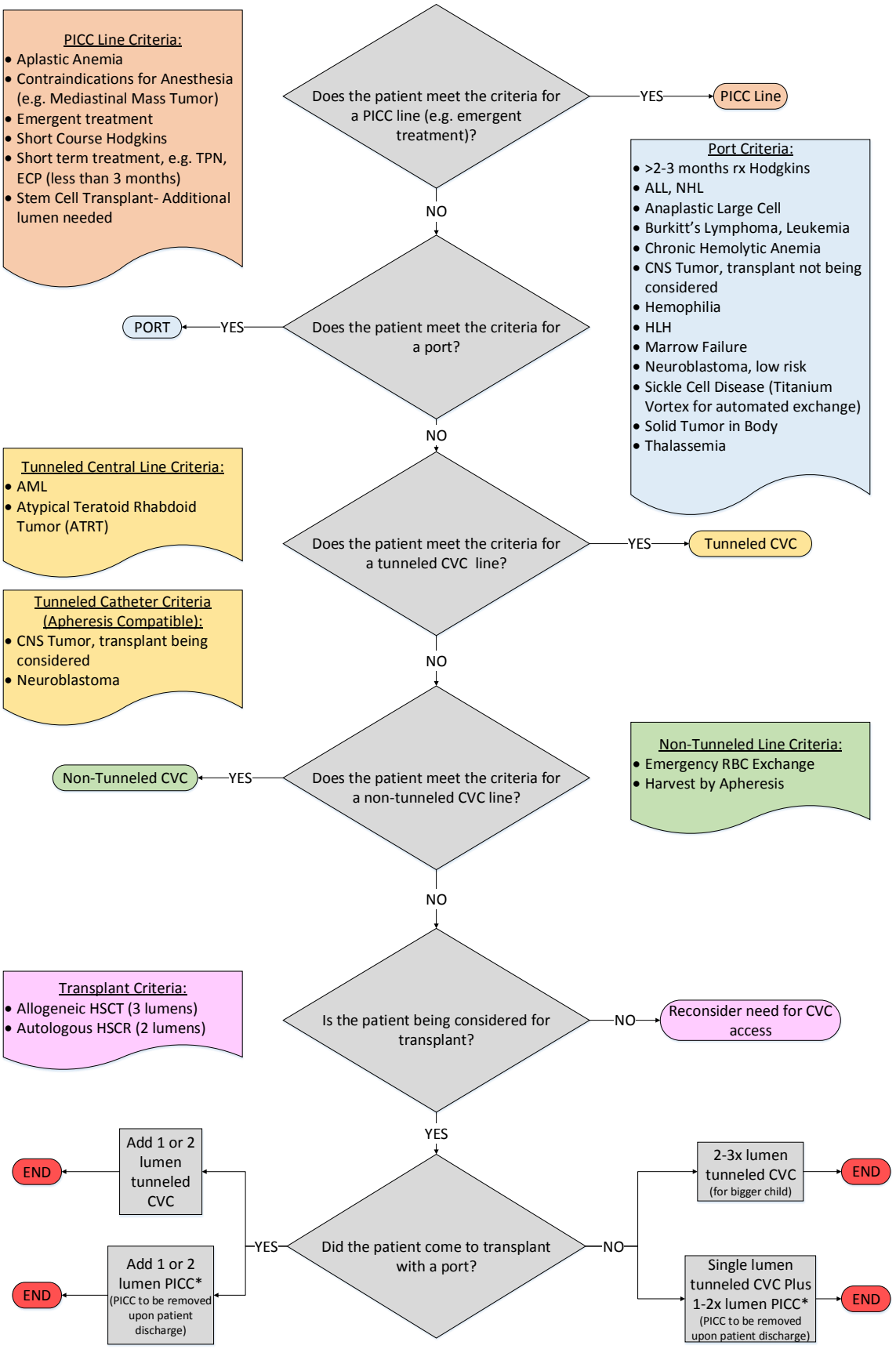
- Utilize Interventional Radiology (IR) or the Surgeon-of-the-Week for CVC placement if primary surgeon is unavailable
- PICC lines should be removed within 3 months
- Patients considered for autologous transplant may require a tunneled CVC for harvest purposes (≥ 9 Fr)
- Powered CVC preferred for most tunneled lines
- If home care is an issue for tunneled CVC, consider a port plus a temporary PICC placement to be removed upon discharge

IRRITANTS

5-Fluorouracil
Bleomycin
Busulfan
Carboplatin
Cisplatin
Etoposide
Ifosfamide
Irinotecan
Melphalan
Oxaliplatin
Taxol
Thiotepa
Topotecan

VESICANTS

Actinomycin
Doxorubicin
Daunorubicin
Idarubicin
Mitoxantrone
Navelbine
Vinblastine
Vincristine



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