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Introduction: An electronic reservation system was created at the Vascular Access Center (VAC) of the Agel Hospital Nový Jičín, CZ, facilitating the ordering of venous access devices (VAD) for hospitalized patients. A healthcare professional (HCP) requesting the VAD placement is asked in the form of a simple multiple choice questionnaire about the reason for and the expected duration of the introduction of the VAD.

Methods: We evaluated the correctness of indications for a specific VAD. We evaluated a period of 6 weeks of common VAC service. In case the VAC specialist did not agree with the selection of the required VAD, the referring HCP was contacted back and the reason for the change was explained.

Results: We evaluated 65 requests from 8 inpatient wards. The most common reason for referral was the insufficiency of the venous system (89.3% of requests), followed by the administration of antibiotics (57%), other infusion therapy (55.4%) and the need for frequent blood sampling (46%). For about half of the requests, the expected duration of therapy was 10–30 days, for 30.8% less than 10 days, for 18.4% more than 30 days. In 13 cases, the referring physician did not have any preferred VAD. In 52 patients there was a requirement for a specific type of access. However, in 40% of patients, the VAC specialist chose a different type of VAD.

Vascular Access Center – Request Form

1. The reason for insertion

- ☐ poor peripheral access ☐ parenteral nutrition
☐ chemotherapy ☐ other infusion therapy
☐ antibiotics Fill in the type of antibiotic
☐ frequent blood withdrawal ☐ hemodynamic monitoring

2. The lenght of therapy

- ☐ less than 10 days ☐ 10-30 days ☐ more than 30 days

3. Blood coagulation parameters

- Anticoagulant/antiaggregant therapy ☐ yes ☐ no thrombocytopenia/coagulopathy ☐ yes ☐ no

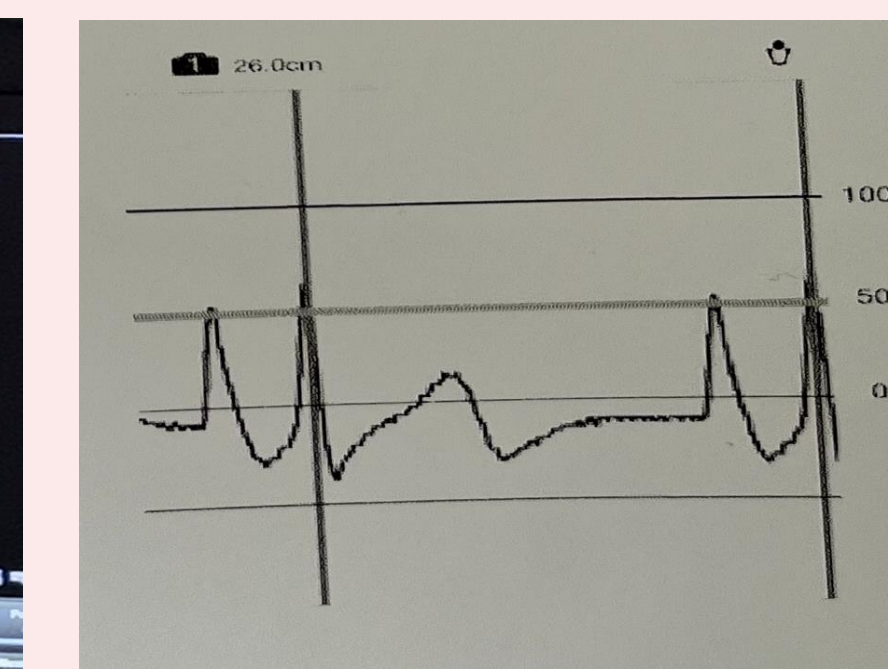
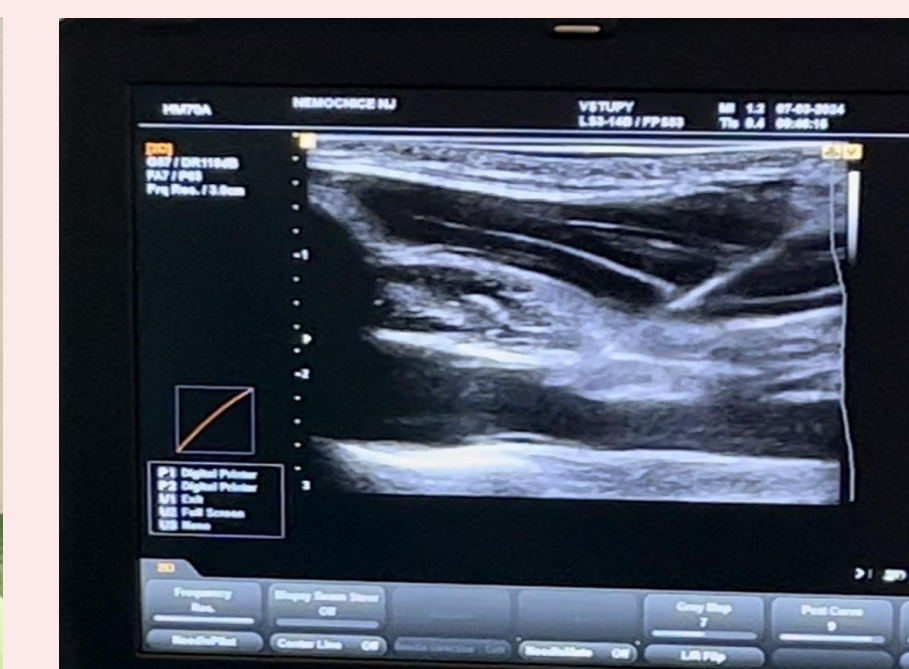
Fill in the medication.....

4. Preferable venous access device

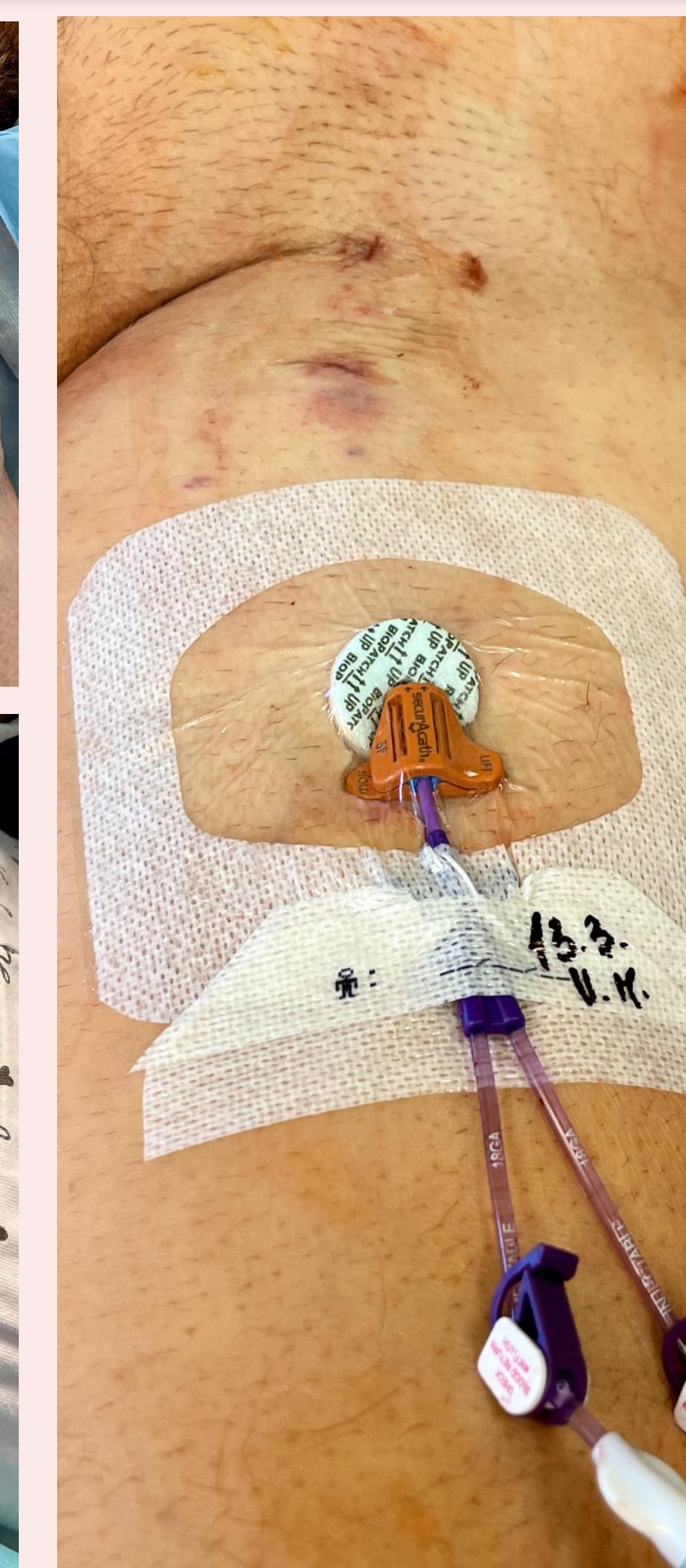
- ☐ long peripheral cannula ☐ midline
☐ CICC ☐ PICC
☐ port ☐ no preference

5. The possibilty of transporting the patient to the procedure room

- ☐ yes ☐ no



All VADs are introduced using ultrasound and I-ECG navigation according to the SIP/SIC/SIF, RaPeVA/RaCeVA/RaFeVA and RaVeSTO protocols; sutureless fixation and glue are used.



Conclusions: Electronic reservation of the VAD led to the streamlining of the entire process. In 40% of the patients referred to VAC, the indication for the desired type of access was evaluated as suboptimal. We thus demonstrated the insufficient information available to the referring physicians regarding the properties of the indicated drugs and the discrepancy between the planned and real duration of therapy. This supports the importance and effectiveness of VAC and the need for continuous education in this area.

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