

< 26 weeks or < 750 grams 26 0/7 - 29 6/7 weeks or 750 -1250 grams 30 0/7 - 31 6/7 weeks or 1251 - 1500 grams > 32 weeks or > 1500 grams

- UVC and UAC placement immediately after admission
- UAC placement may be deferred per physician discretion for stable infants
- Remove UAC as soon as feasible (optimally no longer than 5 days)
- UVC may be maintained for 7-10 days
- Place PICC and remove UVC if enteral feeds less than 60ml/kg/day by DOL 7

- UVC placement immediately after admission
- Consider UAC placement for unstable infants*
- Remove UAC as soon as feasible (optimally no longer than 5 days)
- UVC may be maintained for 7-10 days
- Place PICC and remove UVC if enteral feeds less than 60ml/kg/ day by DOL 7
- May consider PIV attempts x 2

 1 per RN) while setting up for
 UVC/UAC placement

- Place PIV/ED catheter. Total of 4 ED/PIV attempts (2 per RN)
- UVC placement if PIV/ED attempts unsuccessful (May attempt PICC instead of UVC for stable infants if PICC team member available)
- Consider immediate UVC/UAC placement for unstable infants*
- Remove UAC as soon as feasible (optimally no longer than 5 days)
- UVC may be maintained for 7-10 days
- Place PICC and remove UVC if enteral feeds less than 60ml/kg/day by DOL 7

- Refer to " MiniMAGIC" app for appropriate vascular access
- Place UAC per physician discretion based on clinical condition

* Unstable infants

- · Fio2 requirement out of proportion to GA
- Need for
 - -invasive ventilation
 - -frequent lab draws
 - -vasopressors
 - -continuous monitoring of arterial blood pressures

Following Placement Completion:

Obtain a 2 view X-ray to confirm optimal placement of UAC, UVC, and PICC if

- · tip of the catheter is below the level of the diaphragm in AP view
- · unable to obtain blood return from the catheter

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