

**Metro Health – University of Michigan Health**

| <b>Nephrology Consultation for PICC Placement in Chronic Kidney Disease Patients</b> |          |                      |          |               |          |
|--|----------|----------------------|----------|---------------|----------|
| Section  |          | Former Policy Number |          | Policy Number | MS-85    |
| Original Date  | 1/1/2019 | Effective Date       | 1/1/2019 | Next Review   | 1/1/2022 |

**Δ indicates change**

**Policy Statement** It is required that a nephrology consultation be obtained prior to PICC insertion in patients with eGFR < 30 ml/min/1.73 m<sup>2</sup>

**Key Words** Chronic Kidney Disease (CKD), PICC placement, Vein Preservation, Nephrology Consultation

**Scope** Providers Ordering PICC placement, Nephrology Service, IV Team, Interventional Radiology

**General** Vein Preservation in patients with chronic kidney disease is important. Placement of Peripherally Inserted Central Catheters should be avoided in patients with CKD due to potential for scarring and stenosis of veins that would negatively impact future availability of veins needed for AV fistula creation.

**Procedure**

| <b>STEP</b> | <b>ACTION</b>  | <b>RESPONSIBLE PARTY</b>                               |
|-------------|--|--|
| 1           | Determine if patient requires central IV access for one of the following indications: Antibiotic therapy, Chemotherapy, Difficult Access, Frequent Blood Draws, Meds Requiring Central Access, Multiple Incompatible Fluids, Parenteral Nutrition  | Attending/Consulting Provider                          |
| 2           | Determine if PICC placement is preferred: Access needed for at least 6 days (14 days or more preferred), patient has eGFR of ≥ 45.   | Attending/Consulting Provider                          |
| 3           | If patient has an eGFR of 30 – 44, the following alternatives should be considered prior to PICC placement: <ul style="list-style-type: none"> <li>• For difficult access or need for frequent blood draws, use Ultrasound-guided Peripheral IV or Midline if possible.</li> <li>• For patients who still require central venous access, utilize a small-caliber Internal Jugular Vein central line in order to avoid use of the subclavian vein if possible.</li> <li>• If PICC access determined to be the best alternative, the ordering provider must document the rationale in the progress notes.</li> <li>• No nephrology consult is required for patients with eGFR of 30 – 44.</li> </ul> | Attending/Consulting Provider, IV Team, IR             |
| 4           | If patient has an eGFR of < 30, a nephrology consultation is required prior to placement of PICC and nephrologist approval/agreement with PICC placement, if so determined, must be documented in the medical record. Nephrology consultation may be in person (formal consult) or via conversation with the patient’s provider.   | Attending/Consulting Provider, Consulting Nephrologist |
| 5           | (See attached Decision Tree)   |  |
|             |  |  |

**Definition(s)**

**Reference(s)**

**Related Metro Policies  
/ Order Sets**

**Input/Review**

**Issued By**

**Approving Committee(s)** Medical Executive Committee Committee(s) \_\_\_\_\_ Date \_\_\_\_\_

**Director or VP  
Approval**

**Peter Y Hahn M.D.  
CMO**

**Attachment(s)**