



## 2019 UPCOMING EVENTS

### Board Meeting:

Every 2nd Tuesday of the Month  
Time: 1830 - 2000  
Location: TBA

### Election of 2020 Officers

Save the Date: October 8th

### Educational Offering

March  
May  
August  
December

### Save the date:

**March 5, 2019**

**Title:** Vascular Access: Surgical Wound

**Location:** Paesano's Interstate 1604

**Speaker:** Jill Nolte BSN, RN, CRNI, VA-BC

### June 28th Symposium with CEU

In conjunction with HOUVAN and STARVAN  
Well known speakers

**Location:** Austin, Texas

**Fall Symposium in San Antonio** in consortium with  
other San Antonio Healthcare Organizations

**Date:** September 28, 2019

**Location:** Plaza Club San Antonio

Any CENTEXVAN member may submit article or post related to vascular access  
Join the CENTEXVAN Facebook page: members may exchange and share knowledge  
Email to [info@centexvan.org](mailto:info@centexvan.org) or [gatmaicd@yahoo.com](mailto:gatmaicd@yahoo.com)

**Deadline of submission:** Last day of prior month

### CENTEXVAN eBulletin will be available quarterly:

February  
May  
August  
November

Issue  
2019 FEBRUARY

# CENTEXVAN eBulletin



### This Issue

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### AVA Director of Affiliates

Cindy Anderton

## Tips in using ultrasound guided PIV and accelerated seldinger technique all in one method midline catheter

Vascular access can be difficult to obtain in many patients. However, it is important to gain vascular access whether outpatients, inpatients or even for home infusion therapy to administer intravenous medications.

Multiple techniques are learned through school and clinical experiences which include visualization and palpation of veins. Others use vein illumination device or other visualization aide to view the veins.

Education, simulation and practice are essential to insert ultrasound guided peripheral intravenous catheters or using accelerated seldinger technique (AST) all in one method midline catheters consistently.

Obtaining access can be a big challenge even for seasoned vascular access specialists more so for bedside nurses.

For beginners using the AST all in one method midline catheters, it is advisable to practice on performing the ultrasound guided PIV first to successfully place this catheter. Learning the vein anatomy is also crucial.

Recognition of the veins and the valves using the ultrasound is also important.

By knowing the valves, you can ensure that the catheter tip will be in the center of the lumen and not sitting at the wall or valve of the vein by calculating the length of the catheter to be used with the target site.

The gel that is used plays an important role in keeping the site sterile as much as possible. Many use the regular non-sterile gel, however it is advisable to use the sterile gel packet after cleaning the head of the ultrasound probe with chlorhexidine or cover it with sterile cover or probe cover ideally. The use of non-sterile gel was related to healthcare associated infection (2).

When inserting the PIV using the ultrasound, cannulate the vein initially, once the tip of the catheter is located at the center of the vein, and blood return has been obtained, continue to advance the catheter slowly while sliding the transducer probe upwards to follow the vein being cannulated. Once your catheter is placed 1/2 to 3/4 into the vein, you may advance the cannula all the way in and remove the needle.

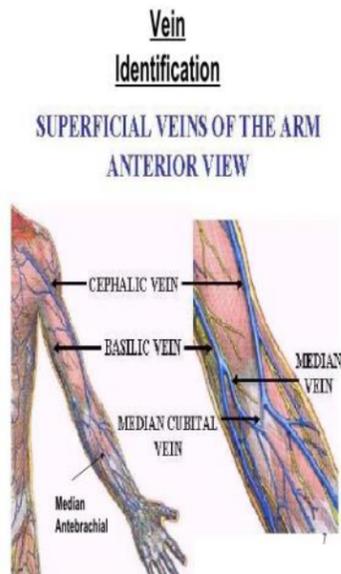
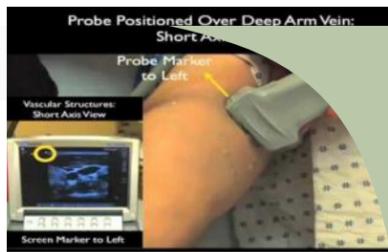
When you become proficient with the ultrasound guided PIV insertion, you may progress in using AST all in one method midline catheter insertion.

This catheter is useful not only for cephalic, but basilic and brachial veins as well.

In cannulating the vein using the AST all in one method midline catheter, initially approach the skin about 90 degrees angle. Once you enter the vein, slowly decrease your angle to avoid transecting the vein commonly called "double walling". Slowly advance the catheter while following the vein as you slide the transducer probe upwards. Once the catheter is placed 1/2 to 3/4 into the vein, you may slide the introducer and deploy the catheter into the vein.

Learning to use ultrasound guidance for PIV insertion takes time and practice. Hopefully these tips will enhance your practice.

Cristina Gatmaitan  
MSN, RN, VA-BC



### References:

Retrieved 01/2019

1. <https://hadawayassociates.com/blog/sterile-probe-covers-for-ultrasound-guided-peripheral-iv-catheters-usgpivc>

2. [https://www.annemergmed.com/article/S0196-0644\(18\)30668-1/pdf](https://www.annemergmed.com/article/S0196-0644(18)30668-1/pdf)

## 2019 CENTEXVAN members Thank you for your support !

Alvarez, Julie RN  
Anderton, Cindy (AVA Affiliate)  
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Cayabyab, Fernando RN  
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Crement, Leah RN, CRNI, VA-BC  
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Garza, Prudence RN  
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Gutierrez, Joel RN  
Hale, Sheila MSN, RN, CRNI, VA-BC (Website Administrator)  
Johnson, Schundra  
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Lichterfield, Marck RN  
Mcrec, Carla R

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Annual Membership = \$30.00

Join AVA [www.avainfo.org](http://www.avainfo.org)

Annual Membership = \$125.00

Become VA-BC Clinician by VACC @ [www.vacert.org](http://www.vacert.org)

### AVA Perspective by Sheila Hale MSN, RN, CRNI, VA-BC

AVA has gotten off to a busy start this year, with many projects to be accomplished. Our main event, the 2019 Scientific Meeting, will be held October 4-7 at Caesar's Palace in Las Vegas, NV. If you are an AVA member, you will get email notices of when registration is open. If you are not a member of AVA yet, you should be! AVA has many benefits to offer in addition to and on a greater scale than our local network. Being a local member is just the first step. I would like to encourage everyone to thoughtfully consider becoming an AVA member. There is a link from our web page to the AVA website and member benefits page. This year I would like to invite you to become a member of AVA if you are not, and if you are, to encourage at least one person you know to become a member as well. The monetary benefits are great, and the resources are awesome, but the encouragement, friendships, and colleagues you gain when you are with like-minded people, who are passionate about vascular access, education, patient advocacy and best outcomes, is priceless. I hope to see you in Las Vegas!

O'Brien, Molly RN  
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