

Table 1. Study characteristics of the included studies

| <u>Author</u> | <u>Setting</u> | <u>Type</u> | <u>Location</u> | <u>Difficult accessible patients yes/no?</u> | <u>PICO</u> |
|-------------------|-------------------------------------|-------------------------|--------------------------|---|-------------|
| Airapetian (2013) | Intensive care unit | Central venous catheter | Jugular and femoral vein | No information | 1 |
| Benali (2022) | Intensive care unit | Central venous catheter | Subclavian vein | Benali (2022) makes a distinction in outcomes for patients with a BMI higher and lower than 30. Benali (2022) also reports outcomes for both groups combined. | 1 |
| Dolu (2015) | Not reported | Central venous catheter | Jugular vein | Overweight patients (mean BMI is 26.6 kg/m2 vs. 25.7 kg/m2. | 1 |
| Ehtesham (2020) | Not reported | Central venous catheter | Jugular vein | No information | 1 |
| Faithi (2016) | Surgical ward of a general hospital | Central venous catheter | Jugular vein | No information | 1 |
| Nazari (2015) | Not reported | Central venous catheter | Jugular vein | No information | 1 |
| Palkhiwala (2020) | Not reported | Central venous catheter | Jugular vein | No information | 1 |
| Rando (2014) | Intensive care unit | Central venous catheter | Jugular vein | 46/123 patients undergoing US guidance placement had DIVA compared to 37/134 patients undergoing landmark-based placement. | 1 |
| Riaz (2015) | Not reported | Central venous catheter | Jugular vein | No information | 1 |
| Srinivasan (2017) | Intensive care unit | Central venous catheter | Jugular vein | No information | 1 |
| Subramony (2022) | Urban tertiary teaching hospital | Central venous catheter | Subclavian vein | No information | 1 |
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|------------------------|---|---------------------------------|-----------------|--|---|
| Vinayagamurugan (2021) | Tertiary care university hospital | Central venous catheter | Jugular vein | No information | 1 |
| Wang (2020) | Intensive care unit | Central venous catheter | Subclavian vein | No information | 1 |
| Oh (2014) | Not reported | Central venous catheter | Subclavian vein | No information | 1 |
| Zhang (2023) | Not reported | Central venous catheter | Subclavian vein | No information | 1 |
| Yalcinli (2022) | Tertiary care hospital | Peripheral intravenous catheter | No information | Yalcinli (2022) investigated patients with difficult intravenous access, defined as: history (>two trial histories during vascular access on a previous visit), with no visible or palpable veins on the upper extremity, and who were assessed to have a difficult procedure by the senior nurse. | 2 |
| Tada (2022) | Aponte (2007): Operating room Bahl (2016): Emergency department Bridey (2018): Intensive care unit Keforne (2012): Intensive care unit | Peripheral intravenous catheter | No information | Ten RCTs from Tada (2022) investigated patients with difficult intravenous access, defined as: <ul style="list-style-type: none"> - Aponte (2007): participants reported past difficulties or anaesthesia providers identified them as having the potential for difficulty. - Bahl (2016): participants reported past difficulties or experienced at least one previous episode where at least 2 attempts were required to obtain a peripheral IV. - Bridey (2018): could not see and palpate a vein. - Keforne (2012): an operator could not see and palpate the targeted vein. - McCarthy (2016): could not see or palpate a vein. - Nishizawa (2020): at least 2 failed attempts with LM, or at least 2 experienced nurses anticipated difficulty with LM based on the absence of a palpable vein or a history of difficult IV cannulation. - Stein (2009): at least 2 failed attempts with LM. - Weiner (2013): had a history of difficult IV cannulation, or at least 2 failed attempts with LM. | 2 |

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McCarthy (2016):
Emergency
department

Nishizawa (2020):
Intensive care unit

Stein (2009):
Emergency
department

Weiner (2013):
Emergency
department

LM: landmark-based approach