

The purpose of the study is to evaluate the frequency and barriers to use of ultrasound guidance for central venous catheter (CVC) insertion by physicians specializing in critical care and hospital medicine” Soni et al (2016).

Abstract:

PURPOSE: The purpose of the study is to evaluate the frequency and barriers to use of ultrasound guidance for central venous catheter (CVC) insertion by physicians specializing in critical care and hospital medicine.

MATERIALS AND METHODS: A national cross-sectional electronic survey of intensivists and hospitalists was administered from November 2014 to January 2015.

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RESULTS: The survey response rate was 5.9% (1013/17 233). Moderate to very frequent use of ultrasound guidance varied by site: internal jugular vein (80%), subclavian vein (31%), and femoral vein (45%). Nearly all physicians (99%) who insert internal jugular CVCs daily use ultrasound guidance, whereas only 46% of physicians who insert subclavian CVCs daily use ultrasound guidance. Use of real-time ultrasound guidance varied by insertion site: internal jugular vein (73%), subclavian vein (28%), and femoral vein (42%). Most physicians (59%) reported not being comfortable with real-time needle tracking at the subclavian site. The most frequently reported barriers to use of ultrasound guidance were (1) limited availability of ultrasound equipment (28%), (2) perception of increased total procedure time (22%), and (3) concern for loss of landmark skills (13%).

CONCLUSIONS: Most intensivists routinely use ultrasound guidance to insert internal jugular CVCs but not subclavian CVCs. The most commonly reported barrier to ultrasound use was limited access to an ultrasound machine.

Reference:



Soni, N.J., Reyes, L.F., Keyt, H., Arango, A., Gelfond, J.A., Peters, J.I., Levine, S.M., Adams, S.G. and Restrepo, M.I. (2016) Use of ultrasound guidance for central venous catheterization: a national survey of intensivists and hospitalists. *Journal of Critical Care*. July 17th. .

doi: 10.1016/j.jcrc.2016.07.014.

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