



Intravenous literature: Memon, J.I., Rehmani, R.S., Venter, J.L., Alaithan, A., Ahsan, I. and Khan, S. (2010) Central venous catheter practice in an adult intensive care setting in the eastern province of Saudi Arabia. Saudi Medical Journal. 31(7), p.803-7.

Abstract:

OBJECTIVE: To study the standard central venous catheter (CVC) practice in an adult intensive care unit (ICU) for potential improvement.

METHODS: This is a prospective descriptive study conducted in an adult ICU of the 300-bedded King Abdul- Aziz Hospital, Al-Ahsa, Saudi Arabia. All consecutive patients admitted over 18 months (April 2007 to September 2008) were included. Details of CVCs, indications, complications, and patients' demographic information were recorded daily until CVCs were removed.

RESULTS: Overall, 379 patients had 474 CVCs, which accounted for 3024 catheter-days, with a mean duration of 6.35 +/- 4.7 days (95% confidence intervals: 5.92-6.78). The most common site of insertion was the internal jugular vein (230 [48.5%]); 192 (40.5%) subclavian catheters, and 52 (11%) femoral. The CVC utilization ratio was 0.64. The catheter related local infection (CRLI) rate was 4.6 per 1000 catheter-day (the highest in the femoral site) and the catheter-related bloodstream infection (CRBSI) rate was 1.98 per 1000 catheter-day (the highest for the jugular route). There were only a few mechanical complications including 2 pneumothoraces, 5 arterial cannulations, and a single significant catheter dislodgement

causing respiratory failure.

CONCLUSION: Our results suggest that the current CVC practice enabled us to keep the rate of complications low, which is comparable to international standards.

