

Medically attended catheter complications were common among outpatients discharged with a CVC, and reduction of these events should be the focus of outpatient quality improvement programs” Spires et al (2018).

Abstract:

OBJECTIVE: Outpatient central venous catheters (CVCs) are being used more frequently; however, data describing mechanical complications and central-line-associated bloodstream infections (CLABSI) in the outpatient setting are limited. We performed a retrospective observational cohort study to understand the burden of these complications to elucidate their impact on the healthcare system.

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METHODS: Data were retrospectively collected on patients discharged from Vanderbilt University Medical Center with a CVC in place and admitted into the care of Vanderbilt Home Care Services. Risk factors for medically attended catheter-associated complications (CACs) and outpatient CLABSIs were analyzed.

RESULTS: A CAC developed in 143 patients (21.9%), for a total of 165 discrete CAC events. Among these, 76 (46%) required at least 1 visit to the emergency department or an inpatient admission, while the remaining 89 (54%) required an outpatient clinic visit. The risk for developing a CAC was significantly increased in female patients, patients with a CVC with >1 lumen, and patients receiving total parenteral nutrition. The absolute number of CLABSIs identified in the study population was small at 16, or 2.4% of the total cohort.

CONCLUSIONS: Medically attended catheter complications were common among outpatients discharged with a CVC, and reduction of these events should be the focus of outpatient quality improvement programs.

Reference:

Spires, S.S., Rebeiro, P.F., Miller, M., Koss, K., Wright, P.W. and Talbot, T.R. (2018)
Medically Attended Catheter Complications Are Common in Patients With Outpatient
Central Venous Catheters. Infection Control and Hospital Epidemiology. February 15th. .

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