



To establish how neonatal units in England and Wales currently confirm longline tip position, immediately after insertion of a longline” Arunoday and Zipitis (2017).

Abstract:

AIM: To establish how neonatal units in England and Wales currently confirm longline tip position, immediately after insertion of a longline.

ReTweet if useful... Confirming central venous catheter position in neonates
<https://ctt.ec/a7VIZ+> @ivteam #ivteam

Click To Tweet

METHODS: We conducted a telephone survey of 170 neonatal units (37 special care baby units, 81 local neonatal units and 52 neonatal intensive care units) across England and Wales over the period from January to May 2016. Data was collected on specifically designed proformas. We gathered information on the following: Unit Level designation; whether the unit used longlines and specific type used? Modality used to confirm longline tip position? Whether guide wires were routinely removed and contrast injected to determine longline position? The responders were primarily senior nurses.

RESULTS: We had 100% response rate. Out of the total neonatal units surveyed (170) in England and Wales, 141 units (83%) used longlines. Fifty-five out of 81 local neonatal units

(68%) using longlines, used ones that came with guide wires; a similar percentage of neonatal intensive care units, i.e., 31 out of 52 units (60%) did the same. All of those units used radiography, plain X-rays, to establish longline tip position. Out of 55 local neonatal units using longlines with guide wires, 42 (76%) were not removing wire to use contrast while this figure was 58% (18 out of 31 units) for neonatal intensive care units. Overall, only 49 out of 141 units (35%) of the units using longlines were using contrast. However it was interesting to note that use of contrast increased as one moved from special care baby units (25%, 2 out of 8 units) to local neonatal units (28%, 23 out of 81 units) and neonatal intensive care units level (46%, 24 out of 52 units) designation.

CONCLUSION: Neonatal units in England and Wales are overwhelmingly relying on plain radiographs to assess longline tip position immediately after insertion. Despite evidence of its usefulness, and in the absence of perhaps more accurate methods of assessing longline tip position in a reliable and consistent way, e.g., ultrasonography, contrast is only used in a third of units.

Reference:

Arunoday, A. and Zipitis, C. (2017) Confirming longline position in neonates - Survey of practice in England and Wales. *World Journal of Clinical Pediatrics*. 6(3), p.149-153.

doi: 10.5409/wjcp.v6.i3.149.

Thank you to our partners for supporting IVTEAM

