

“Early central venous catheter (CVC) insertion in Ebola virus disease (EVD) is a novel approach and has not previously been described” Rees et al (2015).

Reference:

Rees, P.S., Lamb, L.E., Nicholson-Roberts, T.C., Ardley, C.N., Bailey, M.S., Hinsley, D.E., Fletcher, T.E. and Dickson, S.J. (2015) Safety and feasibility of a strategy of early central venous catheter insertion in a deployed UK military Ebola virus disease treatment unit. *Intensive Care Medicine*. March 12th. .

Early central venous catheter insertion in patients with Ebola virus disease  
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Abstract:

**PURPOSE:** Early central venous catheter (CVC) insertion in Ebola virus disease (EVD) is a novel approach and has not previously been described. This report delineates the safety, feasibility and clinical implications of early CVC insertion as the optimum means of vascular access in patients with EVD, in the setting of a deployed military Ebola virus disease treatment unit in Sierra Leone.

**METHODS:** In the gastrointestinal phase of EVD, a 7-French 20-cm triple-lumen CVC was inserted using aseptic technique. Data were collected prospectively on all cases to include baseline and subsequent blood test variables, insertion site and technique, and complications associated with CVC placement.

**RESULTS:** Twenty-three patients underwent CVC insertion as follows: subclavian, 21 (88 %); internal jugular, 2 (8 %); axillary, 1 (4 %). The mean duration of CVC placement was 5 days. There were no significant procedure-related adverse events. Despite coagulopathy being present in 75 % of cases, CVC insertion was safe, and there was only 1 case of significant catheter site bleeding. A total of 152 needle venepunctures were avoided owing to the presence of a CVC, a mean of 7 ( $\pm 3.8$ ) per case over the average stay.

**CONCLUSION:** The early use of CVCs in Ebola virus disease is safe, effective and facilitates patient care. It should be considered a feasible additional route of venous access, where physician expertise and resources allow.



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