

“The intracavitary electrocardiographic method (IC-ECG) is usually considered not applicable when P wave is not evident on basal ECG, such as in atrial fibrillation (AF) or in active pace-makers (APM).” Pittiruti et al (2014).

Reference:

Pittiruti, M., LaGreca, A., Emoli, A., Calabrese, M., Biasucci, D.G. and Scoppettuolo, G. (2014) Tip Location of Central Venous Access in Patients with Atrial Fibrillation and Pacemakers: An Algorithm Minimizing X-RAY Exposure. The Journal of the Association for Vascular Access. 19(4), p.210-211.

ECG tip location algorithm for atrial fibrillation patients [@ivteam](http://ctt.ec/cUq7S+) #ivteam

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Abstract:

Correct tip location of a central venous access devices (CVAD) is of paramount importance. The intracavitary electrocardiographic method (IC-ECG) is usually considered not applicable when P wave is not evident on basal ECG, such as in atrial fibrillation (AF) or in active pace-makers (APM). Though, previous studies suggested that the increase of mean amplitude of the TQ segment on IC-ECG may be used for detecting the cavo-atrial junction (CAJ) in AF. Moreover, electromagnetic tracking systems (such as Navigator, Corpak) (NAV) and trans-esophageal (TEE) or trans-thoracic echocardiography (TTE) might be useful in selected cases.

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