Central venous catheterization is a skill frequently needed in the acute care setting. Patients who have multiple, noncompatible intravenous (IV) medications with limited peripheral access, or who are being given vasoactive or phlebosclerotic agents may not be suitably cared for with a peripheral IV alone" England and Bhimji (2018).

Excerpt:

Central venous catheterization is a skill frequently needed in the acute care setting. Patients who have multiple, noncompatible intravenous (IV) medications with limited peripheral access, or who are being given vasoactive or phlebosclerotic agents may not be suitably cared for with a peripheral IV alone. Some central lines are also placed for temporary or permanent hemodialysis access; these dialysis catheters are significantly larger than traditional double, triple, or quadruple lumen catheters placed in the emergency department (ED) or intensive care unit (ICU) setting. Central lines may also be placed to introduce Swan Ganz catheters to measure internal hemodynamics of the heart, or to introduce temporary transvenous pacemaker leads in the critically ill patient who has severe bradycardia or high-degree heart block: these are called introducer catheters. Most central lines are placed today via the Seldinger technique (a safety enhancement over the previous "cut-down" technique), in which the chosen vein is cannulated with a needle, a guide wire is inserted to maintain a tract through the skin into the vein, and the catheter is then inserted over the wire into the

vein before the wire is removed. Nonetheless, this is still a procedure with ample opportunities for complications. This article focuses on the complications of line placement. [1],[2],[3]

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Reference:
England, B.S. and Bhimji, S.S. (2018) Central Line. StatPearls . Treasure Island (FL): StatPearls Publishing.