



“Patients with multiple CVLs are at 6.2 times higher risk of developing thrombosis compared with those with a single CVL.” Altassan et al (2014).

Reference:

Altassan, R., Al Alem, H. and Al Harbi, T. (2014) Temporary central line related thrombosis in a pediatric intensive care unit in central Saudi Arabia. Two-year incidence and risk factors. Saudi Medical Journal. 35(4), p.371-6.

Abstract:

OBJECTIVE: To estimate the incidence of temporary central venous line (CVL) related thrombosis among the pediatric population of critical care units, and to determine the possible predictors for developing CVL thrombosis.

METHODS: A retrospective cohort study of patients

RESULTS: In 2 years, there were 1,361 admissions to the PICU. Only 248 patients required a central line for acute management. Twenty-one (8.5%) patients developed a thrombosis. The risk of thrombosis increased with multiple insertions of the central line compared with a single central line insertion (95% confidence interval: 2.339-16.667; $p=0.0003$).

CONCLUSION: Among all predictors, the number of CVLs was the only significant predictor of



Patients with multiple central venous catheters are at 6.2 times higher risk of thrombosis | 2

CVL thrombosis. Patients with multiple CVLs are at 6.2 times higher risk of developing thrombosis compared with those with a single CVL.

Other intravenous and vascular access resources that may be of interest (External links - IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan. CancerUK IV chemotherapy information.



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