



We reviewed the infants in the Xin Hua Hospital to determine the incidence of catheter-related bloodstream infections (CRBSIs) as well as other complication rates” Huang et al (2018).

Abstract:

BACKGROUND AND OBJECTIVES: For delivery of parenteral nutrition (PN), long-term central access is often required in infants with intestinal failure (IF). Compared to central venous catheters (CVCs), peripherally inserted central catheters (PICCs) are less invasive, as they are smaller, and they can even be placed without general anesthesia. In this study, we report the complications of long-term use of PICCs, and compare our results with previously published research.

METHODS AND STUDY DESIGN: We reviewed the infants in the Xin Hua Hospital to determine the incidence of catheter-related bloodstream infections (CRBSIs) as well as other complication rates.

RESULTS: A total of 43 infants diagnosed with intestinal failure and receiving PN through a PICC met the inclusion criteria. There were 66 PICCs accounting for 2563 catheter days, and a total of 29 complications were been recorded. The overall incidence of complications was 11.31 per 1000 catheter days, and the incidence of CRBSI was 5.85 per 1000 catheter days. Gram-positive bacterial species were the most common organisms growing in blood cultures. As for the risk factors, we find that low weight when PICC was inserted was associated with

an increased risk of complications as well as low mean weight during the PICC dwelling time.

CONCLUSIONS: We did not find an increased incidence rate of CRBSI in using PICC as an alternative to CVC. Also, as PICCs offer an advantage over CVCs in placing and nursing, we recommended PICCs as the first choice in patients with IF.

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Reference:

Huang, J., Yu, Q., Wen, J., Yan, W., Lu, L., Tao, Y., Cai, W. and Wang, Y. (2018) Peripherally inserted central catheter-related complications in infants with intestinal failure. *Asia Pacific Journal of Clinical Nutrition*. 27(6), p.1225-1229.

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