

Peripherally inserted central catheters (PICCs) are a commonly used central intravenous (IV) access device, which can be associated with significant complications. Midline catheters (MCs) are peripheral IV access devices that may reduce the need for central lines and hence decrease central line-associated bloodstream infections” Xu et al (2016).

Abstract:

BACKGROUND: Peripherally inserted central catheters (PICCs) are a commonly used central intravenous (IV) access device, which can be associated with significant complications. Midline catheters (MCs) are peripheral IV access devices that may reduce the need for central lines and hence decrease central line-associated bloodstream infections. The objective of this study is to compare the utilization and safety of PICCs and MCs.

ReTweet if useful... PICC line and Midline catheter comparison <http://ctt.ec/11373+@ivteam> #ivteam

Click To Tweet

METHODS: This was a retrospective study comparing the use and outcomes of PICCs and MCs at a large academic medical center between January and May 2015. Data were collected using electronic medical records and IV team insertion data. Statistical software was used for analysis.

RESULTS: A total of 206 PICCs and 200 MCs were inserted in 367 patients within the study duration. Patients with MCs were more likely to have complications than those with PICCs (19.5% vs 5.8%, $P < .0001$).

CONCLUSIONS: MCs were associated with a higher risk of non-life-threatening complications versus PICCs, which showed fewer but more serious complications, including bacteremia. The decision to move toward more use of MCs is not without risk. Institutions should continue to review the utilization and safety data of IV catheter use to determine the most appropriate use of these devices.

Reference:

Xu, T., Kingsley, L., DiNucci, S., Messer, G., Jeong, J.H., Morgan, B., Shutt, K. and Yassin, M.H. (2016) Safety and utilization of peripherally inserted central catheters versus midline catheters at a large academic medical center. American Journal of Infection Control. 44(12), p.1458-1461.

doi: 10.1016/j.ajic.2016.09.010.

Thank you to our partners for supporting IVTEAM