The peripheral internal jugular line is another option for vascular access that was originally described in 2009” Gottlieb and Russell (2017).

Introduction:

“Vascular access is an essential procedure in the emergency department (ED). In patients with difficult intravenous access, alternatives to the traditional blind cannulation should be considered, including cannulation of an external jugular vein, a peripheral vein in the upper or lower extremity with real-time ultrasonographic guidance, or a central vein with ultrasonographic guidance. Intraosseous lines and venous cutdowns may also be considered for unstable patients. However, even with ultrasonographic guidance, peripheral venous cannulation may be unsuccessful and central venous cannulation is both time consuming and associated with potential complications, including infection, thrombosis, pneumothorax, and arterial injury.

The peripheral internal jugular line is another option for vascular access that was originally described in 2009. This procedure involves placement of a single-lumen peripheral catheter into the internal jugular vein, using real-time ultrasonographic guidance. The peripheral internal jugular may be safe, quickly placed, and obviate the need for central line placement in patients with difficult intravenous access. However, it is important to ensure that this technique is safe and reliable before routine clinical application. The objective of this article is to provide a summary of the current evidence about the efficacy and safety of placing ultrasonographically-guided peripheral internal jugular venous lines” Gottlieb and Russell (2017).

Reference:


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