



“Pericardial effusion (PCE) and tamponade as a complication of central venous catheters (CVCs) continues to occur in the neonatal population.” Shannon (2014).

Reference:

Shannon, D. (2014) Central venous catheter-induced pericardial effusion in a neonate: a case study and recommendations for practice. Neonatal Network. 33(6), p.341-8.

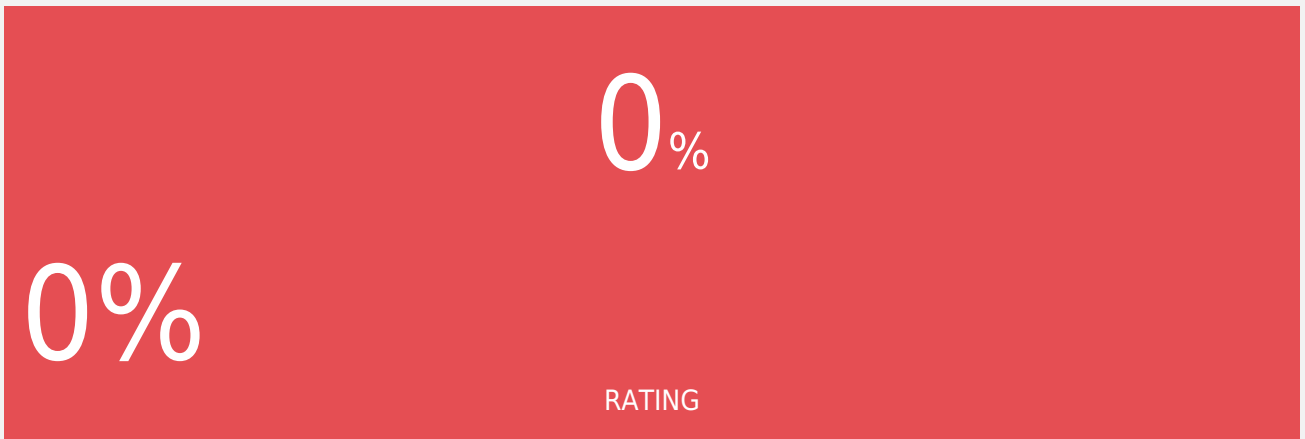
Central venous catheter-induced pericardial effusion in a neonate [@ivteam #ivteam](http://ctt.ec/MTc3E+)

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Abstract:

Pericardial effusion (PCE) and tamponade as a complication of central venous catheters (CVCs) continues to occur in the neonatal population. It is imperative that clinicians managing neonates with CVCs practice vigilance regarding proper catheter tip location. Furthermore, it is of equal importance that clinicians have a high index of suspicion regarding the catheter tip location any time a neonate with a CVC has a clinical deterioration. It is clear that the ultimate outcome of PCE depends on rapid identification and a quick response when pericardial tamponade occurs. PCE can occur any time during the duration of the catheter dwell time, and education of staff caring for neonates will assist in prevention and rapid treatment.

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