



The most common cause for CVC removal or exchange was catheter dysfunction (50%). CVCs were mostly inserted in the femoral vein, which is the preferred site of insertion in acute HD/PE because of the smaller number of complications” Rus et al (2016).

Abstract:

Renal replacement treatment (RRT) is required in severe acute kidney injury, and a functioning central venous catheter (CVC) is crucial. Twenty-eight children younger than 16 years have been treated at the University Medical Centre Ljubljana between 2003 and 2012 with either acute hemodialysis (HD) and/or plasma exchange (PE), and were included in our study. The age of the patients ranged from 2 days to 14.1 years.

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Sixty-six CVCs were inserted (52% de novo, 48% guide wire). The sites of insertion were the jugular vein in 20% and the femoral vein in 80%. Catheters were in function from 1 day to 27 days. The most common cause for CVC removal or exchange was catheter dysfunction (50%). CVCs were mostly inserted in the femoral vein, which is the preferred site of insertion in acute HD/PE because of the smaller number of complications.

Reference:

Rus, R.R., Premru, V., Novljan, G., Grošelj-Grenc, M. and Ponikvar, R. (2016) Fate of Central Venous Catheters Used for Acute Extracorporeal Treatment in Critically Ill Pediatric Patients: A Single Center Experience. Therapeutic Apheresis and Dialysis. 20(3), p.308-11.

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