Abstract:

Peripherally Inserted Central Catheters (PICC) are essential in modern infusion therapy. We describe a case of a full-term infant with Trisomy 21, congenital cardiac anomalies and sepsis, where the PICC became malpositioned. Non-invasive repositioning strategies were successfully utilized through a team approach, which enabled this unstable infant to complete their therapy course without the undue stress of inserting a new PICC or requiring additional X-Rays or more invasive replacement procedures.