
Abstract:

Vascular access is critical in the care of sick infants and children for the direct administration of medications and fluids. In infants, especially preterm infants, the use of scalp veins is a common practice because of less subcutaneous fat and less mobility around the catheter site decreasing the risk of dislodgement. We describe a case of a 24-week preterm infant girl born via caesarean section delivery who developed signs of increased intracranial pressure on day of life 11. A head computed tomography (CT) demonstrated large bilateral subdural hematomas with midline shift secondary to packed red blood cell infusion via an incorrectly positioned scalp intravenous catheter in the subdural space. In general, the use of scalp veins for intravenous access is a common method for direct administration of medications and fluids in small infants, with risks that are comparable to those associated with peripheral venous access. The use of scalp intravenous catheters is a fairly safe practice when correctly positioned. Position confirmation before and during use is vital to avoid potential intracranial complications.