Intravascular devices aid in drug administration and fluid replacement for hospitalized patients and are thus an integral part of modern medical care; however, poor aseptic technique and improper manipulation of infusion devices increase the risk of infections secondary to catheterization that can progress to sepsis and septic shock” Abernathy et al (2019).

Abstract:

Intravascular devices aid in drug administration and fluid replacement for hospitalized patients and are thus an integral part of modern medical care; however, poor aseptic technique and improper manipulation of infusion devices increase the risk of infections secondary to catheterization that can progress to sepsis and septic shock. We report the case of a woman who presented with altered mental status after receiving normal saline through an intravenous catheter placed by a medically untrained individual. Less than 24 h following her initial presentation to emergency medical services the patient became unresponsive to multiple vasopressors and broad-spectrum antibiotics and succumbed to septic shock. At autopsy, the decedent had enumerable hemorrhagic lesions consistent with septic emboli, and microscopic examination revealed clusters of coccoid-appearing bacteria. Cultures of the intravenous fluid and IV tubing collected at the decedent’s home grew methicillin-resistant Staphylococcus aureus (MRSA), which was consistent with ante-mortem cultures. This case highlights the rapid clinical deterioration and autopsy presentation of MRSA sepsis due to
contamination of the intravenous delivery system.

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