“More than 80% of all paediatric oncology patients have a long term central -catheter (CVAD; port or Broviac type). Many aspects considering the use of CVADs have not been studied.” Simon et al (2014).

Reference:

Multicentre survey evaluating clinical practice of port and Broviac management
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Abstract:

BACKGROUND: More than 80% of all paediatric oncology patients have a long term central -catheter (CVAD; port or Broviac type). Many aspects considering the use of CVADs have not been studied.

PATIENTS: Children and adolescents treated in Paediatric Oncology centres.

METHOD: Internet-based multicentre survey related to the use of CVADs conducted in
cooperation with the German Society of Paediatric Oncology and Haematology (GPOH).

RESULTS: 29 centres participated; 25 German participants represented at about 50% of all paediatric oncology centres in Germany. Which CVAD type is preferred depends on the centre and not on the underlying malignancy. Most centres implant the CVAD at the beginning of induction therapy for paediatric ALL. Port-needles are changed and Broviacs are flushed once a week. The i. v. system is changed every 72 h. 93% of all units use antiseptics at the Broviac entry site and at the CVAD hub. Only a few centres use antimicrobial lock solutions (ALS) for prophylaxis of bloodstream infections (BSI). Most units use ALS or ethanol locks as adjuvant treatment for CVAD-associated BSIs. Only 42% of all centres have performed a prospective surveillance of BSIs in 2011.

CONCLUSIONS: Beside differences between centres in some issues, many procedures have been implemented consensualy in paediatric oncology units. In terms of common experience, it is possible to describe a good clinical practice. The proportion of units performing a prospective systematic surveillance of BSIs should be increased.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).