When stable central venous access is required for long-term intravenous infusions, several options are available including peripherally inserted central catheters (PICC), tunneled catheters and ports” Goel et al (2017).

Abstract:

Establishing venous access can be an important and often complex aspect of care for pediatric patients. When stable central venous access is required for long-term intravenous infusions, several options are available including peripherally inserted central catheters (PICC), tunneled catheters and ports. Both PICC placement and tunneled catheter placement include an exposed external segment of catheter, either in an extremity or on the chest. We present a pediatric patient with complex behavioral history who required long-term intravenous therapy. After careful review, the best option for the patient was determined to be a tunneled catheter that exited the skin in the right upper back, making it difficult to grab and pull out. The catheter was successfully placed and the patient appropriately completed his intravenous antibiotic course. Upon completion, the catheter was removed without complications. This tunneling technique to the scapular region may be useful for patients with psychiatric or neurodegenerative disorders where purposeful dislodgement may be a problem.

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