The purpose of our study was to evaluate the feasibility and safety of midline catheter placement in the emergency department, and the potential complications of placement” Eraso et al (2018).

Extract:

“The advent of ultrasound and ultrasound-guided IVs have markedly increased the possibilities of peripheral access for the emergency department (ED). Where there were previously clear-cut boundaries that separated peripheral and central access, ultrasound allows access to veins that were once too deep for direct visualization and too small for blind exploration. Traditional length catheters (3-5cm) are prone to dislodgement and failure when accessing deep vessels, however longer midline catheters (10-25cm) allow for deep peripheral vein cannulation with sufficient length to remain adequately seated and stabilized in deep vessels. Midline catheters are available in a variety of lengths and lumens, and can readily be placed under ultrasound guidance using a modified Seldinger technique into the cephalic, basilic, or brachial veins. Recent studies have demonstrated successful placement by residents in a surgical ICU setting, with potential cost saving associated with decreased central venous access. The purpose of our study was to evaluate the feasibility and safety of midline catheter placement in the emergency department, and the potential complications of placement.”

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Full Text

Reference:


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