



In this retrospective case control study, we examine costs related to these 2 tip confirmation methods while assessing overall cost savings to the health care industry” Patel et al (2018).

Abstract:

Peripherally inserted central catheter use has increased dramatically over the past decade, parallel to health care costs. Traditional bedside peripherally inserted central catheter placement requires anthropometric measurements of estimated catheter length and confirmation of appropriate tip positioning via chest radiograph. Newer bedside technology, using magnet and electrocardiogram capabilities, seeks to replace the traditional method with equal efficacy but less overall cost. The need for follow-up chest radiograph can be removed, a significant cost savings in direct patient care. In this retrospective case control study, we examine costs related to these 2 tip confirmation methods while assessing overall cost savings to the health care industry.

Reference:

Patel, S.A., Bhattacharjee, P. and Roman, L. (2018) Bedside Peripherally Inserted Central Catheter Tip Confirmation: A Direct Savings Analysis. The Journal of the Association for



Vascular Access. 23(2), p.96-101.

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