

We describe the feasibility of inserting an ultrasound (US)-guided peripheral IV catheter into the internal jugular vein (IJ) in such populations” Butterfield et al (2015).

Abstract:

Vascular access is necessary in patients admitted to the intensive care unit and the medical ward. Currently, there are multiple modalities to achieve adequate vascular access, each with their own difficulties and drawbacks. Often, in patients with certain comorbidities, it is difficult to obtain a peripheral intravenous (IV) line, which can lead to multiple failed attempts in achieving access.

We describe the feasibility of inserting an ultrasound (US)-guided peripheral IV catheter into the internal jugular vein (IJ) in such populations. This was a prospective observational case series in patients with difficult or failed peripheral IV access. All patients underwent sterile insertion of a peripheral IV catheter (2.5”, 18 gauge) into the IJ under US guidance. Catheter placement was confirmed by ultrasonography. Nineteen consecutive patients were included in this series. A total of 20 US-guided peripheral IJ catheters were placed. The mean patient age was 57. Sixty percent of patients were male and the mean body mass index was 26 (14.1-51.5). The mean time taken to place the peripheral IJ catheter was 5.3 minutes. Eighty-five percent of catheters placed were mostly placed in the right IJ. There were no complications on follow-up. US-guided placement of peripheral IV catheters in the IJ is feasible to achieve short-term IV access in a select patient population who failed traditional peripheral IV placement. Furthermore, larger trials are needed to confirm safety and long-term complications of this method.

Reference:

Butterfield, M., Abdelghani, R., Mohamad, M., Limsuwat, C. and Kheir, F. (2015) Using Ultrasound-Guided Peripheral Catheterization of the Internal Jugular Vein in Patients With Difficult Peripheral Access. American Journal of Therapeutics. October 8th. .

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