Peripherally inserted central catheters facilitate the management of patients avoiding repeated peripheral venipunctures” Molina Caballero et al (2016).

Abstract:

INTRODUCTION: Peripherally inserted central catheters are indicated when an intravenous treatment is expected for more than 6 days or less if phlebotoxic medication is used. We report our recent experience.

METHODS: Retrospective study from 2014 to 2015 including patients to whom a catheter was placed either, in the operating room after surgery and before awakening the patient, or in the Pediatric ICU by direct or ultrasound guidance venipuncture. We reviewed patient characteristics, underlying disease, line catheterization procedure, type and duration of venous line, intravenous treatment and complications.

RESULTS: Sixty-nine catheters of 3, 4 and 5 Fr (1 or 2 lumens) were placed in 66 patients with a median age of 5.71 years (± 4.24). They were mainly Pediatric Surgery patients (n = 19) mostly complicated acute appendicitis (n = 12). Arm veins were catheterized without difficulties except for two accidental arterial punctures. There were no infectious complications but 7 patients presented extravasation (one chylothorax) that forced the removal of the catheters and 3 reported obstruction by parenteral nutrition resolved with heparin irrigation. Two patients died and one was referred to another center with the catheter in use. There were no clinical venous thromboses. The median line duration was 10.6 days (maximum of 62 days).

CONCLUSIONS: Peripherally inserted central catheters facilitate the management of patients avoiding repeated peripheral venipunctures. Its placement in the operating room after surgery and before the patient awakes, facilitates line catheterization and reduces complications. That is why we have included it in the therapeutic protocol of selected
patients, the use of this type of catheter.

Reference:


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