# PAEDIATRIC CENTRAL VENOUS CATHETER AUDIT & NEW GUIDELINE

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# AUDIT OBJECTIVES

- Audit of central venous catheters inserted in children under 1 year of age prior to, or during, PICU admission
- To review current practice in relation to what length CVCs are being inserted in relation to patient size
- To review how often the CVC tip position is either too long or too short, and whether this is due to inappropriate line selection in relation to patient size
- To review CVC complications and establish if these are related to line length and patient size
- Establish new guidance for CVC size and length in children

# METHODOLOGY

- 200 patients under 1 year of age admitted to PICU between January 2019 and July 2020 who had CVC inserted
  - 100 Cardiac Surgery Patients
  - 100 Non-cardiac Surgery Patients



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# SUMMARY OF FINDINGS

- Wide variation in size/length of lines being inserted currently
- Poor documentation made data collection challenging
- Internal Jugular lines
  - Too short most commonly 5cm lines in >5kg babies
  - Too long most commonly 8cm lines but across all weight groups
- Complication rate 6.5%
- Complications most common with 5Fr 5cm lines





# LEEDS CHILDREN'S HOSPITAL CENTRAL VENOUS ACCESS INSERTION GUIDELINE

Finn, Winton, Rawabdeh, Chauhan March 2021

DOES YOUR PATIENT REALLY NEED A CENTRAL VENOUS LINE? IF SO, ARE THEY A CARDIAC PATIENT DEPENDENT UPON PATENT JUGULAR VEINS FOR FUTURE SURGICAL INTERVENTION? IF YOU ARE NOT SURE - ASK!

### TARGET AUDIENCE

Any member of staff involved in the insertion and on-going care of central venous lines inserted in patients admitted to and being admitted post operatively to paediatric intensive care

## SIZE AND LENGTH GUIDANCE FOR INTERNAL JUGULAR VEIN INSERTION

Weight of patient	Brand	Size/ Length of triple lumen line to be inserted
< 3kg	Cook	5Fr 5cm Triple lumen
3 - 8kg	Vygon	4.5Fr 6cm Triple lumen
8– 20kg	Cook	5 Fr 8cm Triple lumen
20 – 50kg	Cook	5Fr 12cm Triple lumen
50kg +	Cook	5Fr 15cm Triple lumen (or larger adult CVC)

## SIZE AND LENGTH GUIDANCE FOR FEMORAL VEIN INSERTION

Weight of patient	Brand	Size/ Length of triple lumen line to be inserted
< 3kg	Vygon	4.5Fr 6cm Triple lumen
3 – 20kg	Cook	5Fr 8cm Triple lumen
20-50kg	Cook	5Fr 12cm Triple lumen
50kg +	Cook	5Fr 15cm Triple lumen (or larger adult CVC)

Please consider using a Vygon 4 or 5 lumen CVC in the 50kg+ group which can be obtained from adult ICU/adult theatres

## INSERTION TECHNIQUE

Paediatric Critical Care Society Procedure videos: Right Internal Jugular Vein: https://youtu.be/EX83F0V8fIQ

Consider the use of 'Cook Micropuncture'needle and wire sets for challenging central venous access.



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# **EVIDENCE**

Finn, Winton, Rawabdeh, Chauhan, Leeds Children's Hospital Paediatric Intensive Care Central Venous Access Audit, 2021 (200 patient episodes)

Complications of Central Venous Access Devices: A Systematic Review, Amanda J. Ullman, Nicole Marsh, Gabor Mihala, Marie Cooke, Claire M. Rickard, Pediatrics Nov 2015, 136 (5) e1331-e1344; DOI: 10.1542/peds.2015-1507

Miller JW, Vu DN, Chai PJ, Kreutzer JH, John JB, Vener DF, Jacobs JP. Upper body central venous catheters in pediatric cardiac surgery. Paediatr Anaesth. 2013 Nov;23(11):980-8. doi: 10.1111/pan.12261. Epub 2013 Sep 19. PMID: 24088201

https://www.teleflex.com/anz/en/australia-education/clinical-resources/Find-Your-Rhythm-What-is-the-Optimal-Tip-Position-for-CVCs-2016.pdf



#### DOCUMENTATION

- Please complete the 'Central Venous Access' clinical form on patient record in PPM including the indication for line insertion.
- If there is a complication with a central venous line then please make a separate entry on PPM stating the complication and what action was taken.
- If a patient arrives from another hospital with a central line already in situ please ensure the size and length are documented.

#### POSITION



From Teleflex Academy; Find Your Rhythm: Where is the optimal tip position for CVCs?

#### IDEAL POSITION IS WITHIN THE SVC-RAA JUNCTION

#### Around T5-T6 on AP chest film

#### **RISKS IF PROXIMAL:**

- Migration of line & potential
  infusion leakage at skin
- Extravasation injury

#### **RISKS IF DISTAL:**

- Migration into right ventricle with damage to tricuspid valve apparatus
- Endocardial wall erosion leading to pericardial effusion +/- tamponade
- Thromboembolism