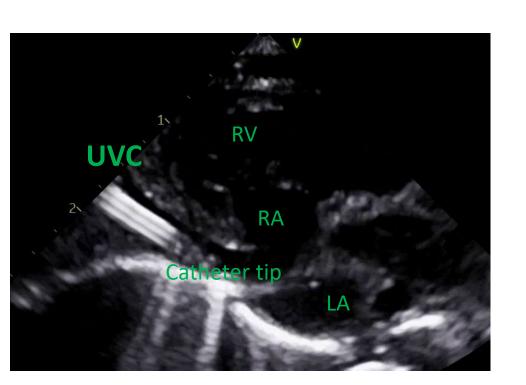




POCUS facilitated central catheter placement But Why?



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NeoFOCUS-UK 2024



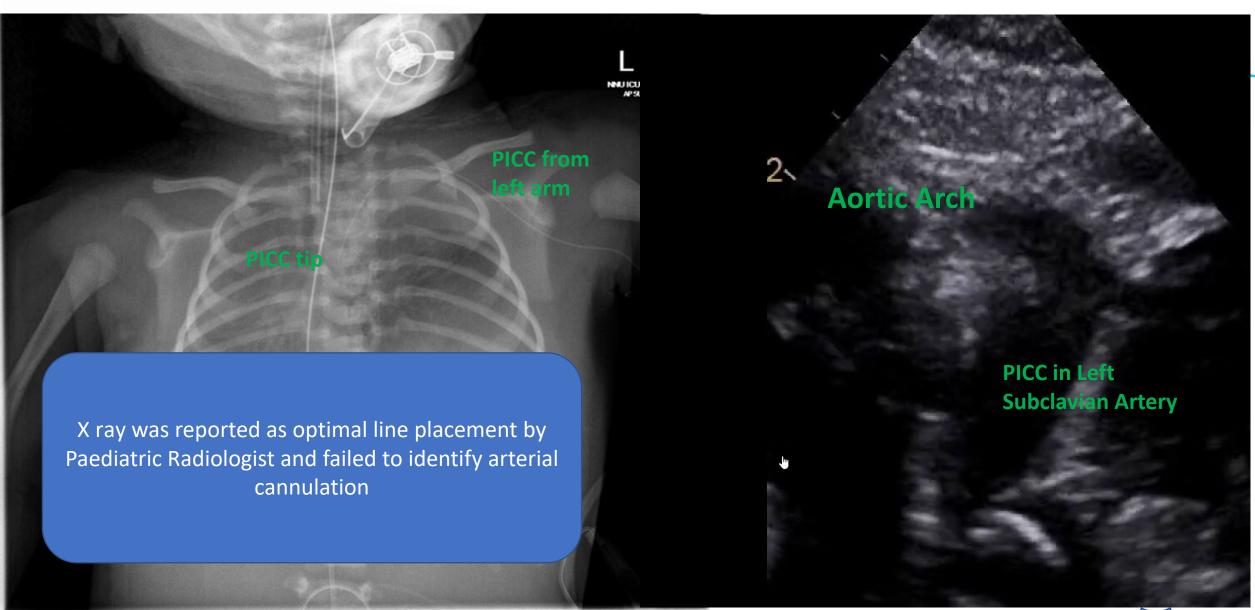






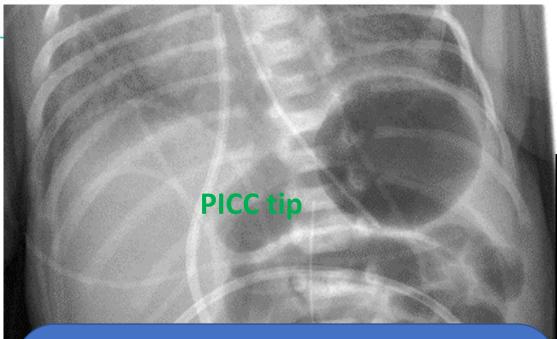




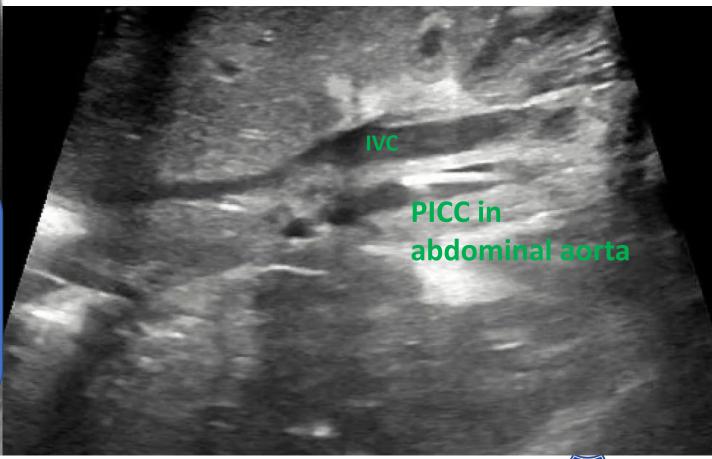






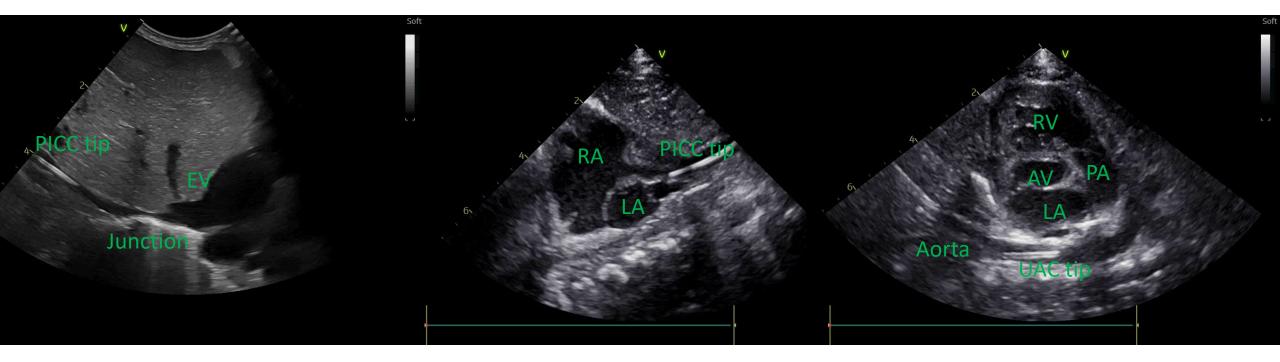


X ray was reported as optimal line placement by Paediatric Radiologist and failed to identify arterial cannulation





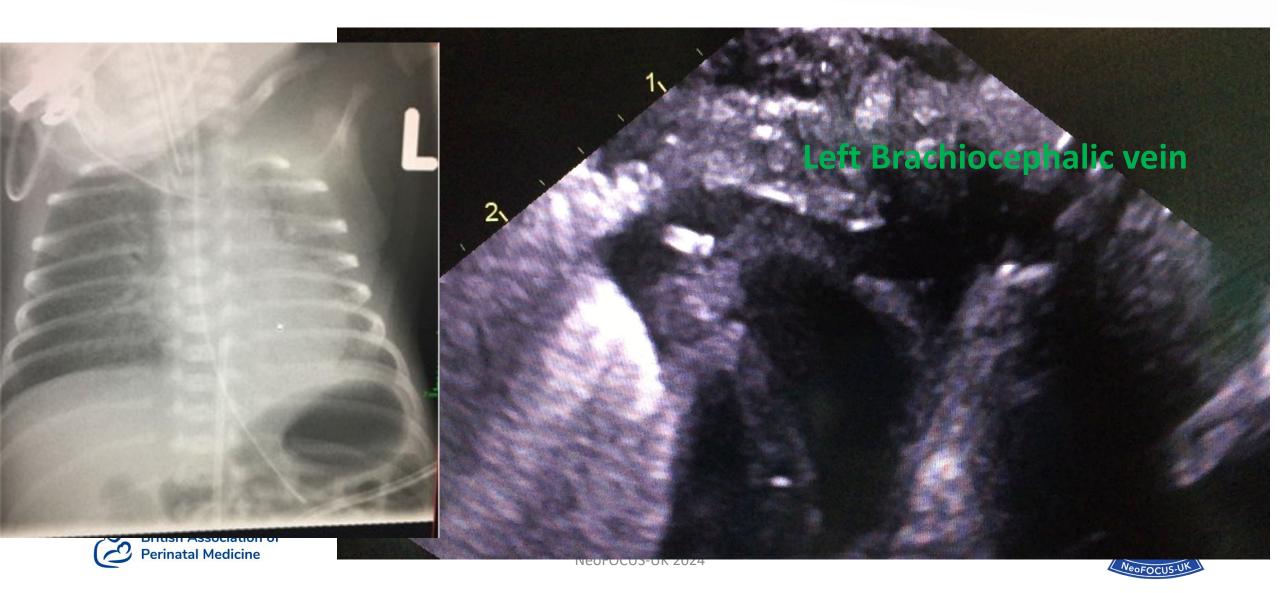
Wider Role of Pocus in less dramatic but more frequently faced situations in central line insertion Catheter tip position



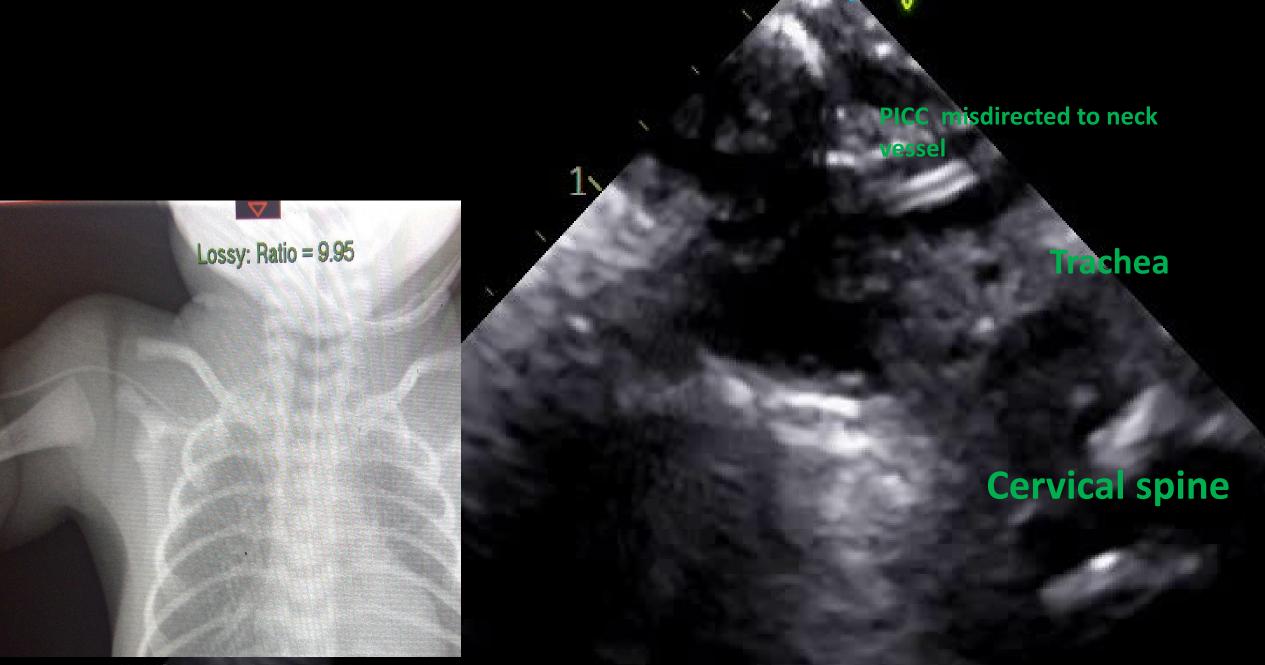




Issues not explained by X ray



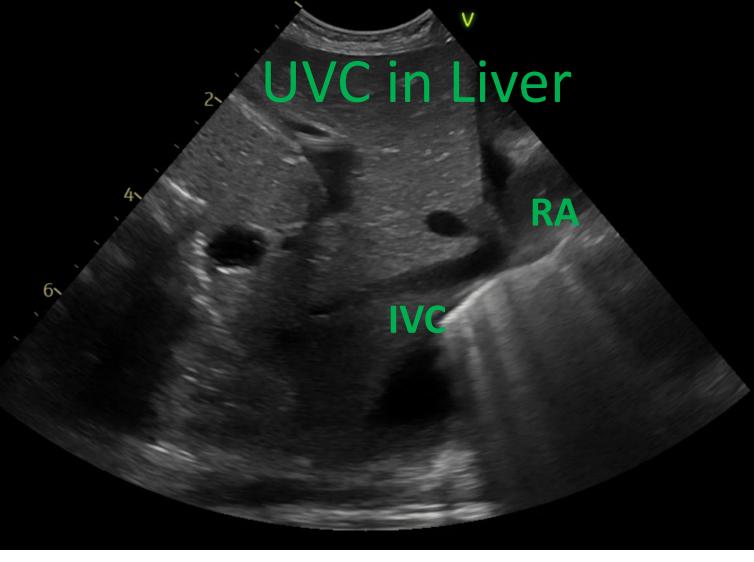
Where redirection of catheter tip is needed





Ultrasound guided UVC insertion





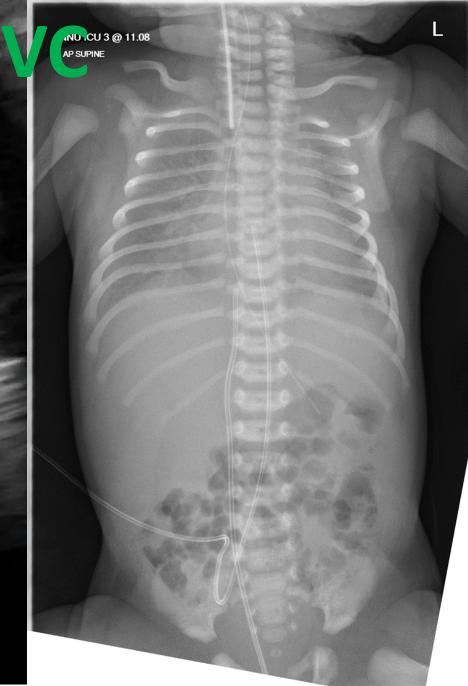




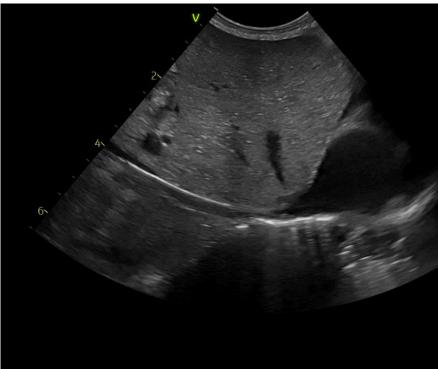
UVC re directed to IV (APSUPINE)

RA

IVC



Catheter tip Adjustment











Large tertiary surgical centre audit

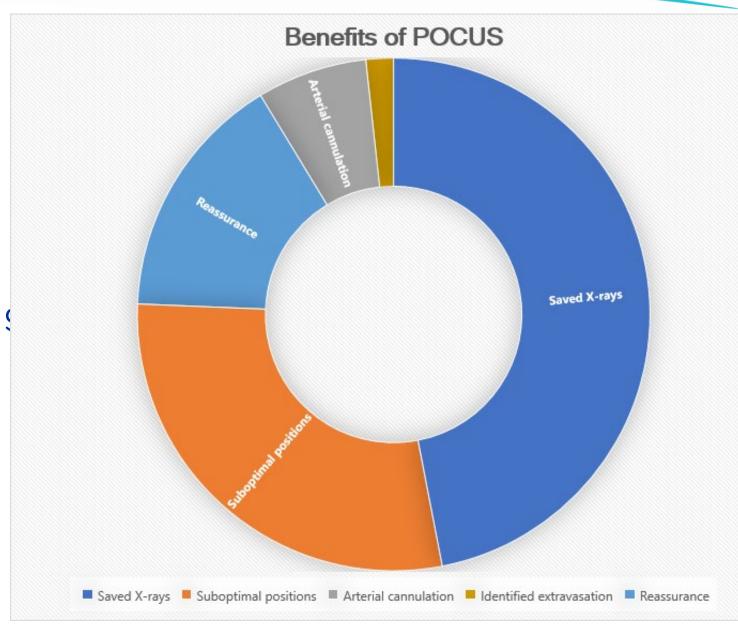
- 552 long lines were reviewed in 361 babies
- 948 Xrays for 552 line
- 2 X-rays for each longline sited that was used
- 59% of longlines needed adjustment after insertion
- and additional X-ray
- 17% lines needed 2 or more adjustment
- and addiotnal X-rays (Up to 5)





Tertiary Centre Audit

- 92 POCUS assessments for
- central line position assessed
- 48 (52%) were for long line and
- rest UVC
- Two operators
- Management changed following > \(\)
- of assessments





International Evidence based guidelines on POCUS for critically ill neonates and children issued by POCUS working group of the European Society of PAEDIATRIC AND Neonatal Intensive care

POCUS guided technique is helpful for PICC in children- **AGREEMENT** quality of evidence B

POCUS is helpful to locate catheter tip position in neonates and children STRONG AGREEMENT – quality of evidence C

Singh et al. Critical Care 2020 Feb 24;24(1):65





SUMMARY

Real-time point of care ultrasound used for central catheter insertion:

- Reduces number of malpositions, manipulations
- Reduces radiation exposure
- Reduces catheter related complications

NeoFocus-UK is making an endeavour to:

- Develop training package
- Establish framework
- Impart expertise



