

THE MID CLAVICULAR CATHETER: A CLINICAL PRACTICE AUDIT

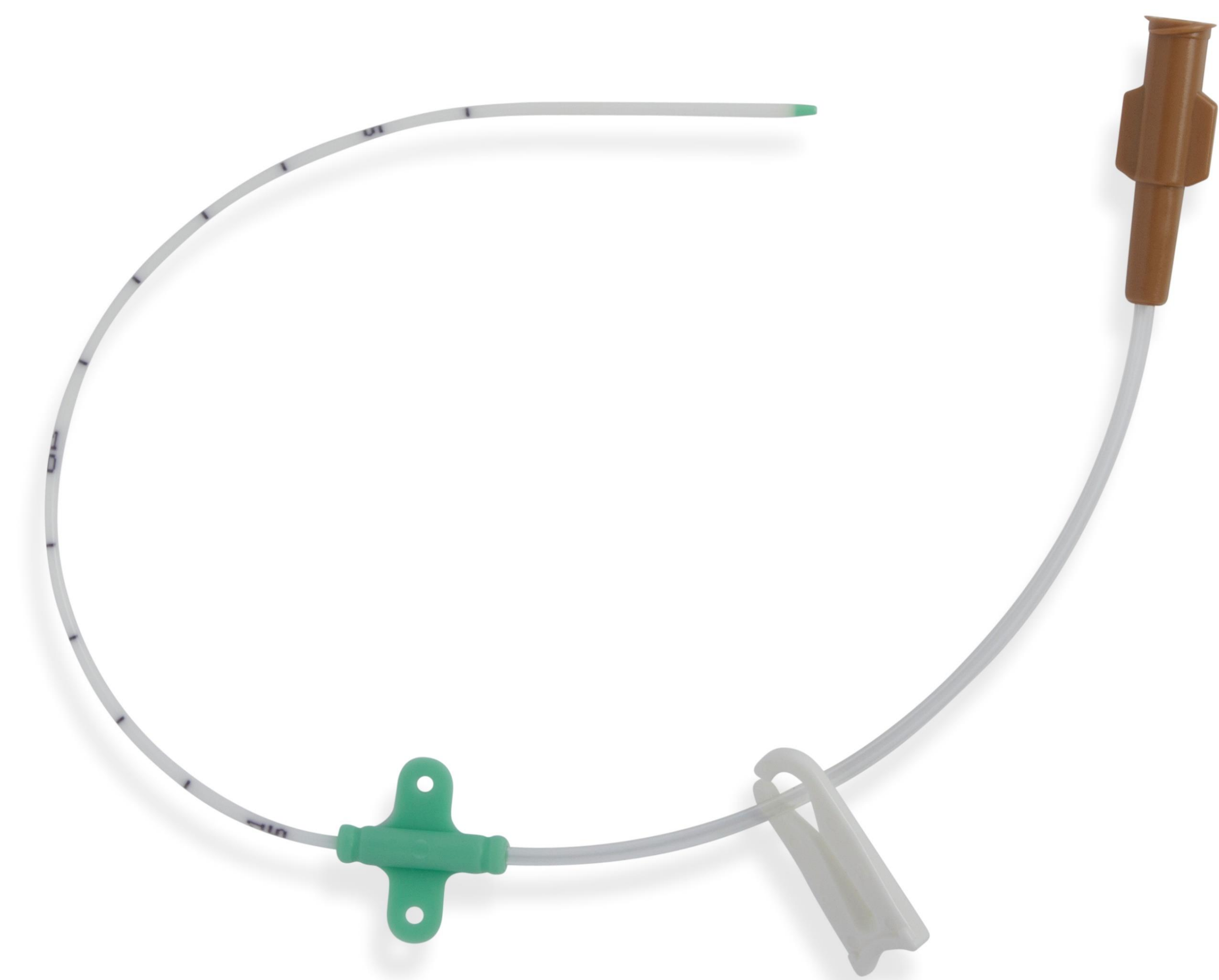
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Introduction: The midline catheter, often known as a long line, extended dwell catheter or mini midline is a peripheral venous access device. According to most guidelines, the tips of these devices should terminate before the level of the axilla (Gorski, 2021). Recently, an alternative tip position for the midline catheter has been described by Pittiruti (2021). This position is within the midclavicular area. A device terminating in this region is called a midclavicular catheter (MC).

Background: Within the authors trust, the traditional midline tip positioning; below the level of the axilla; often resulted in patients having to have peripherally inserted central catheters (PICC) being inserted. This was due to the need, but inability, to blood sample through the midline. To understand if this alternative position improved the outcomes for patients, a clinical practice audit was performed. This poster presents the results of midclavicular midline placements using intraprocedural ultrasound – guided tip location (USGTL).

Methods: All catheters were inserted by the author who is an advanced nurse practitioner. Best practice was used for all insertions including: ZIN, CVR, USG for both vein puncture and confirmation of tip position. The devices used were polyurethane: 25cm, 4fr catheters for adult patients and 25cm, 3fr catheters for paediatric patients. All staff providing care and maintenance of these devices receive training and education prior to working with them.



REASONS FOR DEVICE INSERTION	NUMBER OF DEVICES INSERTED	NO / PERCENTAGE LASTING UNTIL END OF TREATMENT
Orthopaedic intravenous antibiotics	51	51 / 100%
Medical intravenous antibiotics	34	30 / 88.2%
Cardiology intravenous antibiotics	19	19 / 100%
Difficult intravenous access	78	78 / 100%
Department of Critical Care	21	21 / 100%
Paediatric populations	7	7 / 100%
Respiratory intravenous antibiotics	33	33/100%

Conclusion: This audit demonstrates that MC offer reliable IV access for peripherally compatible drugs. The tip position in a larger vein allows for more reliable blood draws if necessary. This negates the need for venepuncture or PICC insertion. This is crucial for patients with challenging vascular access who would have otherwise had to undergo this painful often challenging procedure. Larger multicentre RCTs are necessary to add to the limited research in this field.