

CENTRAL VENOUS CATHETER-RELATED THROMBOSIS (CVC-VTE) IN CHILDREN: A RETROSPECTIVE CHART REVIEW

H White, K Sykes, J Thirsk

Paediatric Intensive Care Unit, University Hospital Southampton NHS Foundation Trust

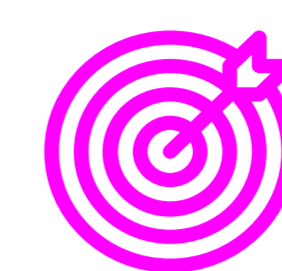


THE PROBLEM

Rising incidence of VTE in hospitalised children

Risk of life-threatening complications and long-term morbidity

Single biggest risk factor = CVC ⁽¹⁾

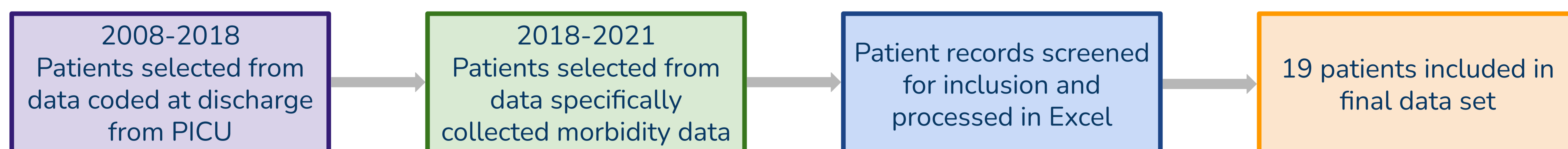


OUR AIMS

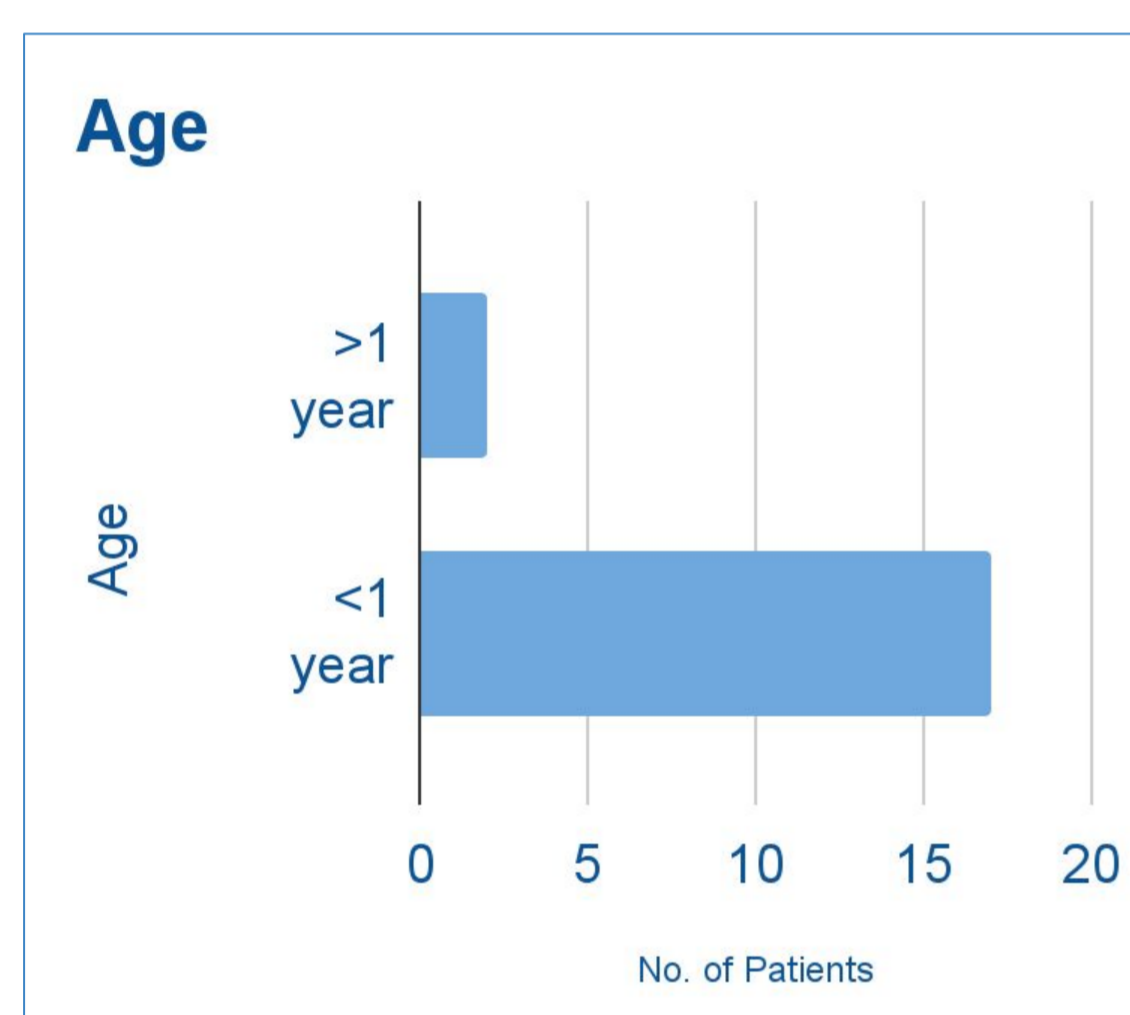
- Identify risk factors
- Identify clinical presentation patterns
- Outline characteristics of thrombus
- Evaluate immediate and ongoing management



METHOD



RESULTS

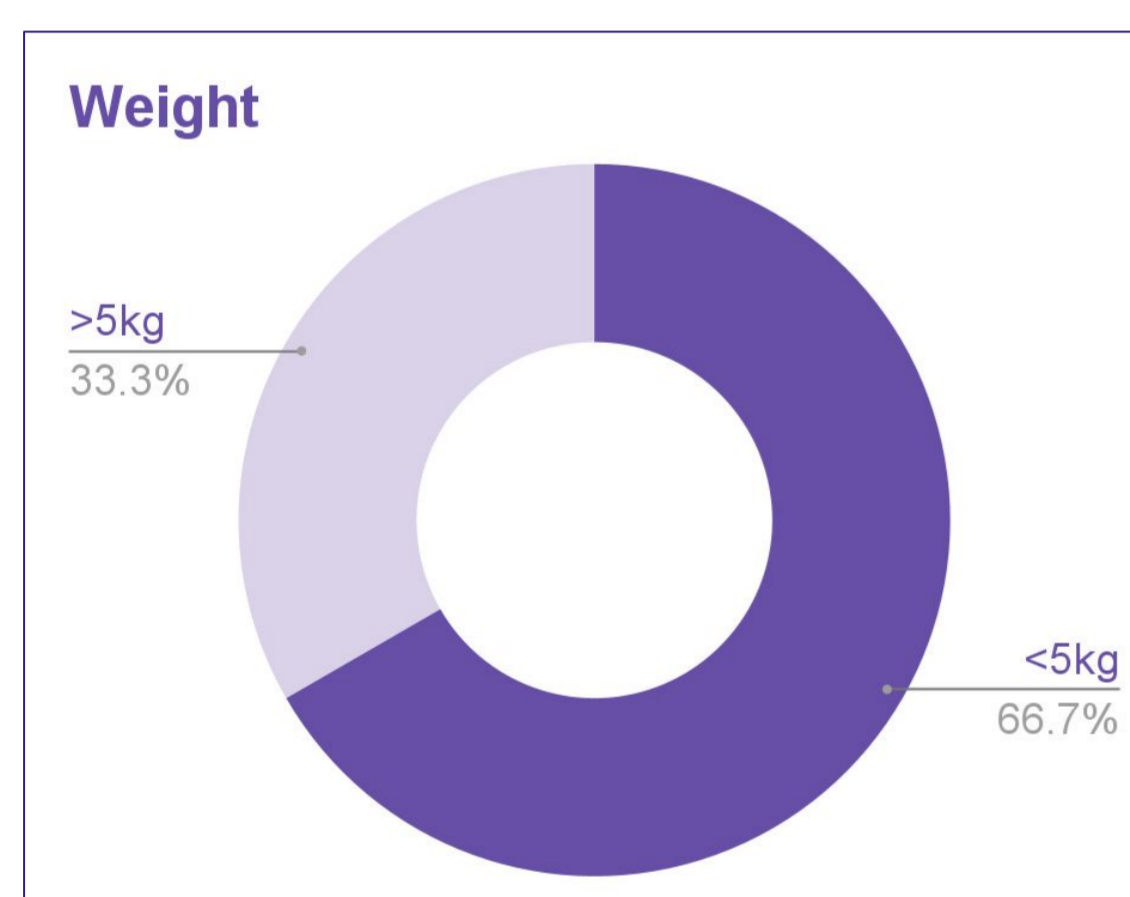
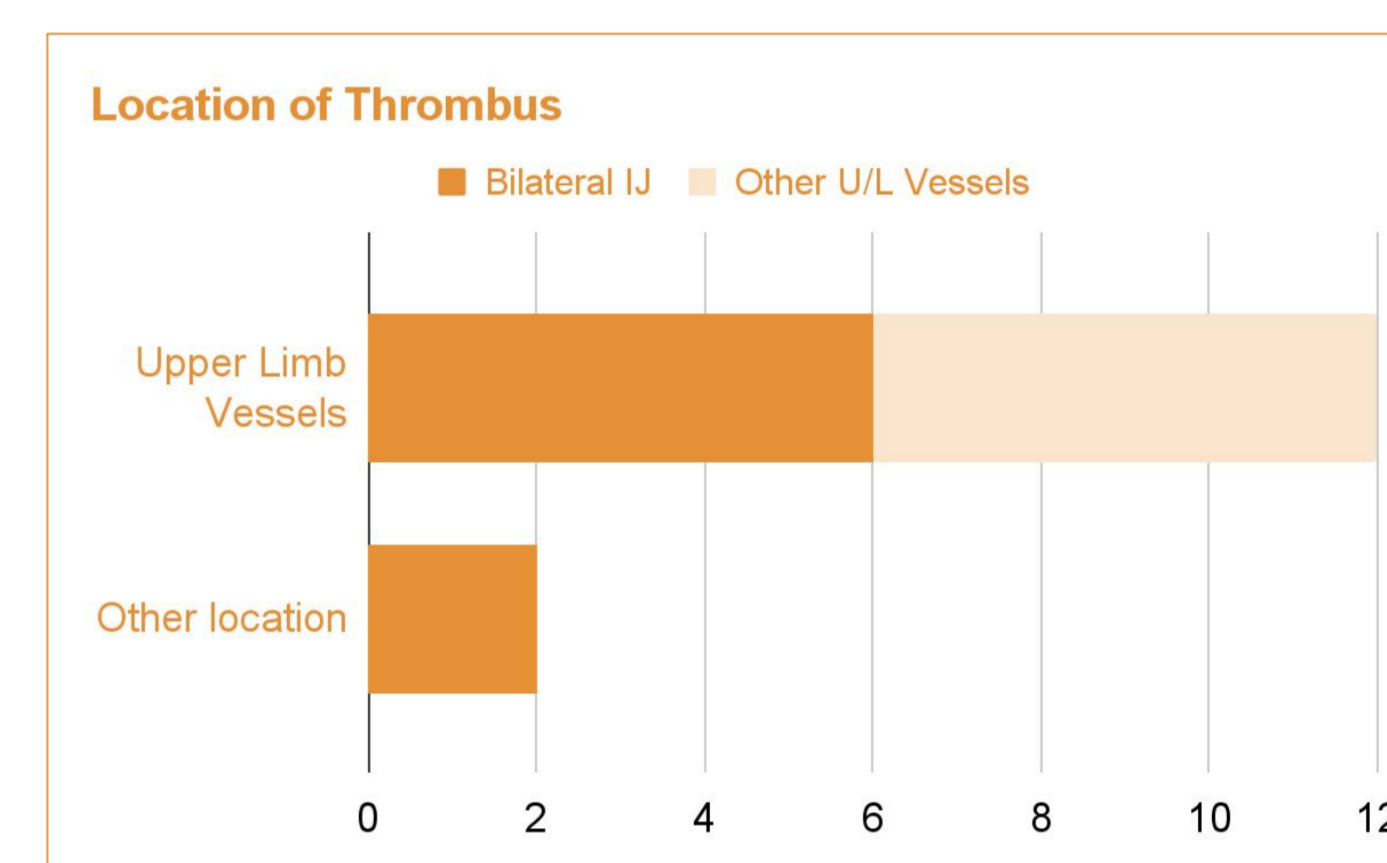


Time from CVC insertion to thrombus diagnosis:
Subacute (15-28 days)
[14/19]

Underlying pathology:

Cyanotic congenital cardiac disease

[16/19]



Clinical presentation in symptomatic patients:

Swelling

[8/13]



Follow up:

Rarely documented

[4/19]

Heparin infusion followed by course of LMWH +/- oral anticoagulation

[15/19]



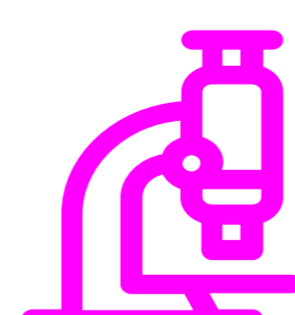
KEY LEARNING

Record keeping around line insertion poor, often lacking detail, CVC-VTE often not well documented

Majority of CVC-VTE occurred in small infants undergoing surgery for cyanotic congenital cardiac lesions

CVC-VTE usually detected following an ultrasound scan to investigate swelling

No current protocolisation of management - anticoagulation regimes and follow up plans vary hugely



NEXT STEPS

Prospective data collection to study:

Incidence, Potential causes, Management (compared to guidance), Acute & long term complications (including impact on surgery)

Focus on encouraging thorough documentation of line insertion