MEMO

Date: June 15, 2015

To: Trauma Multidisciplinary Committee Members

From: Dennis Ashley, MD
    Chairman, Trauma Multidisciplinary Committee

The Trauma Multidisciplinary Review committee met Tuesday, May 26, 2015, for our monthly review. Please find the following teaching points and synopsis of the discussion. Please share this information with physicians from your Department who participate on the Trauma Call schedule.

- Central Venous Line Insertion – A central venous line may be used in the trauma patient for volume resuscitation and monitoring. Peripheral IVs should be the first line intervention if at all possible as central lines can be associated with significant morbidity. A brief review of the complications associated with central lines are:
  - Hematoma
  - Arterial puncture (3% for IJ, 0.5% for subclavian, 6.25% for femoral)
  - Infection (8.6 per 1000 catheter days for IJ, 4 per 1000 catheter days for subclavian, 15.3% per 1000 catheter days for femoral)
  - Arrhythmia
  - Cardiac perforation and tamponade
  - Thoracic duct injury
  - Pneumothorax (0.1-0.2% for IJ, 1.5-3.1% for subclavian)
  - Hemothorax (0.4%-0.6% for subclavian)
  - Nerve injury
  - Venous thrombosis, pulmonary emboli

Please see Internal Education Program site for full article and review.