Lost In Space: Lines and Tubes in the Wrong Places
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Objectives:
- Review normal position of central venous catheters
- Review normal position of pulmonary artery catheters
- Review normal position of endotracheal tubes
- Review normal position of nasogastric and feeding tubes

Acute Complications
- Malposition
- Vessel Perforation
- Arterial puncture/ cannulation
- Air embolus
- Pneumothorax
- Spasm
Postplacement right subclavian catheter chest radiograph.

Patient decompensated, requiring intubation.
Post placement right subclavian vein dual-lumen chest port radiograph.
Acute Complications

- Malposition
- **Vessel Perforation**
- Arterial puncture/ cannulation
- Air embolus
- Pneumothorax
- Spasm

Postprocedural radiograph after right subclavian line placement.
Acute Complications

- Malposition
- Vessel Perforation
- Arterial puncture/ cannulation
- Air embolus
- Pneumothorax
- Spasm
CT performed after patient presented with agitation, shortness of breath, hypotension.

Complication: air embolus

Acute Complications
- Malposition
- Vessel Perforation
- Arterial puncture/ cannulation
- Air embolus
- Pneumothorax
- Spasm
Postplacement right subclavian catheter chest radiograph.

10 hours after the placement of a right subclavian line. Now, the patient feels sick. She has dyspnea, tachypnea, tachycardia and a low blood pressure.
Chest Tube

- The pleural space may fill with air (pneumothorax), fluid (pleural effusion), blood (hemothorax) and pus (empyema).
- If pneumothorax >20%, air may be evacuated by thoracentesis or by insertion of a chest tube attached to an underwater seal. Goal to reestablish the subatmospheric intrapleural pressure which will re-expand the lung.

Postplacement chest tube radiograph.
Postplacement chest tube radiograph with hemorrhagic fluid output.
COMPLICATIONS: CHRONIC

Non-function
Catheter fragmentation
Infection

Poor flow and drawback.
Decreased flow rates during dialysis.