

# Lost In Space: Lines and Tubes in the Wrong Places

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June 30, 2005

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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

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## Acute Complications

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

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Postplacement right subclavian catheter chest radiograph.

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Patient decompensated, requiring intubation.

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Post placement right subclavian vein dual-lumen chest port radiograph.

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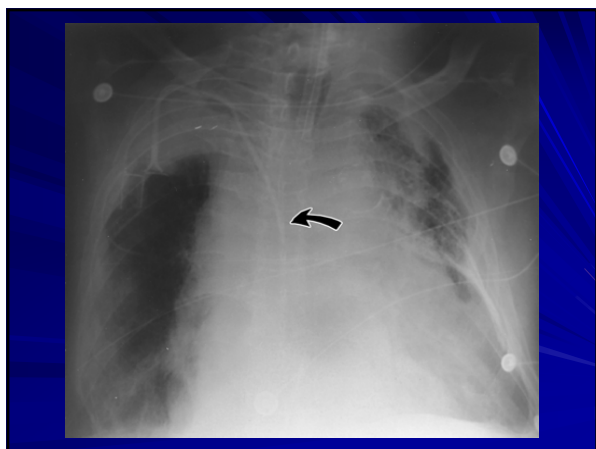
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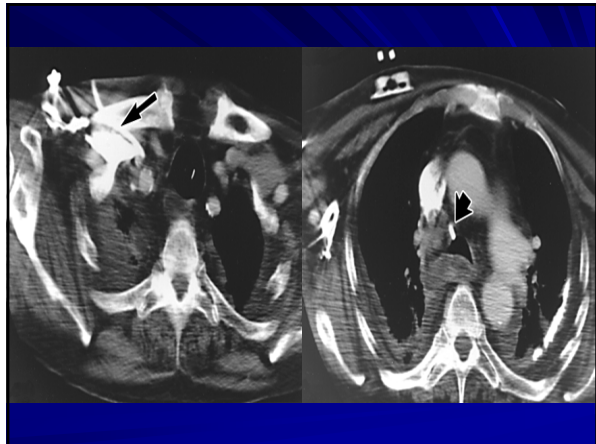
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Postprocedural radiograph after right subclavian line placement.

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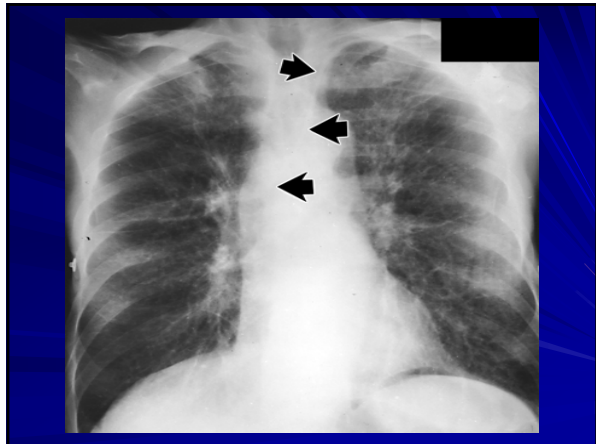
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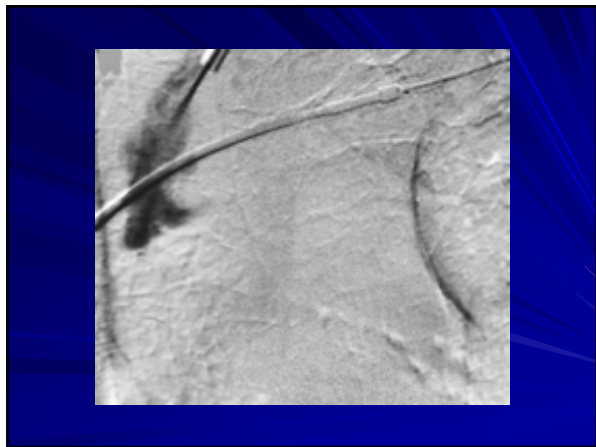
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### Acute Complications

- Malposition
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CT performed after patient presented with agitation, shortness of breath, hypotension.

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Complication: air embolus



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### Acute Complications

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

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Postplacement right subclavian catheter chest radiograph.

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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.

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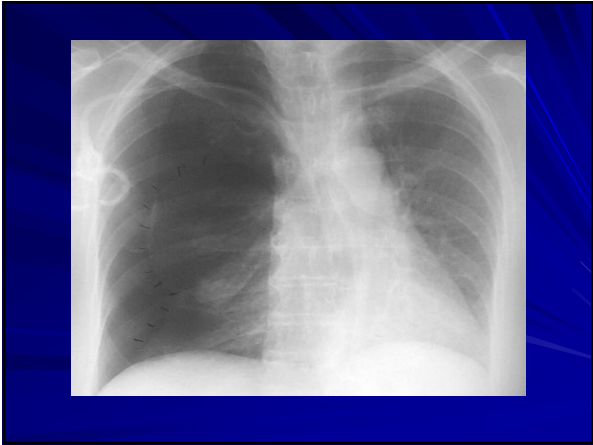
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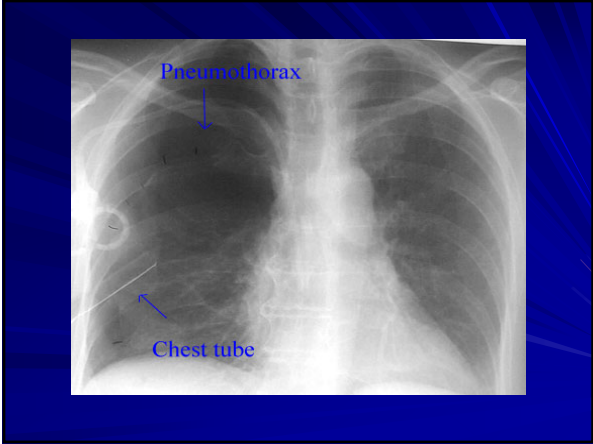
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## Chest Tube

- 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.

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## Postplacement chest tube radiograph.

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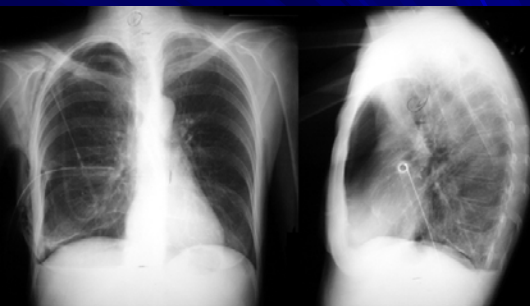
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Postplacement chest tube radiograph with hemorrhagic fluid output.

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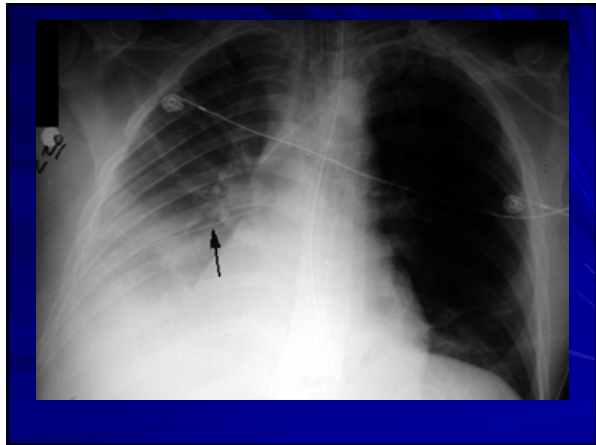
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**COMPLICATIONS:  
CHRONIC**

Non-function  
Catheter fragmentation  
Infection

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Poor flow and drawback.

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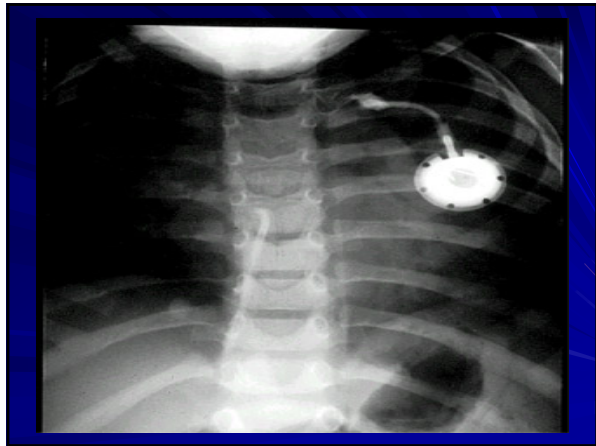
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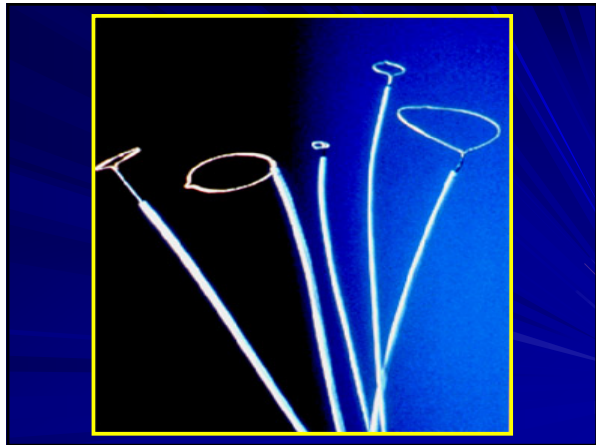
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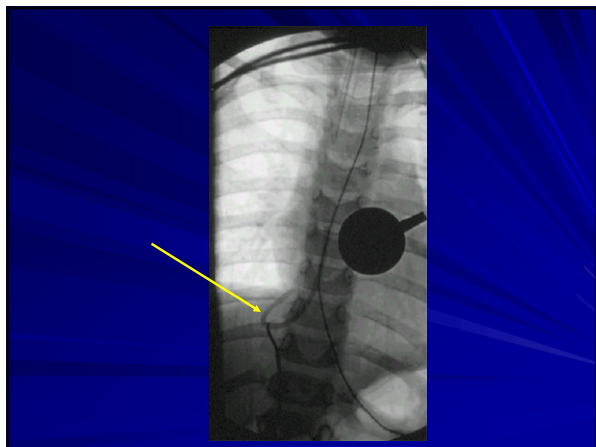
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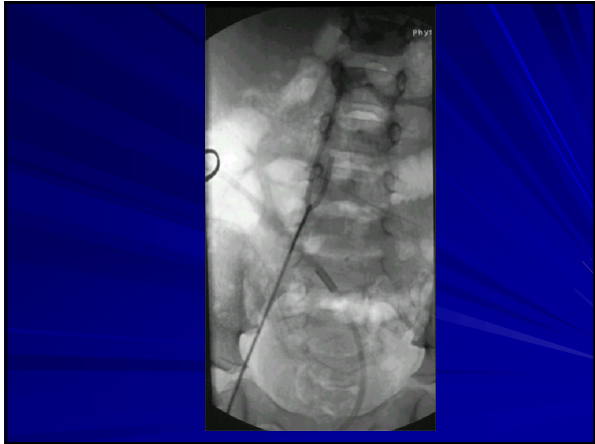
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Decreased flow rates during dialysis.

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