

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





■ The first thing to look for on the film is the bowel-gas pattern. There are two bowel structures to observe: the small intestine which is central and the colon which is around the outside. The colon usually contains a moderate amount of gas. The small intestine is fixed by mesentery across the pancreatic bed. The small intestine has constant peristalsis and as a result when gas builds up it is moved quickly. Normally, there should be very little gas in the small bowel. A small amount of gas may exist in the stomach.

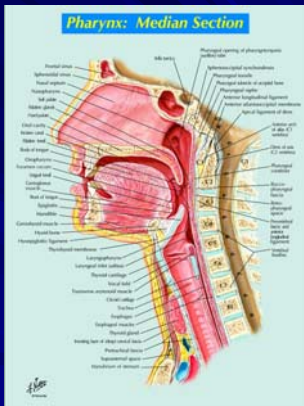


■ remove the contents of the stomach, including air, to decompress the stomach, or to remove small solid objects and fluid, such as poison, from the stomach. An NG tube can also be used to put substances into the stomach, and so it may be used to place nutrients directly into the stomach when a patient cannot take food or drink by mouth



Postplacement nasogastric tube radiograph.





Postplacement dobhoff tube radiograph.



Postplacement nasogastric tube radiograph.

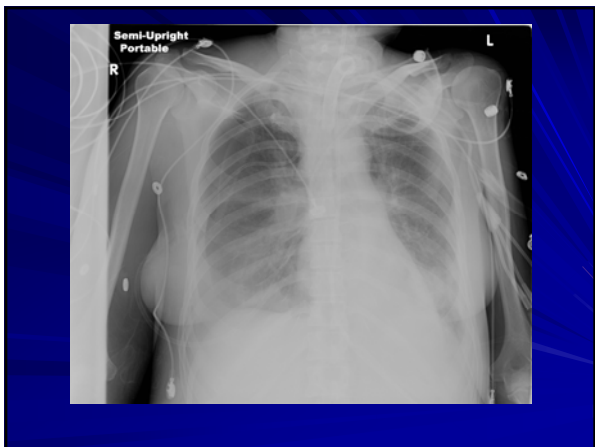


Postplacement nasogastric tube radiograph!

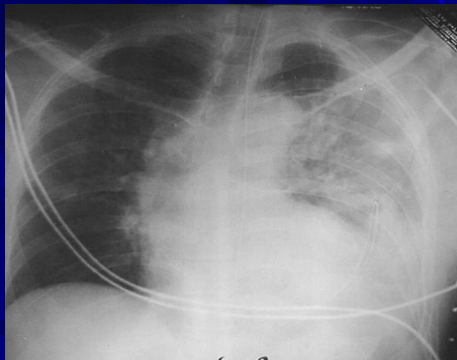


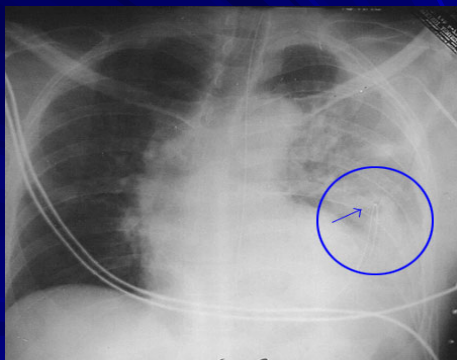


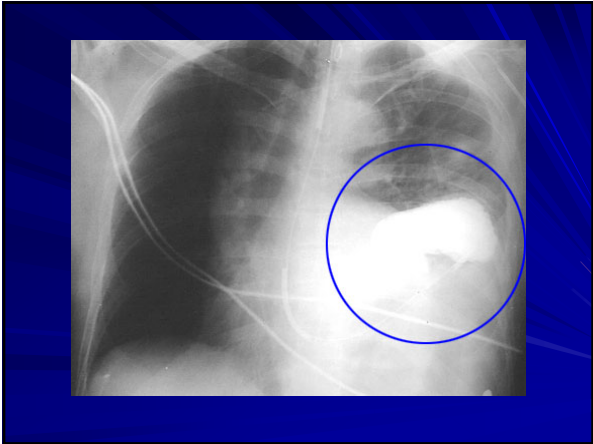




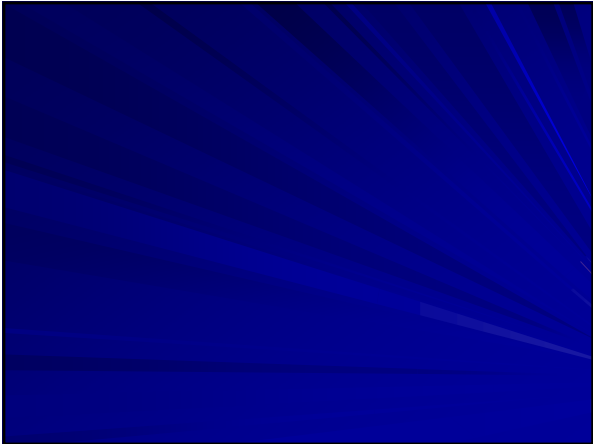
Postplacement nasogastric tube radiograph in a trauma patient.



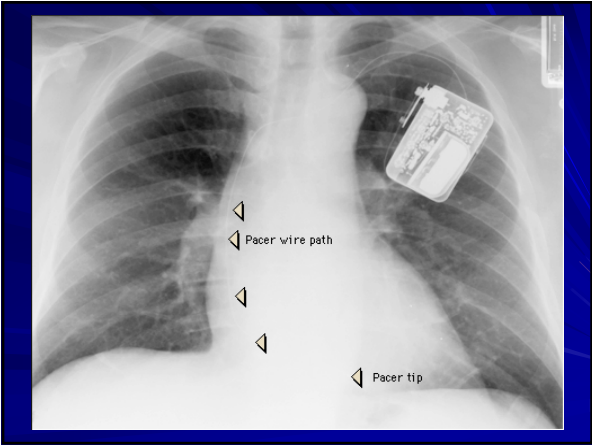


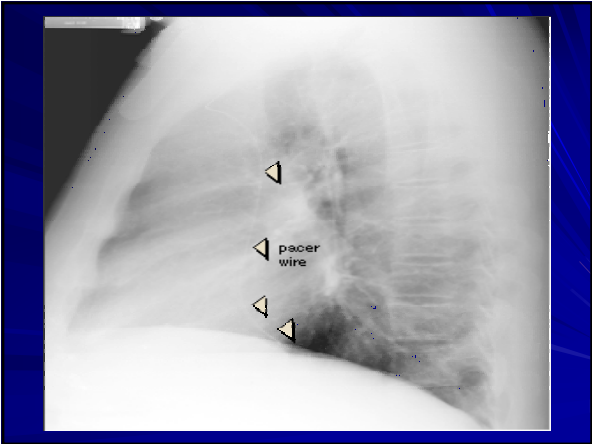


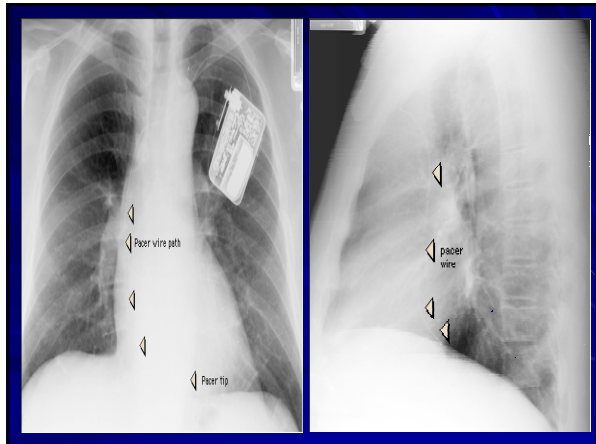
- Acute diaphragmatic rupture occurs in 1% to 7% of patients after major blunt trauma.
- Plain-film findings of rupture include displacement of stomach, colon, or small bowel into the thorax, superior displacement of an intragastric nasogastric tube, pleural effusion, basilar opacity causing inability to visualize the diaphragm, irregular or lumpy diaphragm contour, and fractures of the lower ribs. If diaphragm rupture is not promptly diagnosed, the patient may remain asymptomatic or develop incarceration of herniated abdominal viscera, which can occur at a time remote from the incidence of trauma.



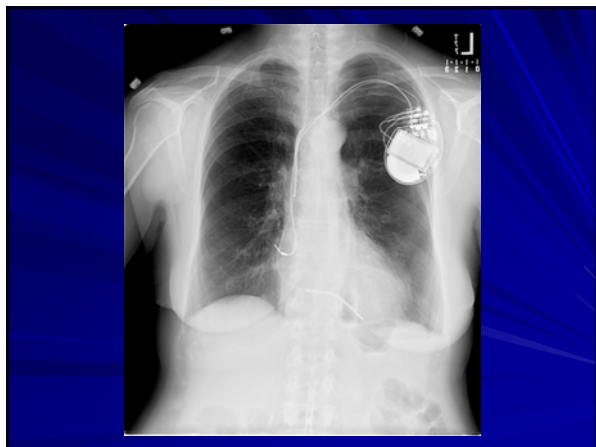
A few more interesting cases.....

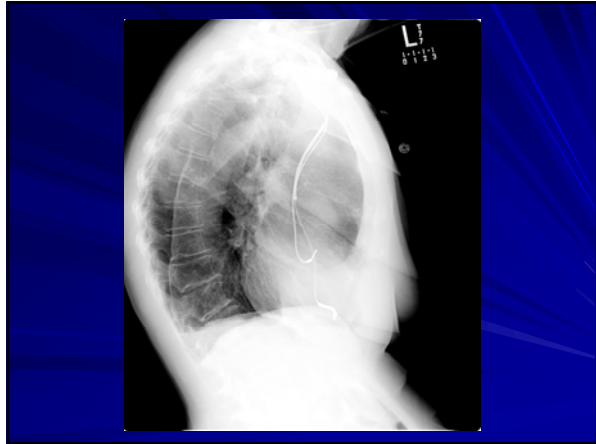






Postplacement pacemaker radiograph.

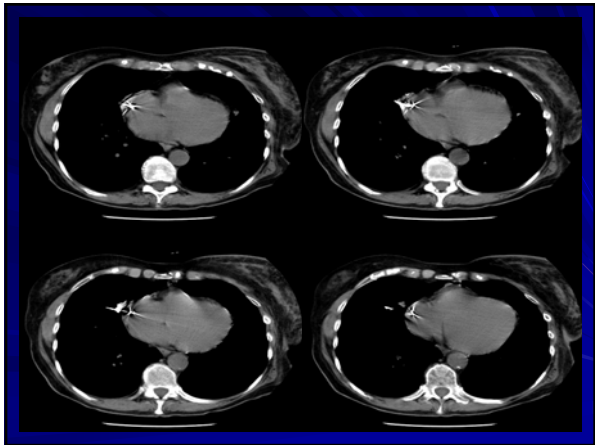


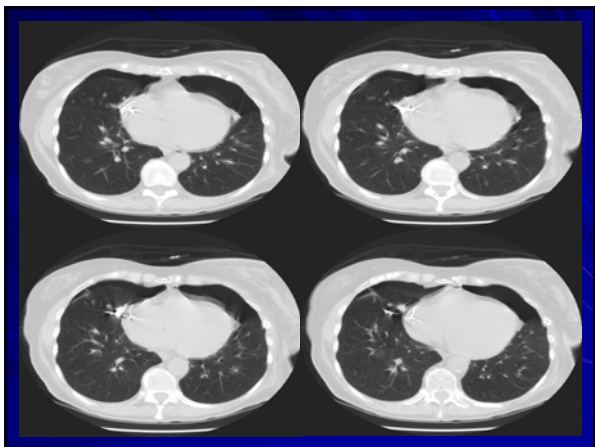


Follow-up chest radiograph for small left pneumothorax.



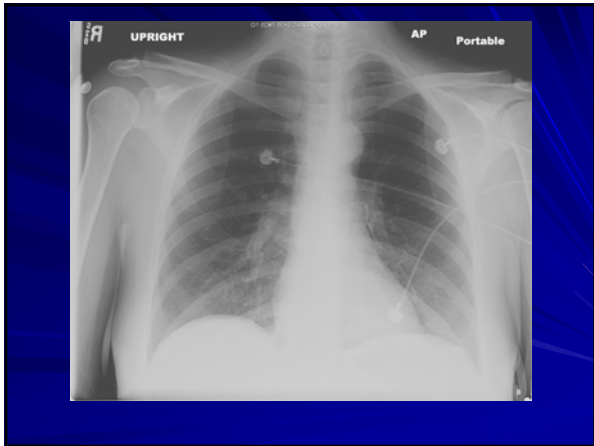


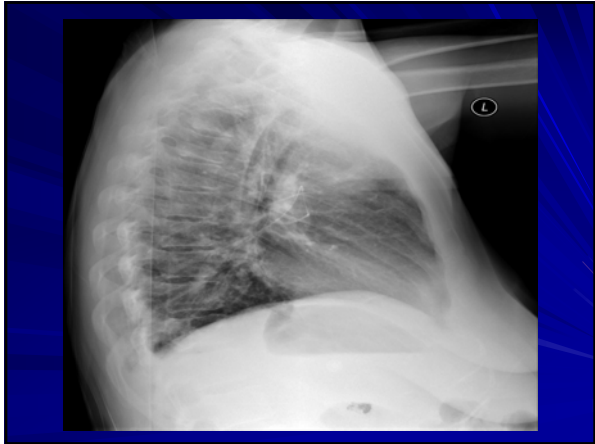


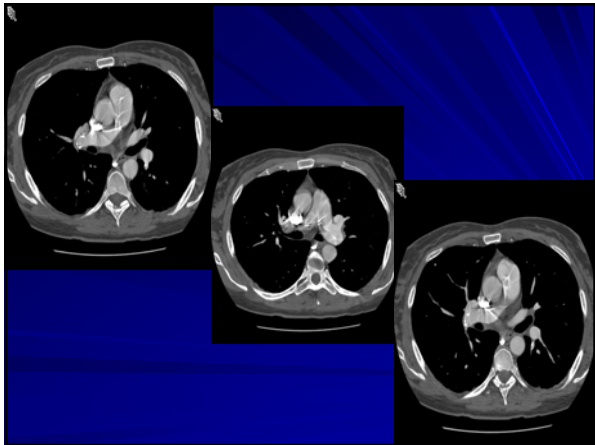


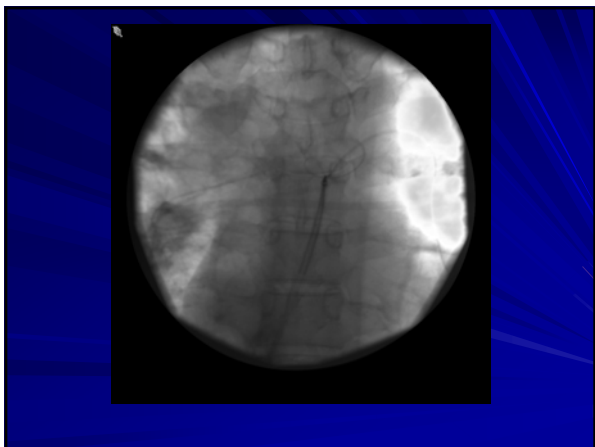


Patient "accidentally" cut her PICC line.





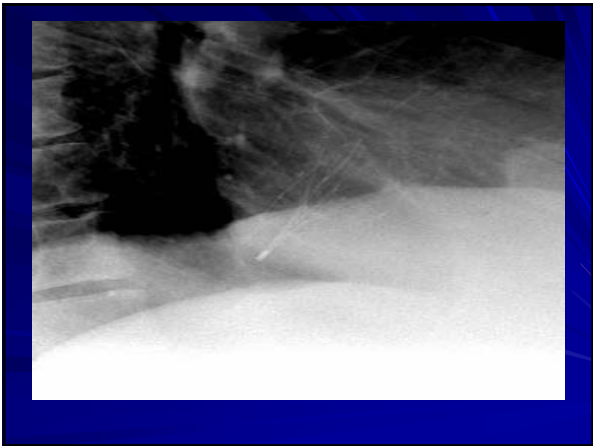




Patient transferred to Loyola
for removal of a foreign body.









The End.
