

IL RUOLO DEL RADIOGRAPHER IN UK NELLA PROCEDURA DI POSIZIONAMENTO DEI PICC LINES

Interventional Radiographer
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25-26.05.2018
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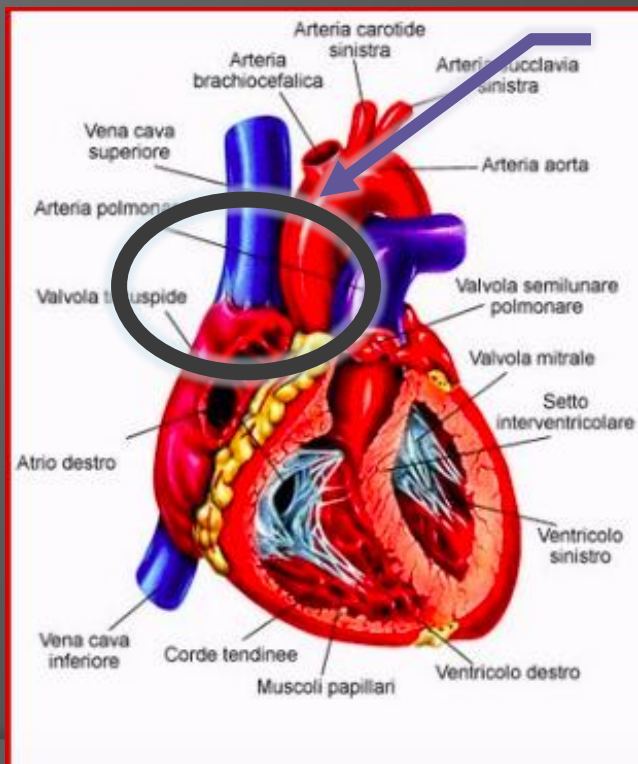
Catetere venoso centrale (CVC)



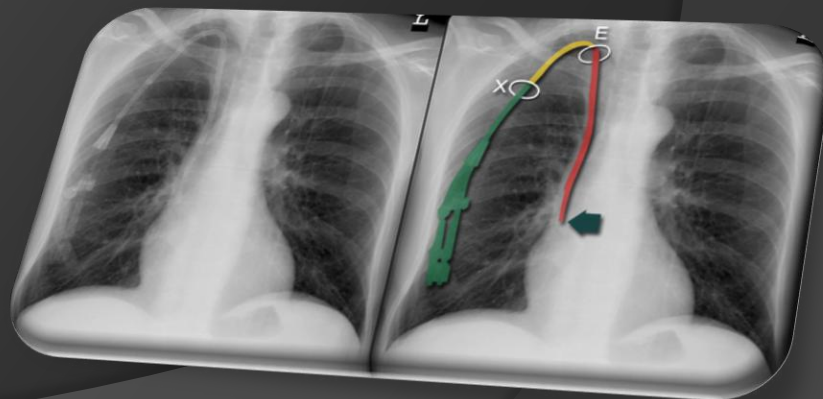
Dispositivo medico che permette di accedere ai vasi sanguigni venosi di calibro maggiore.

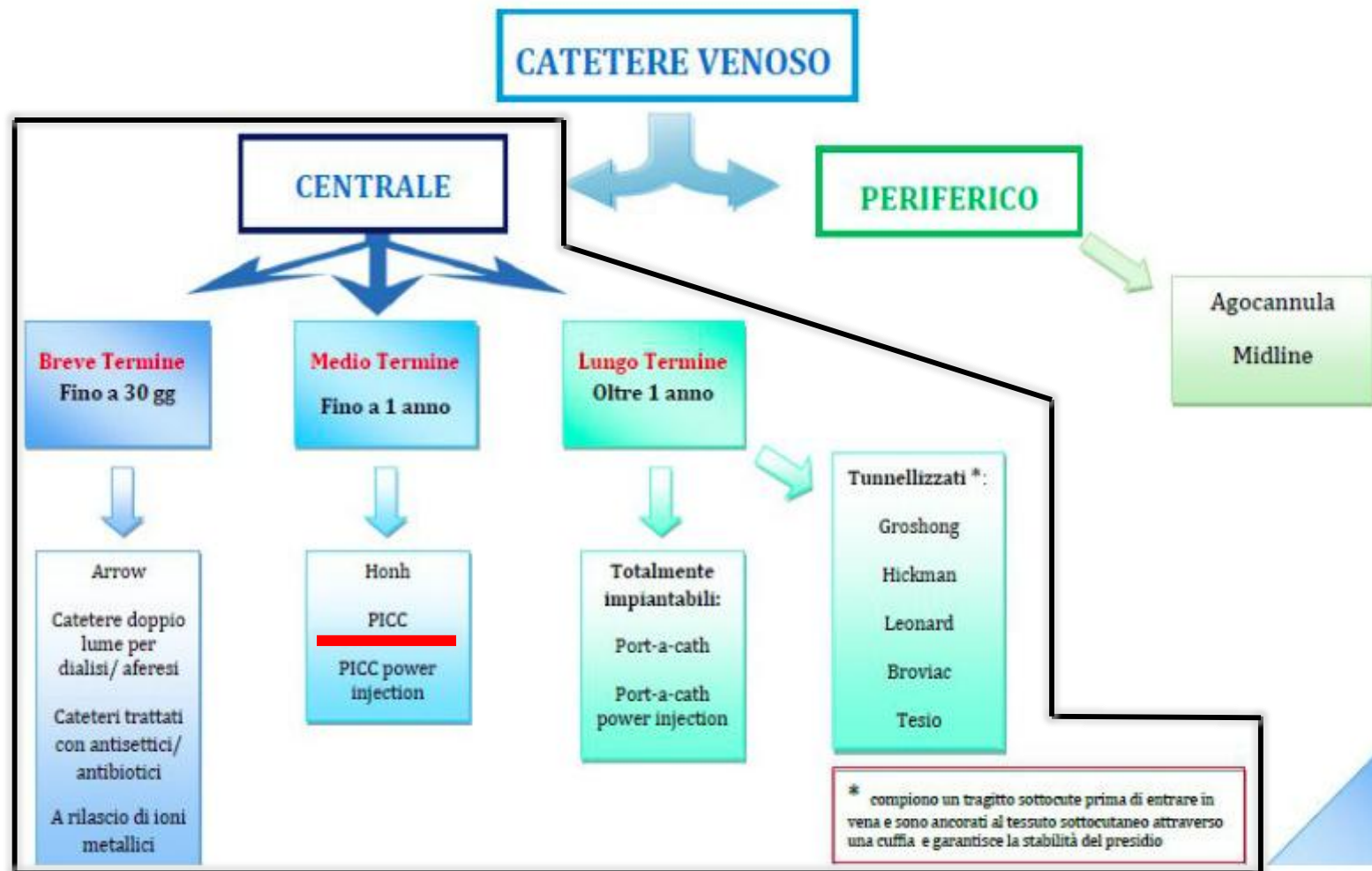


Esistono molti CVC, ognuno con caratteristiche diverse, progettati per soddisfare le varie esigenze cliniche.



GIUNZIONE ATRIO CAVALE
(prima porzione atrio destro)



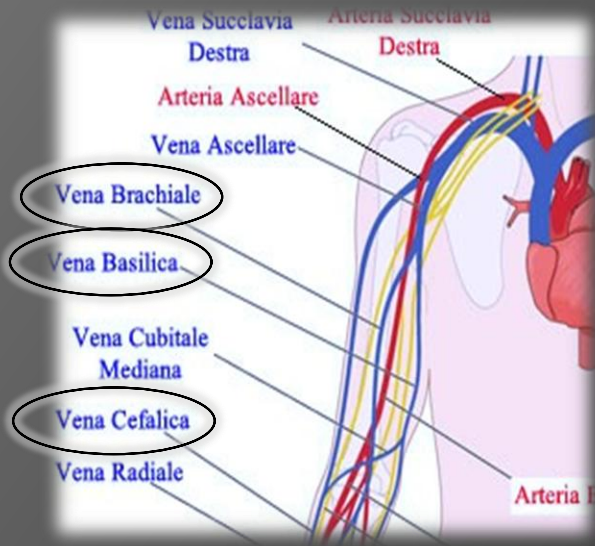


Peripherally Inserted
Central Catheters



- Misurazione della PVC
- Somministrazioni di nutrizione parenterale totale
- Somministrazione di farmaci
- Frequente accesso venoso

- Lumi: uno, due o tre
- Materiali: silicone o poliuretano
- Lunghezza: 40-60cm
- Calibro: 2-9Fr



BASILICA:

- Raccoglie il sangue refluo dalle vene superficiali dell'avambraccio
- Confluisce con le vene brachiali verso la spalla dando il via alla vena ascellare.
- Se presente di calibro adeguata è la prima scelta.

BRACHIALE:

- Sono due che affiancano da ciascun lato l'arteria brachiale e la seguono per tutto il decorso.
- Data la vicinanza dell'arteria al nervo sono di seconda scelta

CEFALICA:

- Grosso calibro della porzione laterale del braccio.
- Prima scelta nei pazienti obesi.
- È l'ultima scelta in quanto termina con un angolo retto quando incontra la vena ascellare.



Radiographer → PICC LINE?





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CVAD, Contrast and IV Cannulation

Purpose

To provide Radiographers with the knowledge and skills to safely perform intravenous (IV) cannulation and to facilitate the administration of IV Contrast via peripheral and central venous access devices (CVADs), as appropriate.

5:27 PM

Abstract No. 325

Evaluation of a radiographer-led PICC insertion service

D.W. De Boo^{1,2}, B. Erskine², E. Marshall², H. kavnoudias², J. Koukounaras², K.R. Thomson²; ¹Radiology, Academic Medical Centre, Amsterdam, Netherlands; ²Radiology, Alfred Health, Melbourne, VIC, Australia

Purpose: To evaluate our radiographer-led PICC insertion service within an interventional radiology suite using ultrasound and fluoroscopic guidance.

Materials and Methods: Data from 369 consecutive PICC insertions by 5 trained radiographers were prospectively collected over a 12 month period. For each PICC insertion patient demographics, including past medical history of cystic fibrosis (CF), number of punctures, vein used, final tip position, contrast administration and screening time were recorded. Ethical committee approval was obtained.

Results: The overall PICC insertion success rate was 100%. 55 (15%) had a known medical history of CF. 331 (90%) PICC insertions required a single puncture and 34 (9%) required two punctures. The remaining 4 insertions required three punctures. The basilic vein was most commonly used (67%) followed by the brachial vein (28%) and the cephalic vein was used only in 2%. Administration of contrast medium was necessary during 27 (7%) PICC insertions. Mean screening time was 0:23 min.

Conclusion: Our specifically trained, radiographer-led PICC insertion service proved to be successful. Both straightforward and complex insertions e.g. in CF patients could be adequately and efficiently performed.

Medico radiologo

(1300 picc lines/anno +
25 picc lines/settimana)



Possibilità di dar spazio ad un ampio range di altre procedure interventistiche



Diminuzione delle liste d'attesa

1. INTERVENTIONAL RADIOGRAPHER

MODULO	GRUPPO	PROCEDURE
I	CVC	Picc line, Tunnelled line, Port-a-cat
II	MONDAY LIST	AP/AC injection list, Lumbar Puncture, Sialoplasty
III	RENAL WORK	Nephrostogram, Nephrostomy insertion, Antegrade Ureteric Stent Insertion
IV	BILIARY WORK	Check cholangiogram, PTC, Inter of Biliary drain
V	VARIOUS UNCOMPLICATE PROCEDURES	Drain/Aspiration, PleureX Drain, NG tube placement, IVC Filter Insertion and Removal
VI	VASCULAR PROCEDURES	EVAR/FEVAR, Angioplasty, Fistuloplasty, Thrombolysis/TPA
VII	EMBOLISATIONS	Testicular vein, UFE, PVE/OVE, Prostate Artery, Gastric/SMA/IMA, Renal, TACE, Portal vein, Bladder
VIII	COMPLEX PROCEDURES/PROCESSES	Pump runs, Dyna CT, Kyphoplasties, TIPSS

2. CONSEGUIMENTO CERTIFICATI



Patient Group Direction For The Administration Of Lidocaine Hydrochloride 1% Injection As Infiltration Anaesthesia For Insertion/Removal Of Tunnelled Central Venous Catheters By Nurses/Radiographers Working Within The Radiology Departments, NHS Grampian

Lead Author: Senior Charge Nurse, Advanced Radiographer Practitioner, Radiology	Consultation Group: See relevant page in the PGD	Approver: Medicine Guidelines and Policies Group
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Signature: 		Signature: 
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Identifier: NHSG/PGD/LidocaineCVC/ MGPG871	Review Date: May 2019 Expiry Date: May 2020	Date Approved: May 2017
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Intavenous Injection Course

PGD: Patient Group Direction

Who can use a PGD

All healthcare professionals where professional regulation is in place namely, Nurses, Midwives, Pharmacists, Paramedics, Physiotherapists, Chiropodists or Podiatrists, Dietitians, Optometrists, Orthoptists, Radiographers, Prosthetists, Orthotists, Speech and Language Therapists, Occupational Therapists, Dental Hygienists and Dental Therapists.



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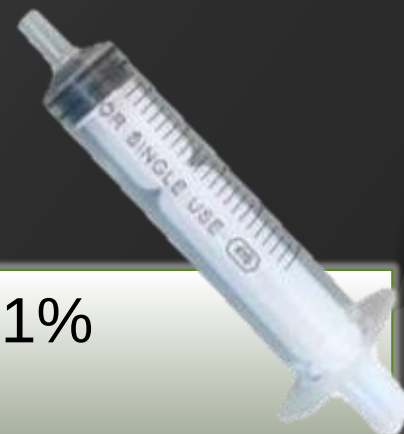
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LIDOCAINA 1%
EPARINA
MEZZO DI CONTRASTO

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2. CONSEGUIMENTO CERTIFICATI



INTRAVENOUS INJECTION COURSE

Dipartimento CT/MR dei Royal Bournemouth Hospital sotto la supervisione di un Senior Radiographer.



3. CONSEGUIMENTO CORSO PICC LINE

- Classificazione e descrizione degli accessi venosi
- Studio dei vasi del braccio, collo e torace
- Criteri di indicazione e scelta del device
- Le complicanze precoci e tardive degli accessi vascolari
- Gestione e medicazione di un accesso venoso
- L'ecografo e l'impianto ecoguidato
- Tecnica di veni puntura eco guidata su simulatore
- L'impianto ecoguidato del picc line

CORSO
TEORICO

- Preparazione del campo sterile e lavaggio chirurgico mani



3. CONSEGUIMENTO CORSO TEORICO E PRATICO

- Classificazione e descrizione degli accessi venosi
- Studio dei vasi del braccio, collo e torace
- Criteri d'indicazione e scelta de device
- Le complicanze precoci e tardive degli accessi vascolari
- Gestione e medicazione di un accesso venoso
- L'ecografo e l'impianto ecoguidato
- Tecnica di veni puntura eco guidata su simulatore
- L'impianto ecoguidato del picc line

CORSO
TEORICO

- Preparazione del campo sterile e scrub

50 posizionamenti di picc line sotto la
supervisione del Interventional Radiologist

CORSO
PRATICO

COMPETENCE

CAMPIONE DI RICERCA:

222 pazienti adulti di ambo i sessi ricoverati presso il Royal Bournemouth Hospital.

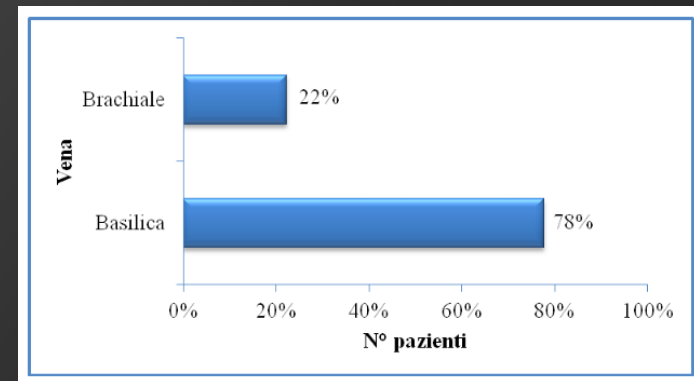
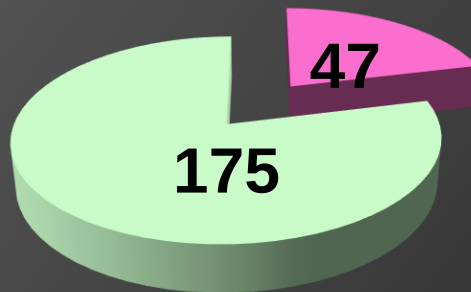
PAZIENTI	N	%
Maschi	97	43,6%
Femmine	125	56,3%
Totale	222	100%

RACCOLTA ED ANALISI DEI DATI:

La raccolta è avvenuta in un periodo di 6 mesi (01/12/2017 → 01/05/2018)

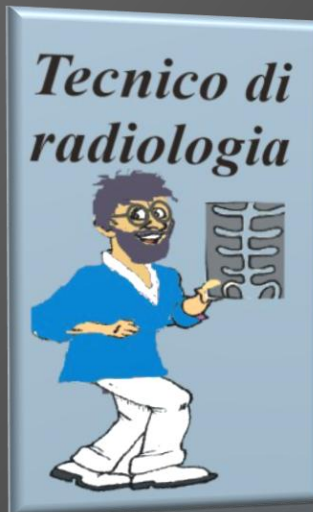
I 222 pazienti dello studio sono stati sottoposti all'inserimento di cateteri venosi centrali tipo PICC lines in poliuretano, non valvolati

- 175 cateteri: 4 Fr monolume;
- 47 cateteri: 5 Fr bilume



La scelta della vena di accesso per l'impianto PICC lines non è stata uguale per tutti i soggetti facenti parte dello studio

CONCLUSIONE

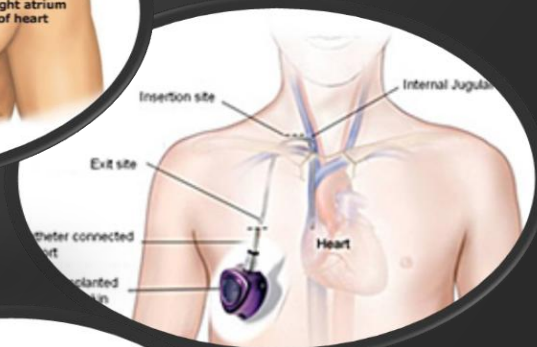
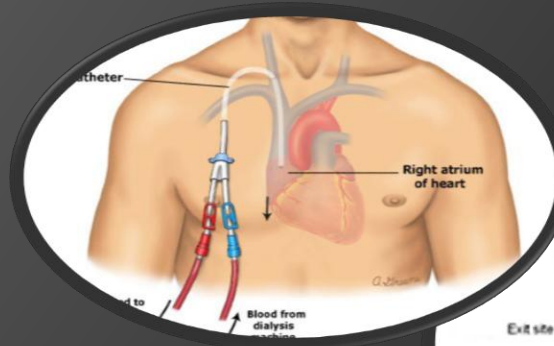


- Il metodo è stato fattibile in 222 pazienti. Non ci sono state complicanze.
- Inoltre un adeguato training ed un'adeguata supervisione durante il corso può portare l'Intervention Radiographer a raggiungere un alto successo per il posizionamento dei PICC lines.
- L'Interventional Radiographer può portare un grande beneficio costo/effetto diminuendo le liste di attesa per i pazienti interni ma non solo.

PROSPETTIVE FUTURE

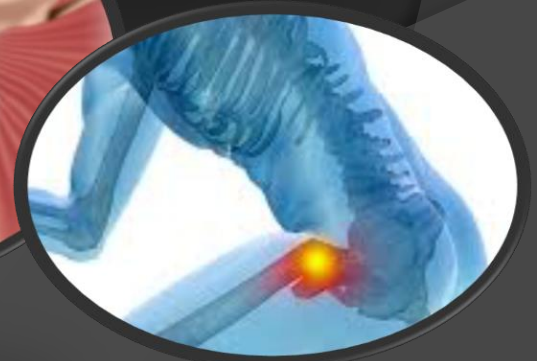
Posizionamento di tutti i cateteri venosi centrali

- TUNNELED LINE
- PORT A CATH



Artrografia

- ARTROGRAFIA DELLA SPALLA
- ARTROGRAFIA DELL'ANCA



Grazie
per
l'attenzione

