

198e MedStar Health's Central Line Education for Physicians and Advanced Care Practitioners Practice Course

Procedure for X-Ray Review of Central Line Placement

Universal Items

- “ View and interpret the entire film.
- “ Avoid viewing just the catheter tip position.
- “ Use your full system of review (e.g. right patient, right film [date & time], right part/rotation/centering, penetration, contrast, hardware/life-threatening issues, bone, soft tissue, mediastinum, lung).

Common Items

- “ Catheter tip should be in lower 1/3 of SVC at or near the caval-atrial (CA) junction.
- “ Acceptable position may vary on use.
 - . Non-caustic or isotonic solutions may be anywhere within the central tree (IJ, SC, innominate) if tip not pressed against a vessel wall.
 - . May be inaccurate if used for hemodynamic monitoring outside of the SVC.
- “ The higher in the SVC or central tree, the higher the probability of thrombosis.

Common Items

- “ Catheter tips in the right atrium, ventricle or pushing against a vessel wall must be pulled back to prevent injury (tamponade, arrhythmias, thrombosis).
- “ When looking for pleural lines for pneumothoraces, follow the line to ensure it ends within the thorax.
 - . Skin folds may frequently mimic a pleural line.
 - . Lung markings beyond the line also help in the differential Dx.

Possible Special Features

- “ Lung %capping+due to hematoma from a subclavian line
- “ Ectopic tip due to stenosis, clot, or anatomic anomalies
- “ Foreign bodies such as guidewires and retained sponges
- “ **Reinforce review of the entire film after the target items have been identified.**
 - . (elephant in the chest slide)

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