

Topic Subject Code Subject Name Delivered by

: Central venous access. : BOT5T2 :Anesthesia techniques and it's Complications :Ms. Divya palani



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#### EDUCATIONAL AND RESEARCH INSTITUTE

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- 1. CENTRAL VENOUS ACCESS IDEAL VEIN FOR MONITORING CVP IS RIGHT INTERAL JUGULAR VEIN ( BECAUSE IT IS VALVE LESS AND IN DIRECT COMMUNICATION WITH RIGHT ATRIUM)
- 2. SITES
- 3. CVP CAN ALSO BE MEASURED BY SUBCLAVIAN, BSAILIC AND FEMORAL VEIN, EXTRANAL JUGULAR VEIN,



- 1. OPEN HEART SURGERY
- 2. OLIGURIA OR ANURIA
- 3. HEMORRHAGE
- 4. TRAUMA
- 5. SEPSIS

### CENTRAL VENOUS PRESSURE NORMAL RANGE

1. CVP MONITORING SHOULD NORMALLY 2 TO 8 MMHG

## CVP IS INCREASED IN

- 1. PULMONARY EMBOLISM
- 2. CARDIAC TEMPONADE
- 3. PLEURAL EFFUSION
- 4. HAEMOTHORAX
- 5. FLUID OVERLOADING
- 6. COUGHING AND STRAINING



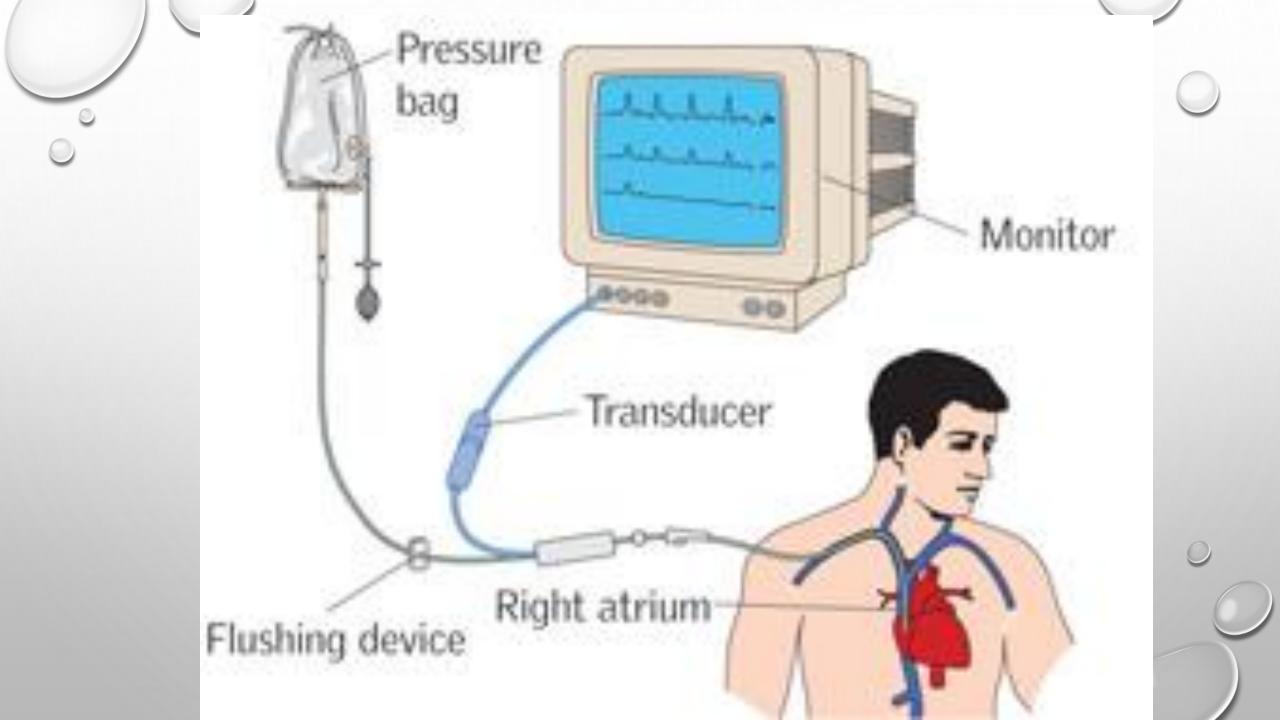
- 1. SHOCK (HYPOVOLEMIC SHOCK)
- 2. VENOVENODILATORS

## **CVP EQUIPMENT**





- 1. STERILE GLOVES
- 2. STERILE GOWEN @ MASK
- 3. LOCAL ANAESTHETIC
- 4. SYRINGE
- 5. STERILE FLUSH SOLUTION



### **TECHNIQUE OF CVP**

- 1. EXPLAIN THE PROCEDURE TO PATIENTS OR RELATIVES
- 2. THE CANNULA WITH STYLET IS INSERTED AT THE TIP OF TRIANGLE FORMED BY STERNOMASTOID AND CLAVICLE
- 3. THE DIRECTION OF NEEDLE SHOULD BE SLIGHTLY LATERAL AND TOWARDS THE IPSILATERAL NIPPLE
- 4. ONCE THE INTERNAL JUGULAR VEIN IS PUNCTURED STYLET IS REMOVED AND JWIRE IS PASSED THROUGH CANNULA



 THE TIP OF CATHETER SHOULD BE AT THE JUNCTION OF SUPERIOR VENA CAVA WITH RIGHT ATRIUM

#### COMPLICATION

- 1. AIR EMBOLISM
- 2. THROMBOEMBOLISM
- 3. PNEUMOTHORAX





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