English Session

[EngO1]English Session1

Chair: Sungwon Na(Department of Anesthesiology and Pain Medicine, Yonsei University College of Medicine, Korea)

Fri. Mar 1, 2019 9:00 AM - 10:00 AM 第11会場 (国立京都国際会館1F Room C-2)

[EngO1-2]Factorial analyses of incidental arterial line decannulation in the ICU

Noboru Hatakeyama, Masatoshi Okumura, Hideo Isobe, Atsushi Hashimoto, Kensuke Sakakibara, Yoshihito Fujita, Yoshihiro Fujiwara (Surgical Intensive Care Unit and Anesthesiology, Aichi Medical University, Japan) [ライブ配信]

Continuous arterial blood pressure monitoring using cannulated arterial line (A-line) is very common in ICU, and total hemodynamic monitoring has been available with applied devices. But, as the number of patients who has an A-line, the number of incident which is related to the line trouble increases. To clarify the contributing factors of incidental A-line decannulation, we retrospectively investigated the number and tendency of incidents.

The proportion of A-line related incidents in the total tube incidents were kept increased in consecutive three years (2015: 23%, 2016: 29%, 2017: 36%). In 2017, 24 A-line related incidents were reported. In reported cases, the average age was 74.2 years old, which was higher than the average of whole ICU admitted patients of 59.7 years old and ratio of male to female was 14:10. Confusion assessment method for the ICU (CAM-ICU) showed positive in 8 cases and symptom of dementia was seen or strongly suspected in 7 cases. Decannulation due to technical errors of the medical staff were seen only in 2 cases.

The current results showed that the risk factors of incidental A-line decannulation were high age and cognitive distraction such as delirium and dementia. With the aging of society, such incidents would increase. Measures against cognitive disorder in the ICU would be important to avoid those kind of incidents.