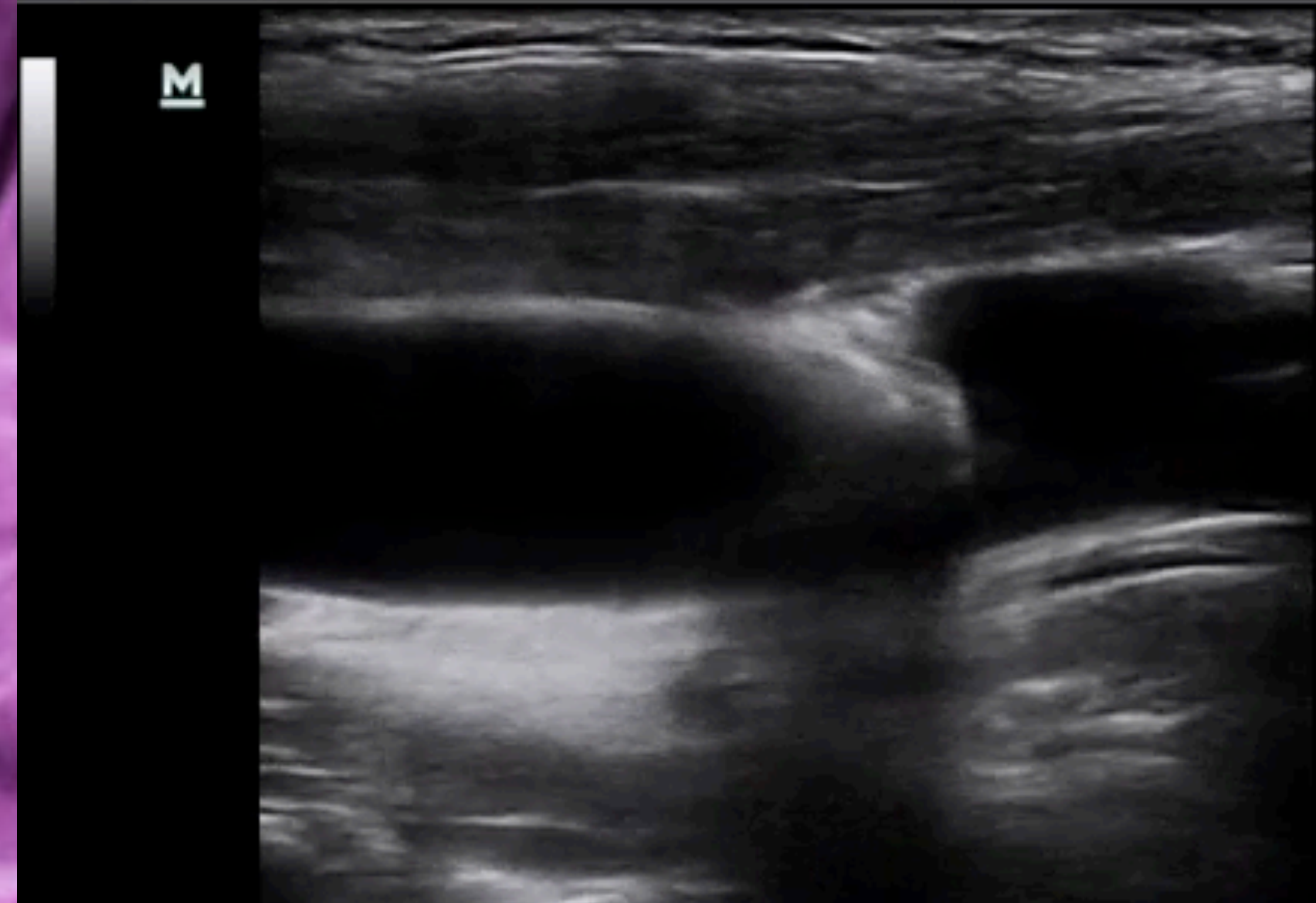




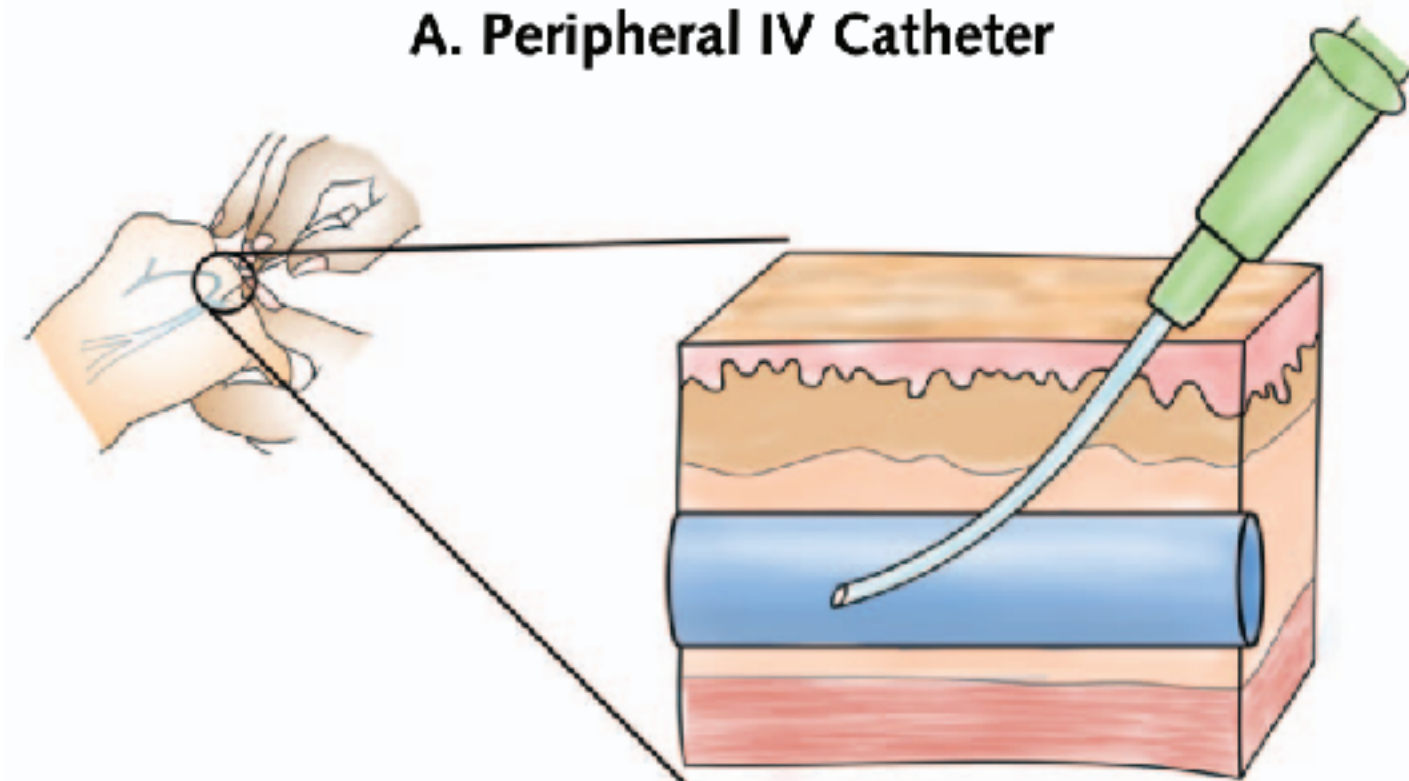
Master needling & CVC

陳國智醫師 雙和醫院急診醫學科

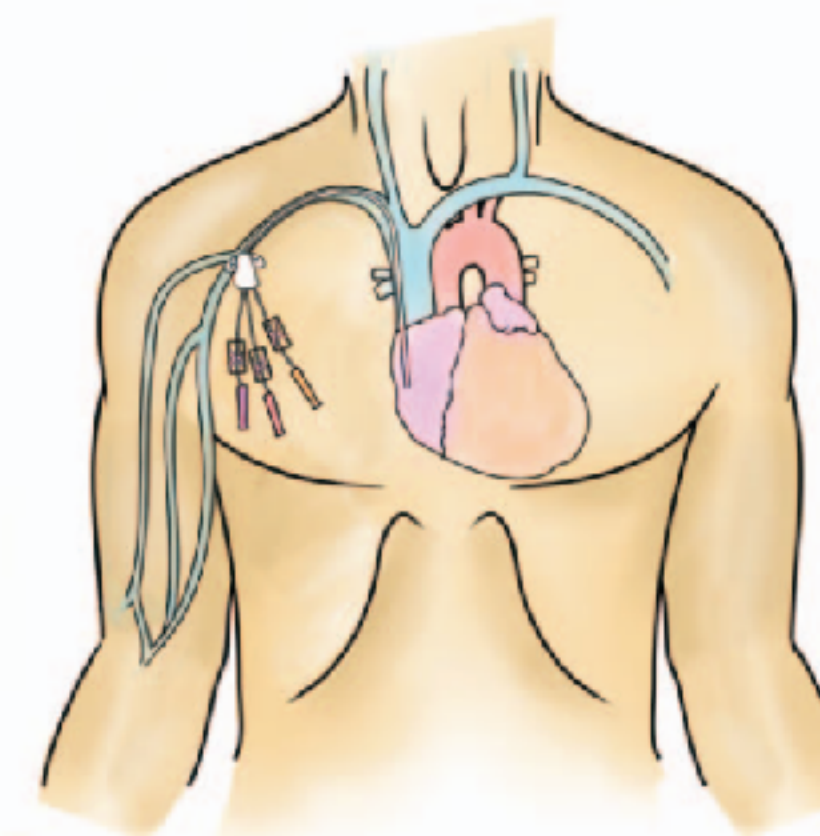
juice119@gmail.com

POCUSAcademy.com

A. Peripheral IV Catheter

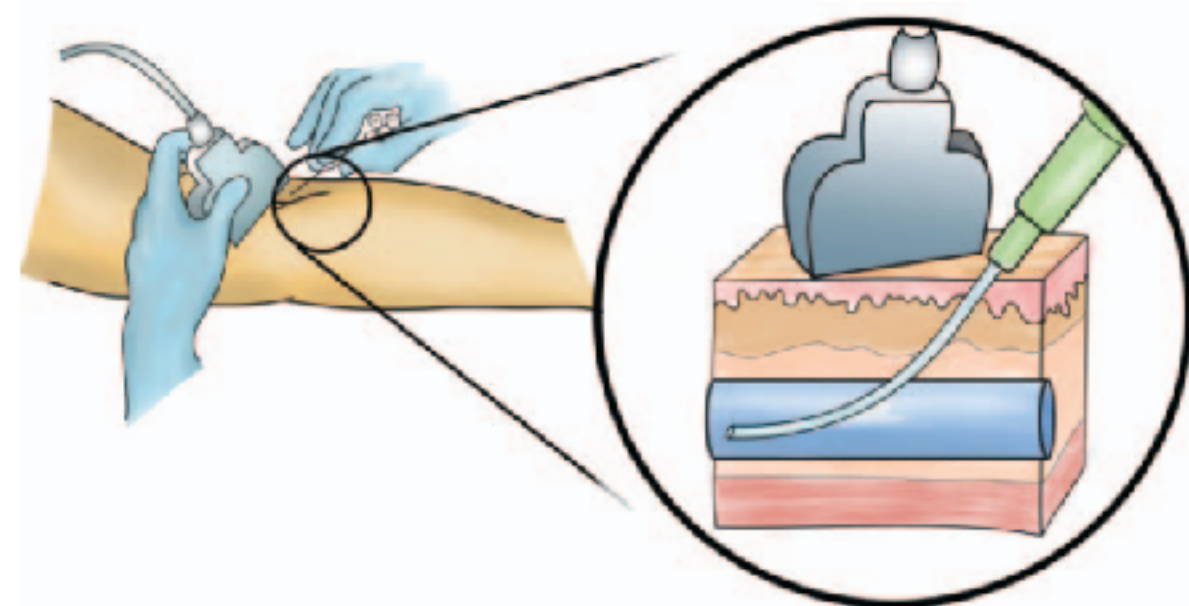


D. Nontunneled Central Venous Catheter

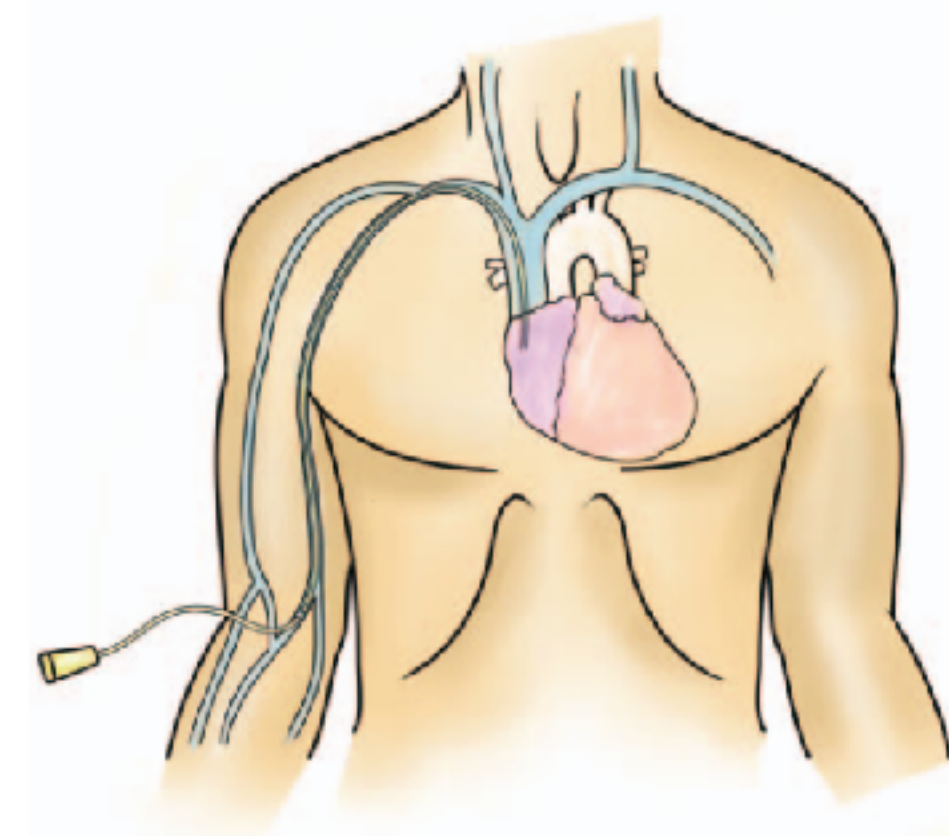


The Michigan Appropriateness Guide for Intravenous Catheters (MAGIC): Results From a Multispecialty Panel Using the RAND/UCLA Appropriateness Method

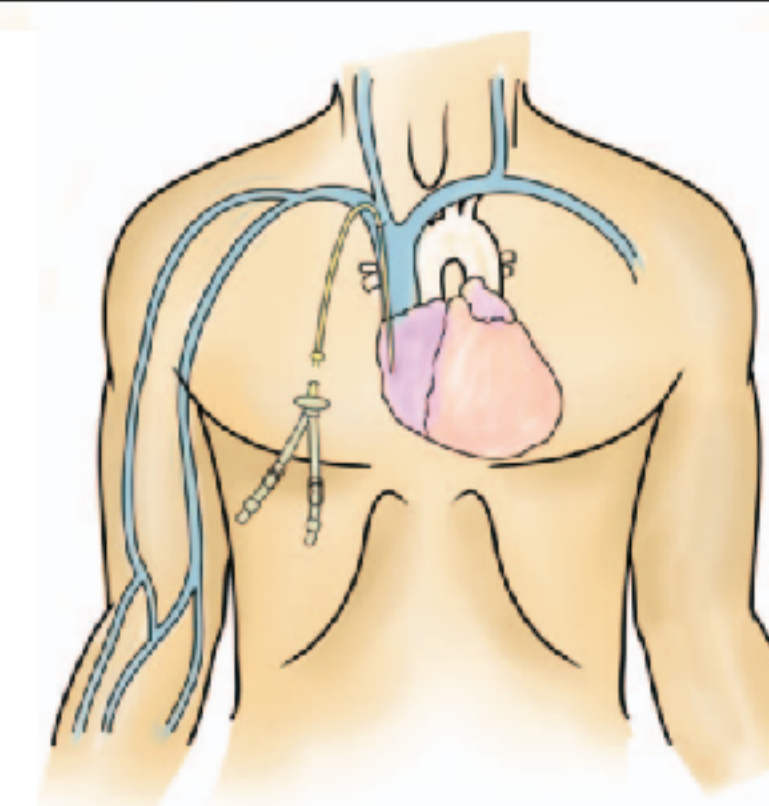
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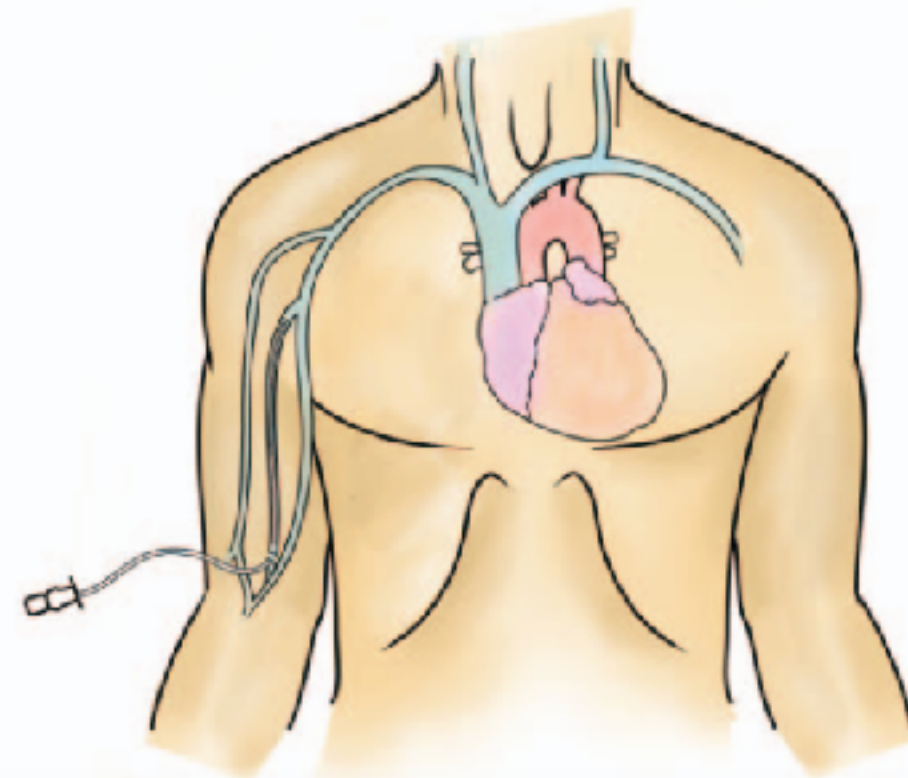
B. US-Guided Peripheral IV Catheter



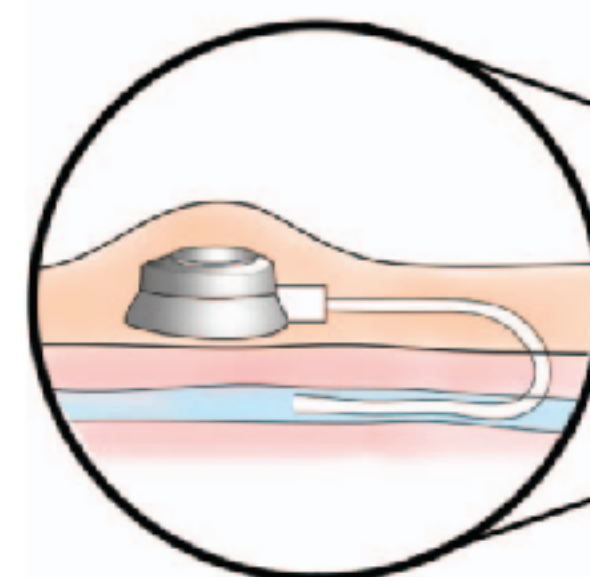
G. Peripherally Inserted Central Catheter



E. Tunneled Central Venous Catheter

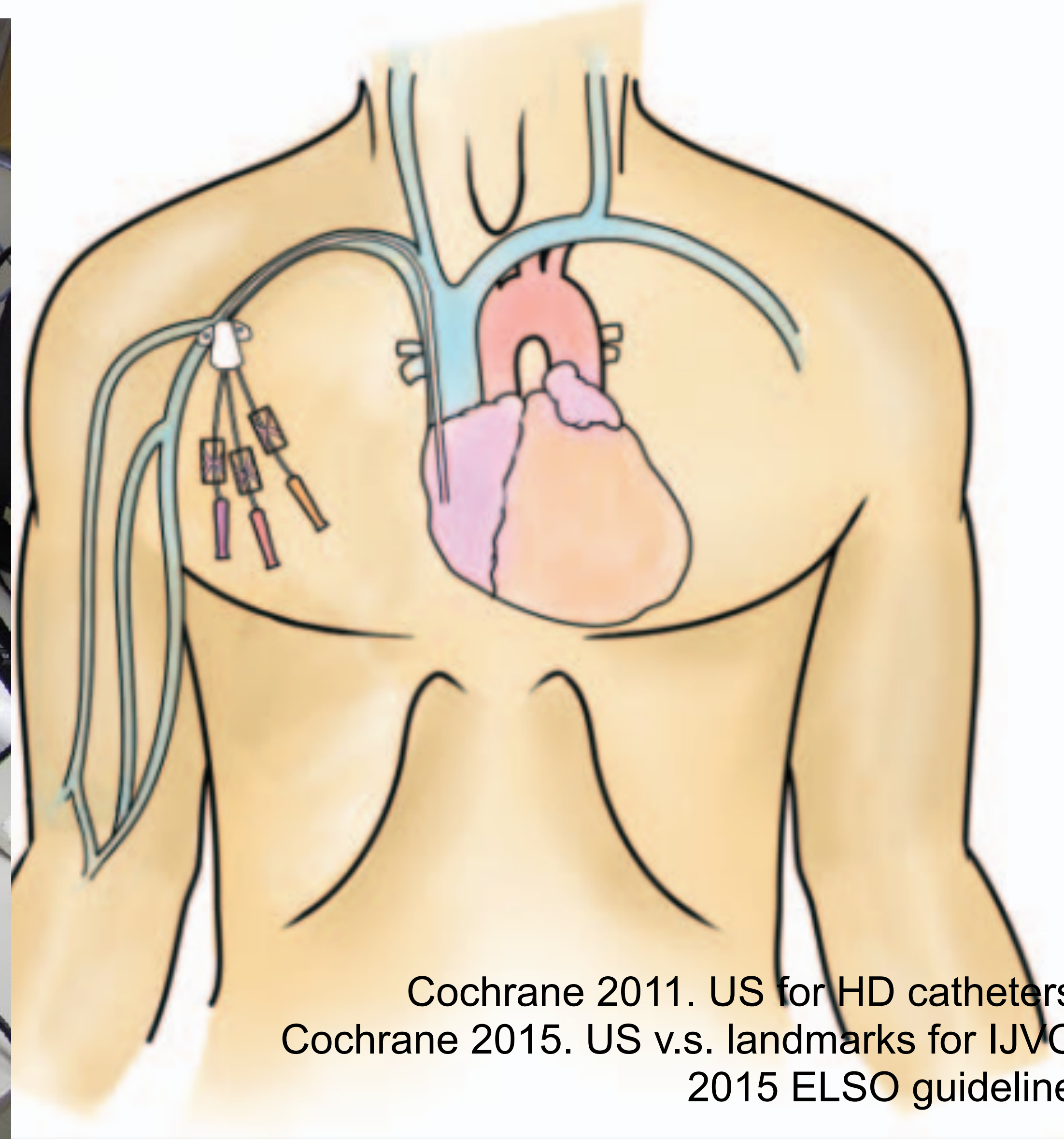


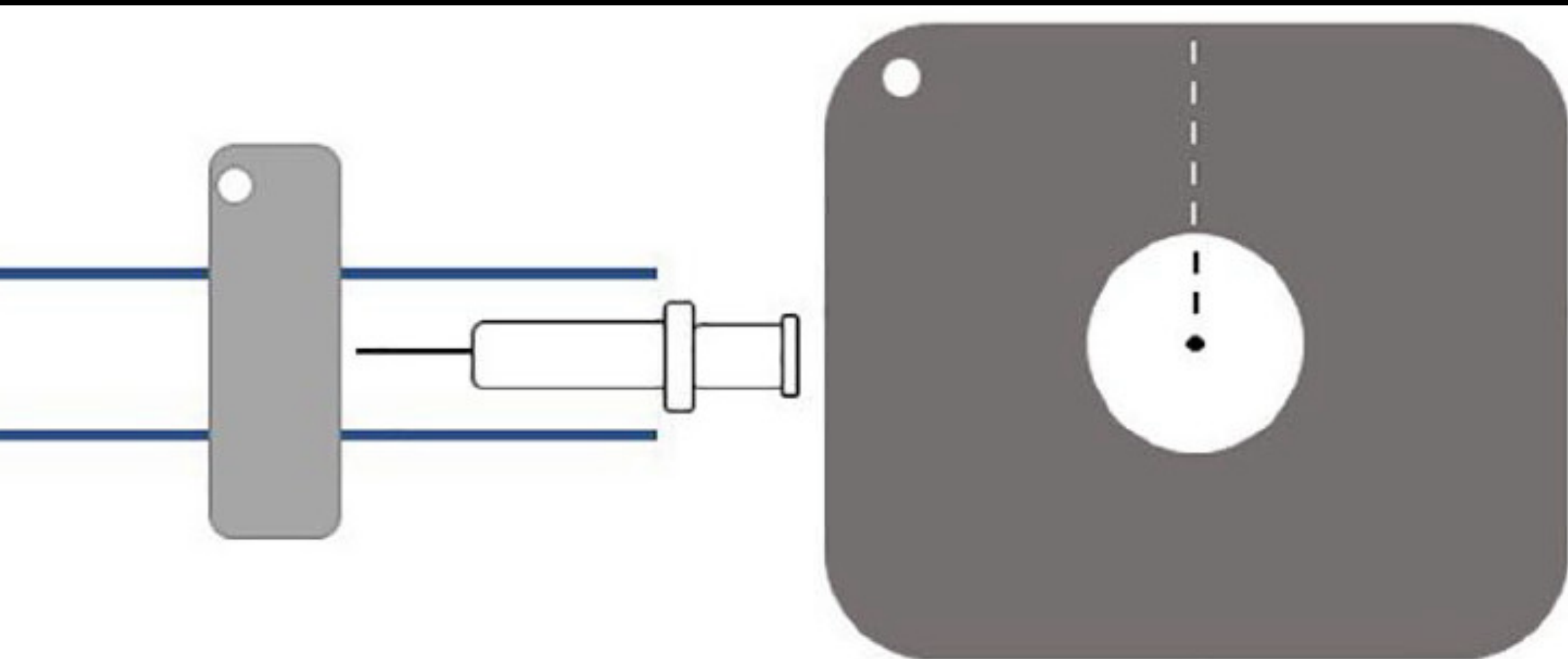
C. Midline Catheter



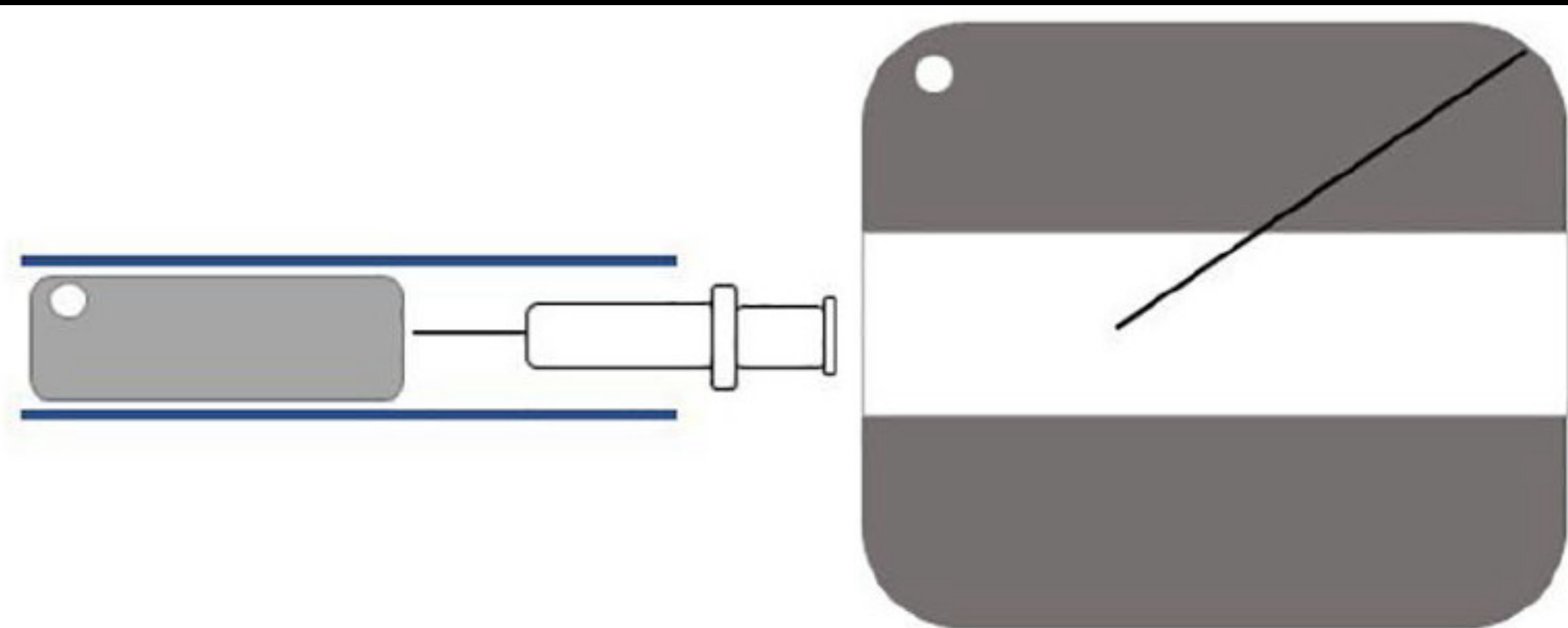
F. Implanted Port

D. Nontunneled Central Venous Catheter

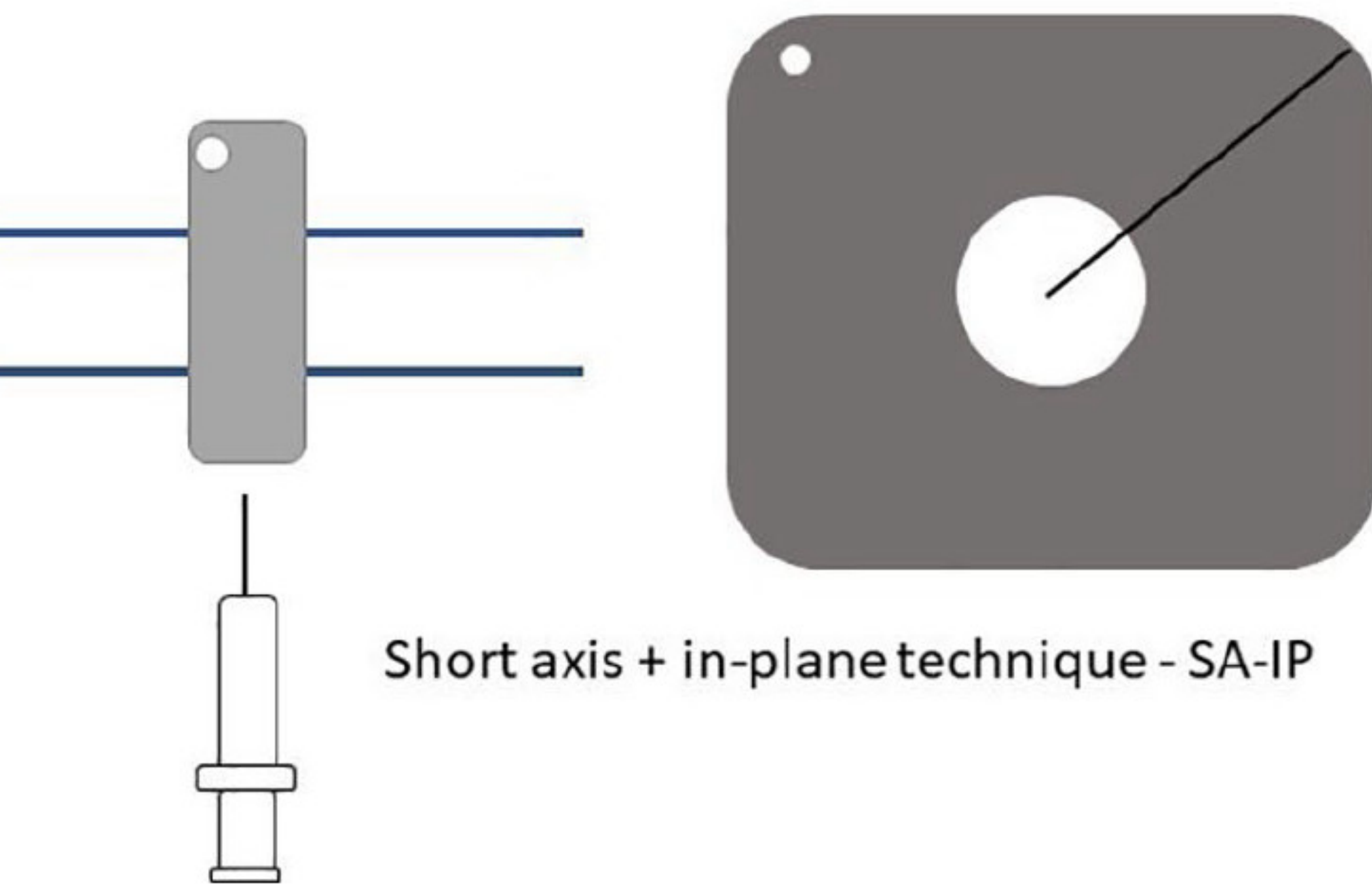




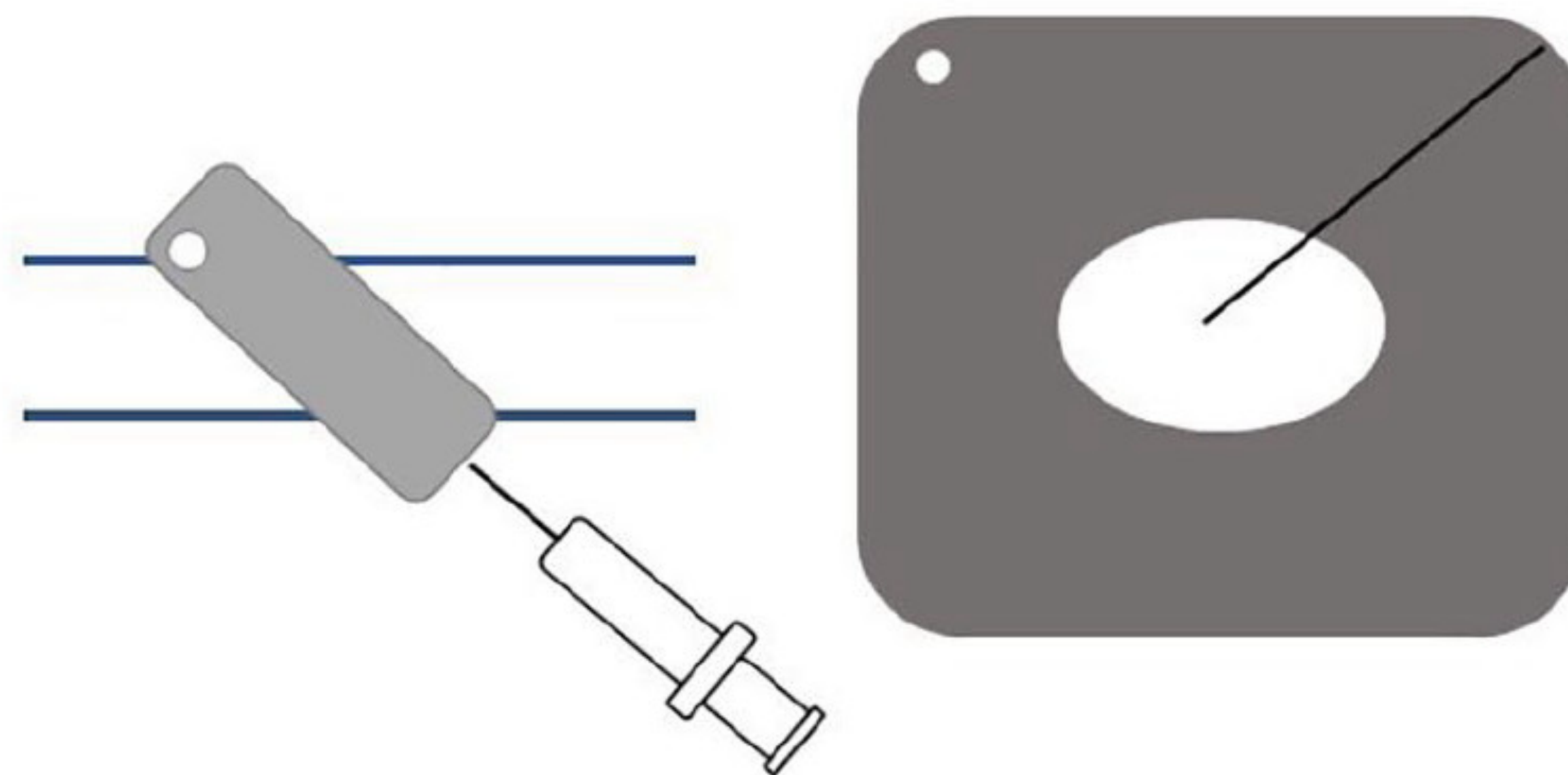
Short axis + out-of-plane technique - SA-OP



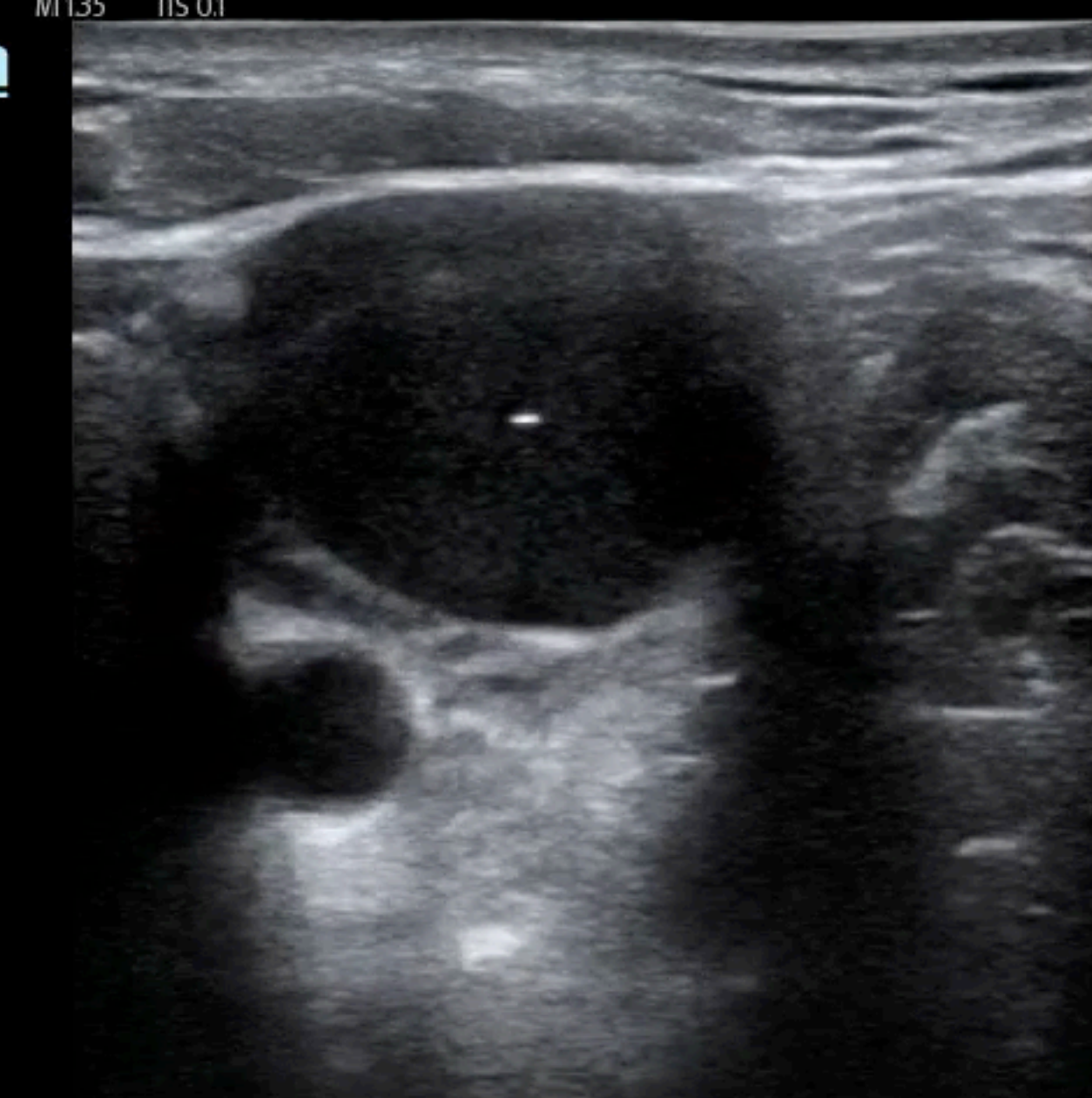
Long axis + in-plane technique - LA-IP



Short axis + in-plane technique - SA-IP

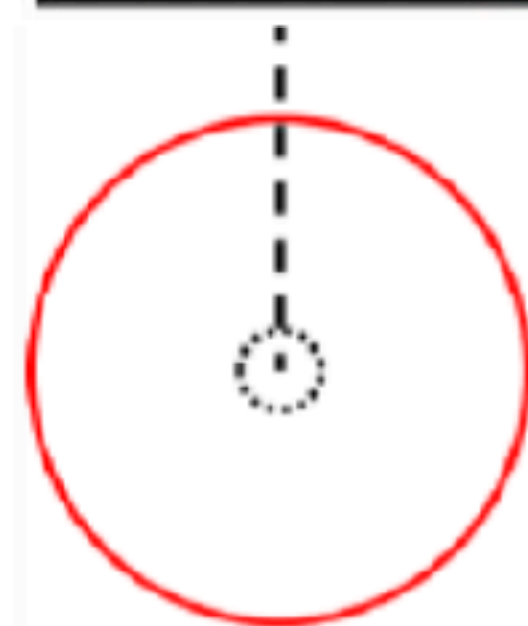
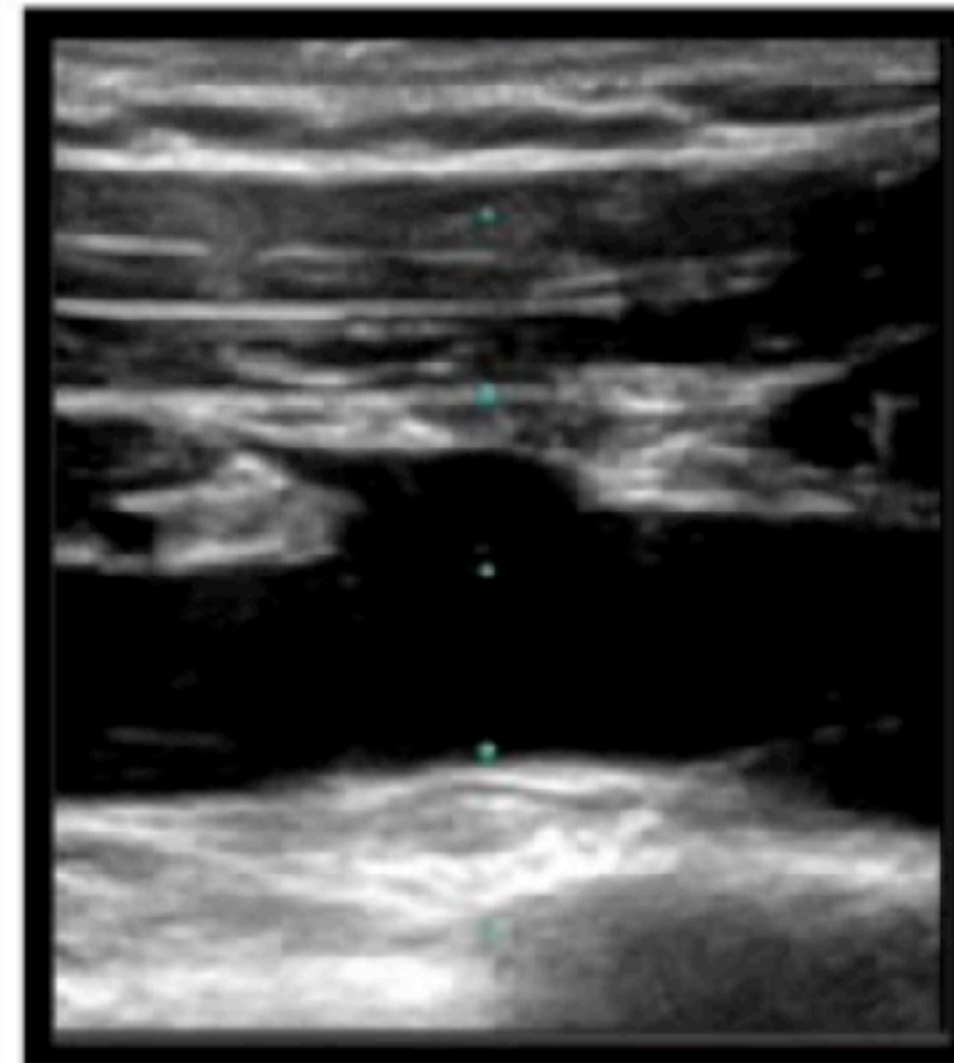
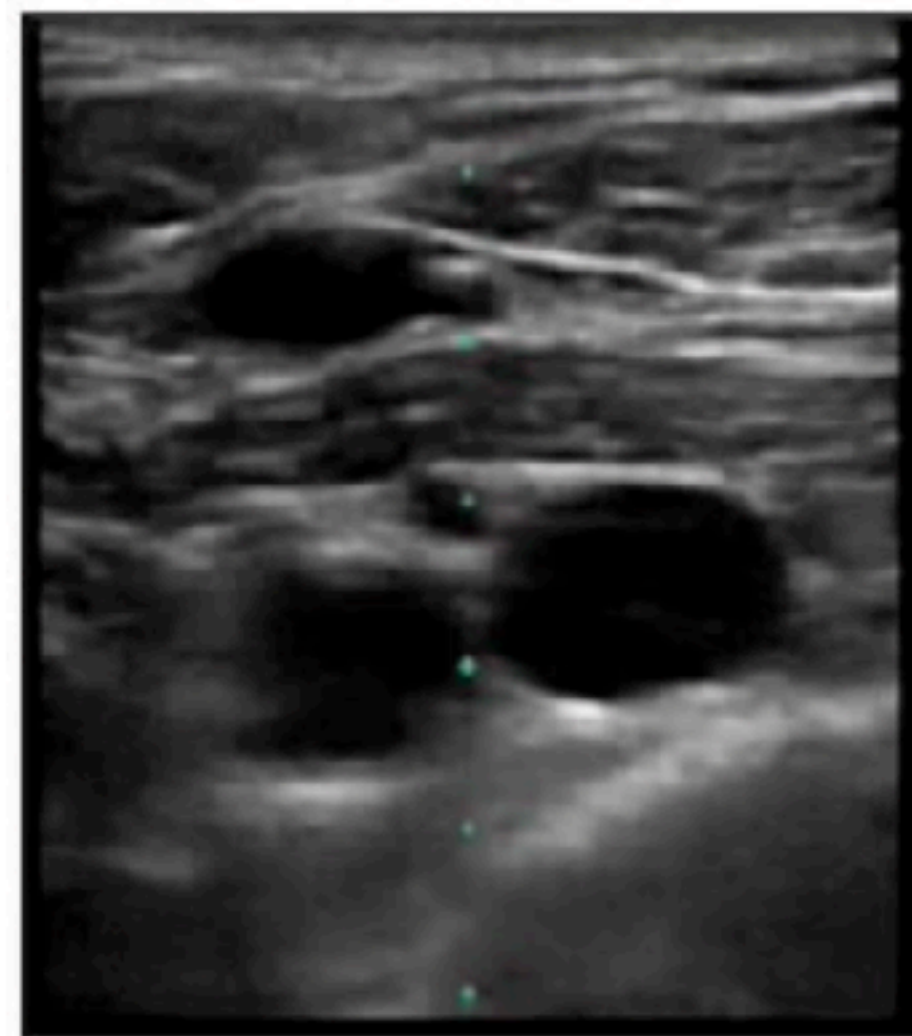
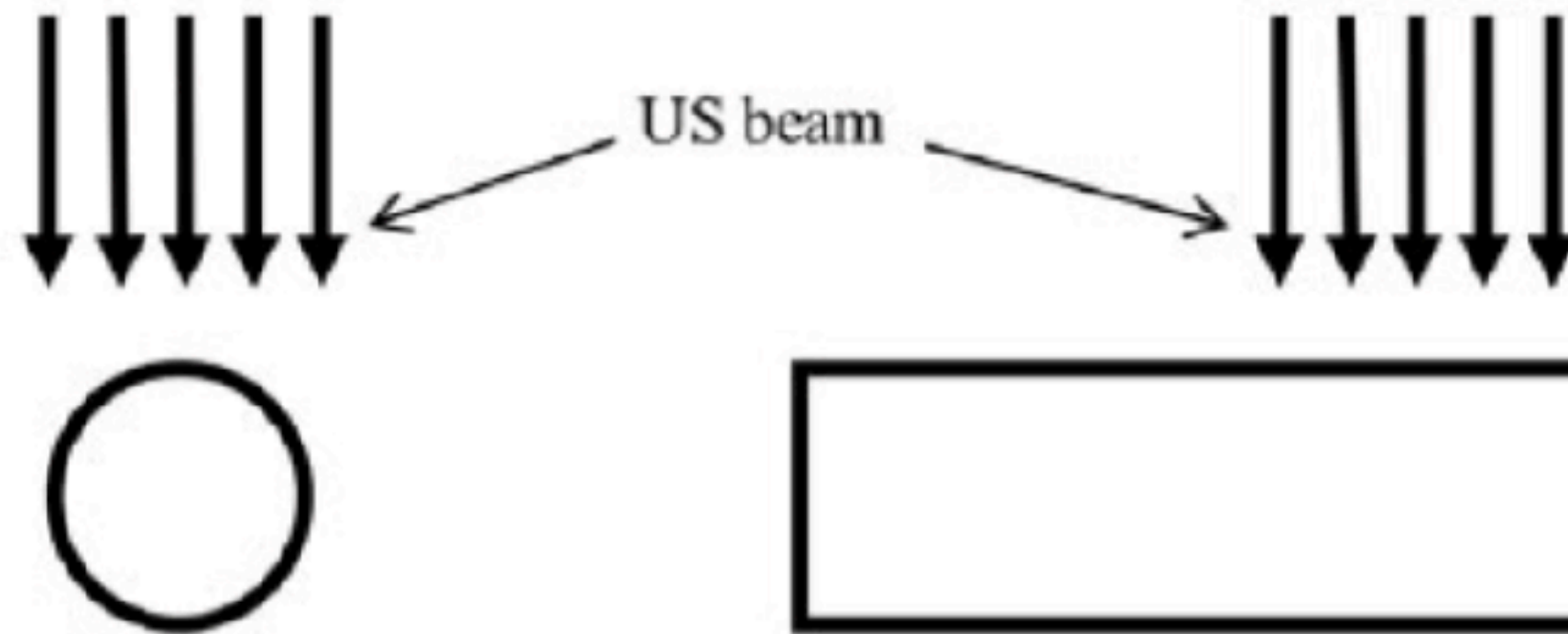


Oblique axis + in-plane technique - OA-IP

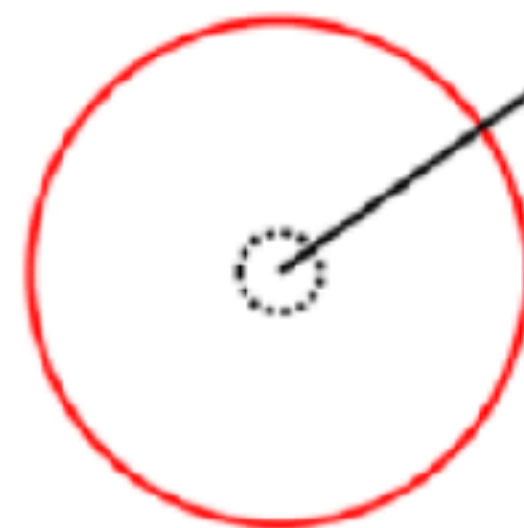


Transverse Plane

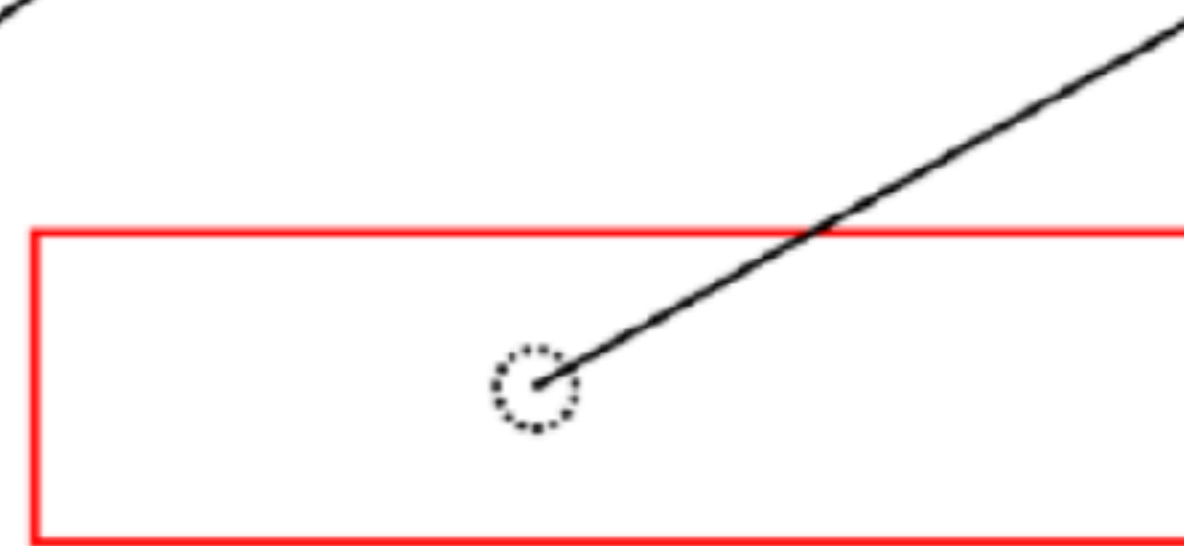
Longitudinal Plane



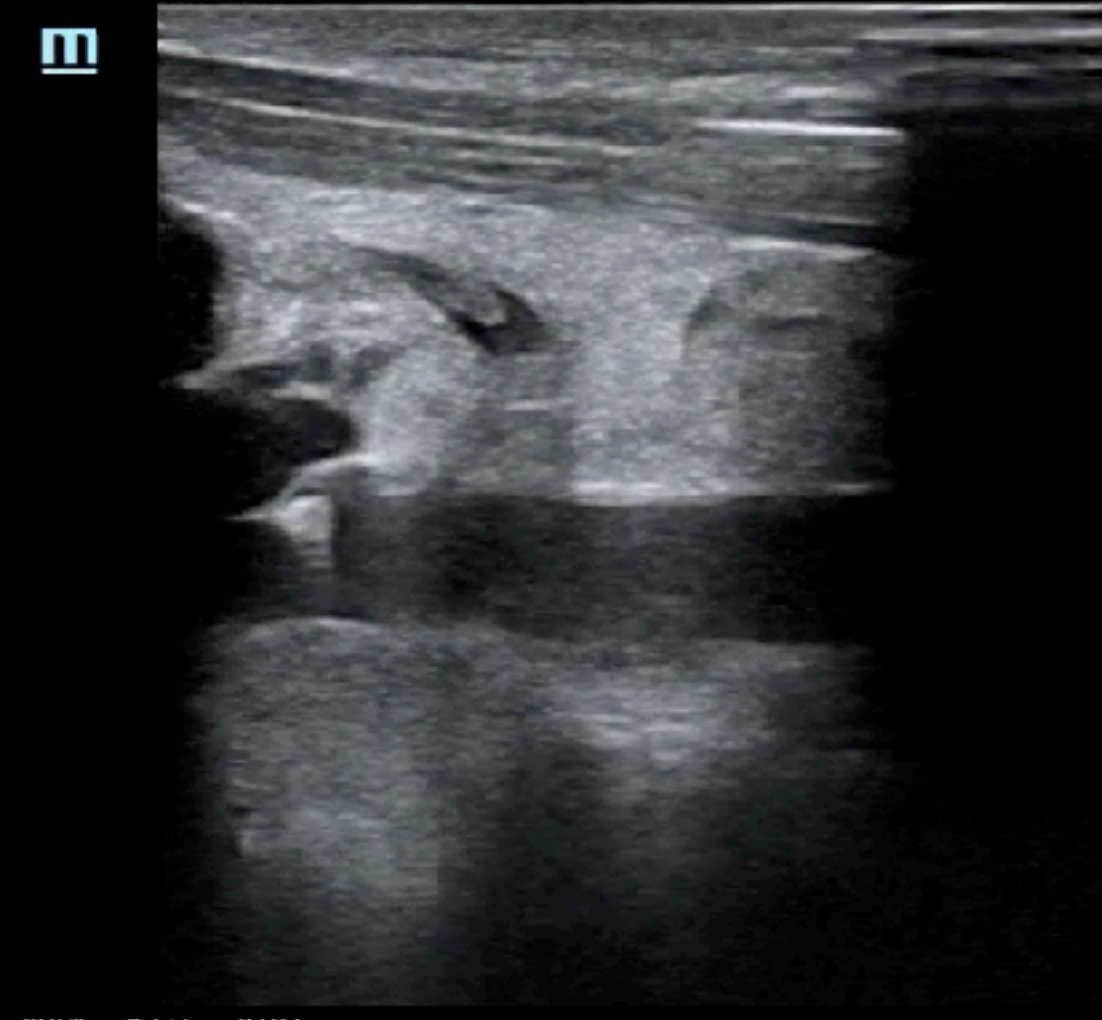
T-OOP



T-IP



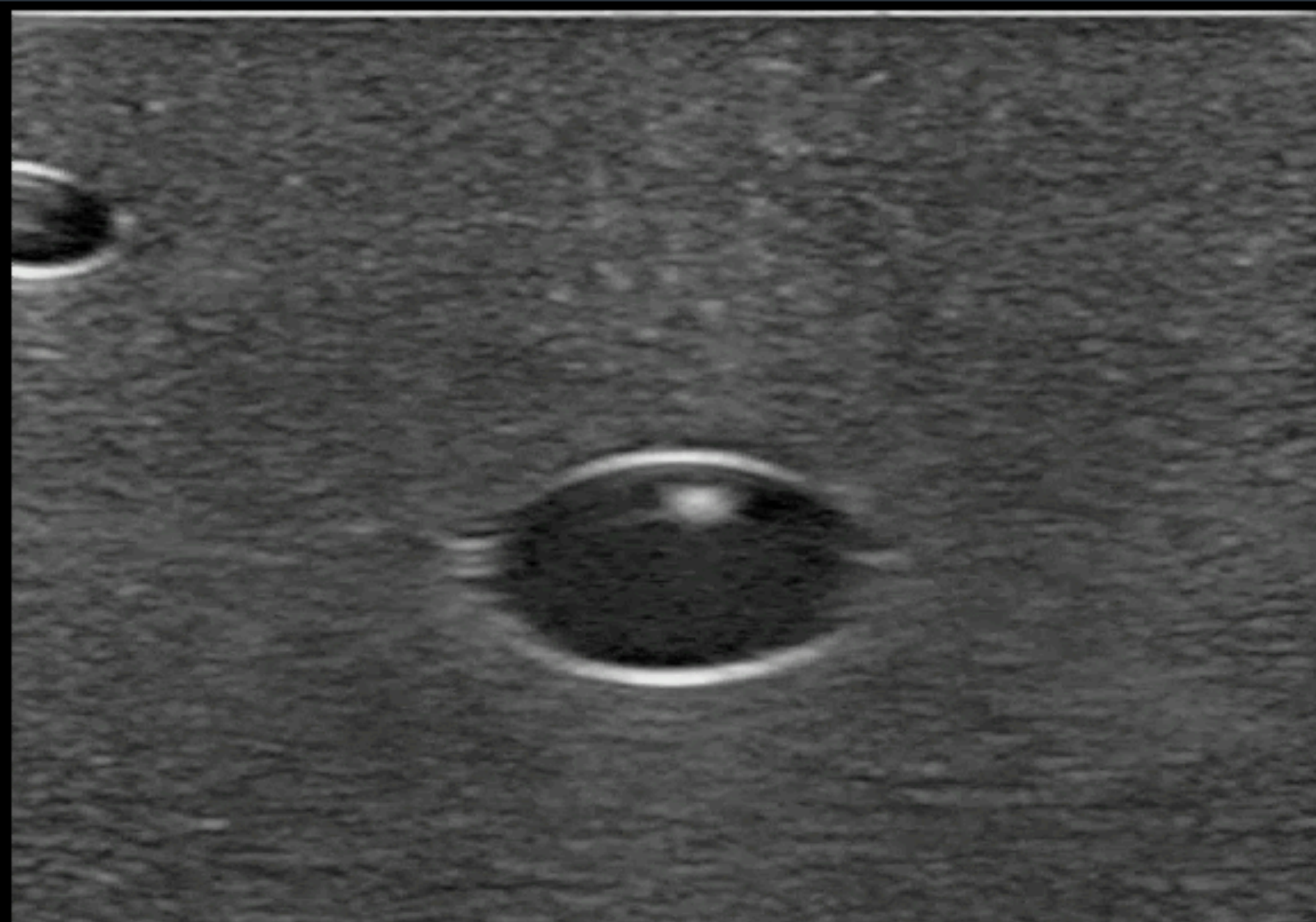
L-IP





erficial P
-3
12
cm

s
96
6
2 / 1

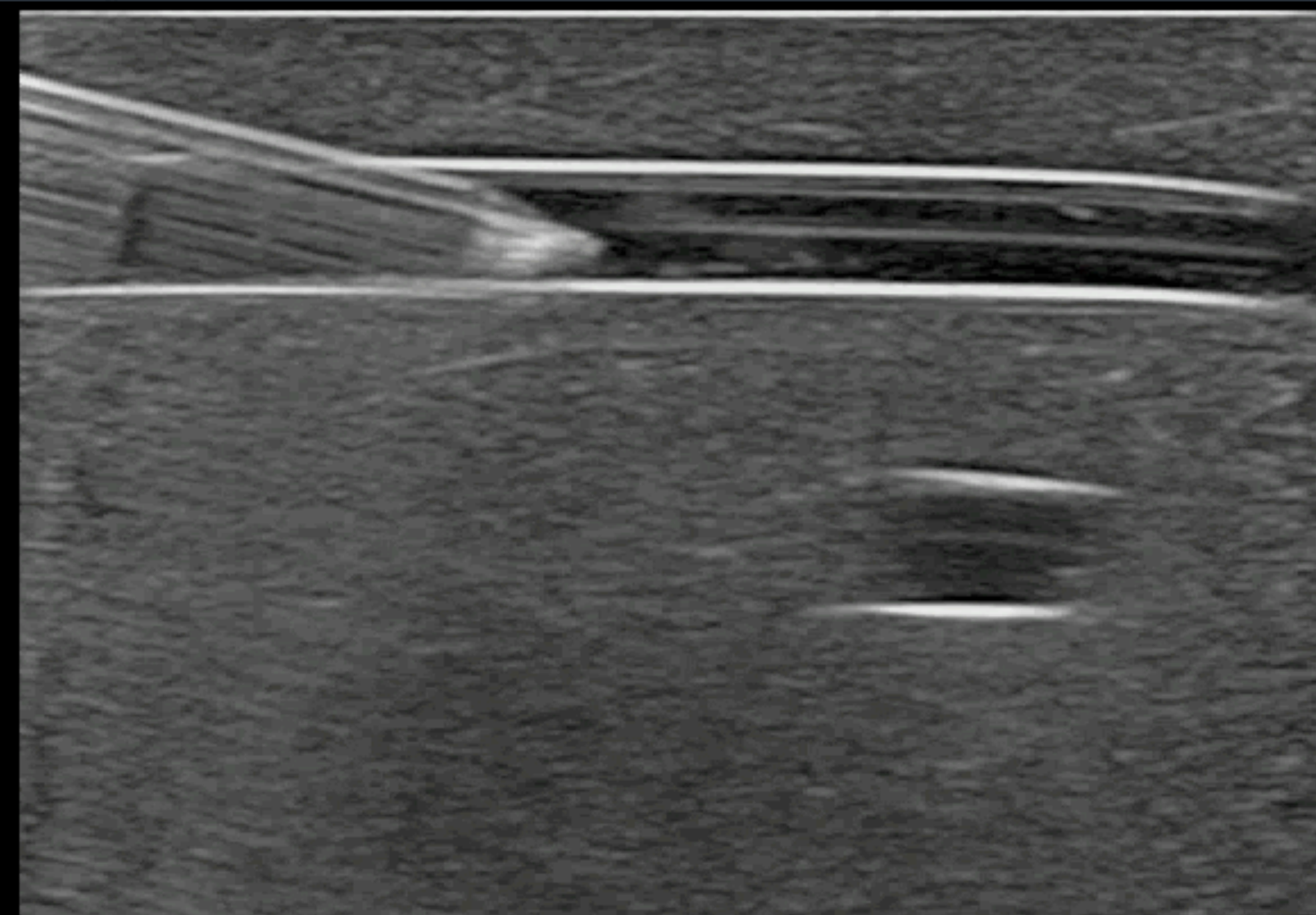


Superficial P
L12-3
46 Hz
3.0cm

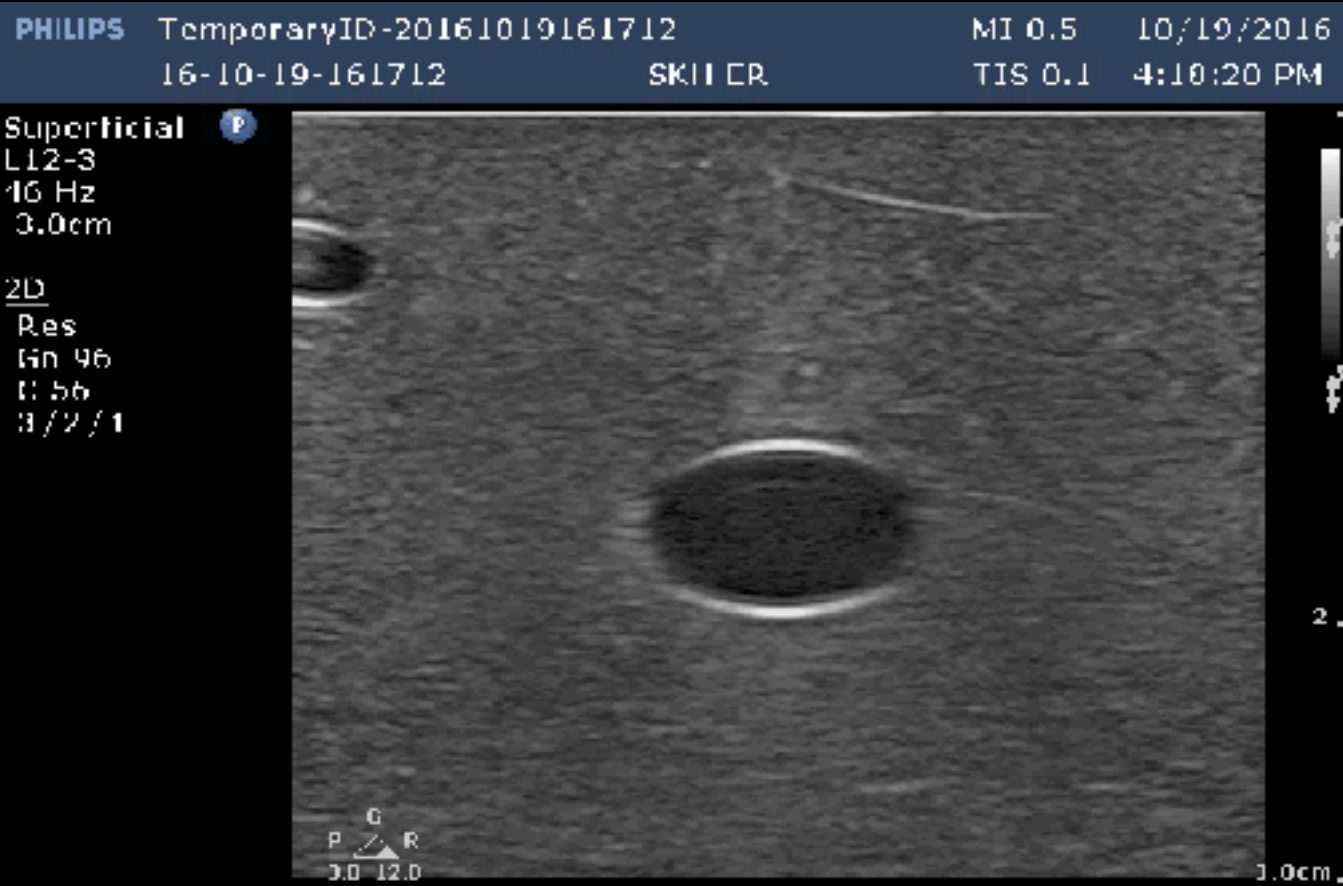
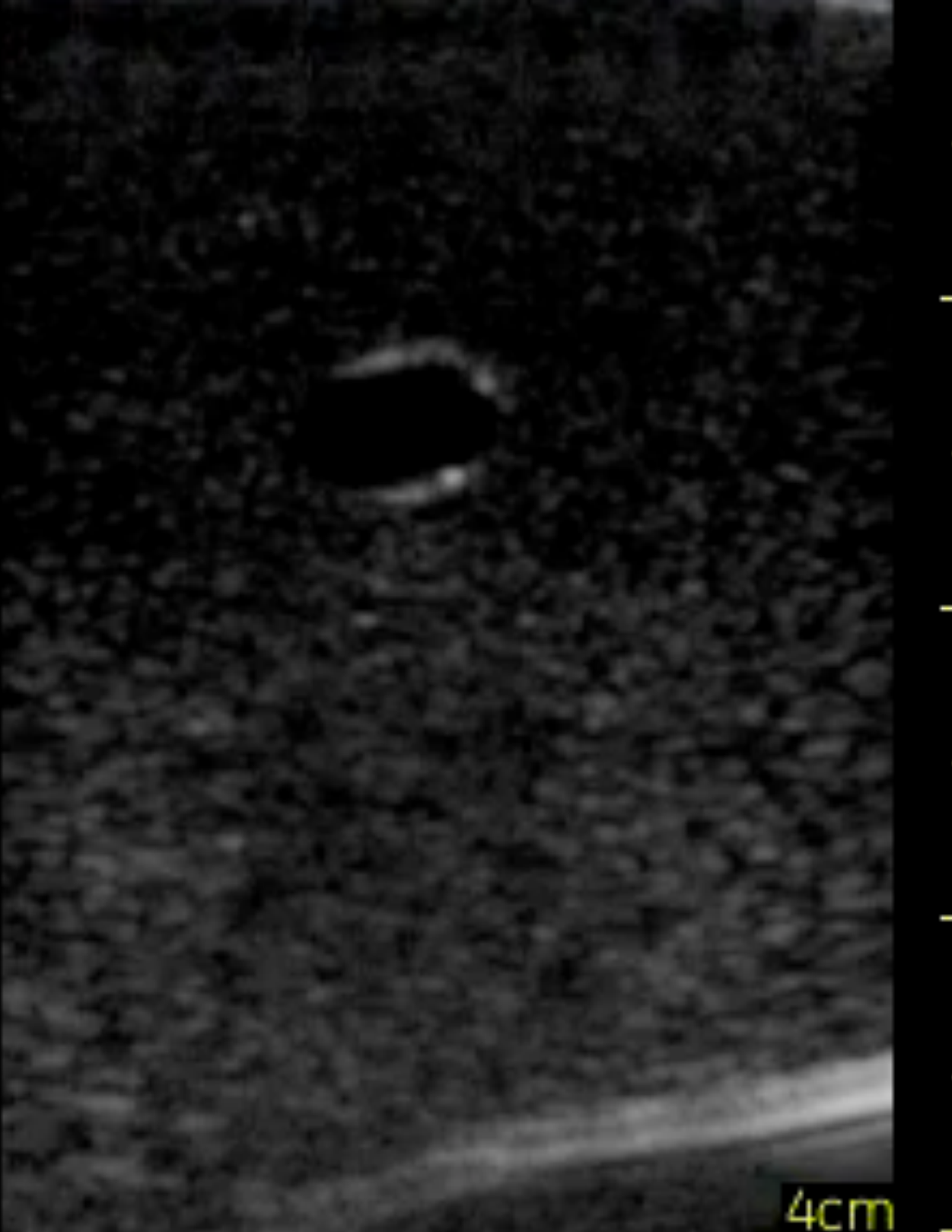
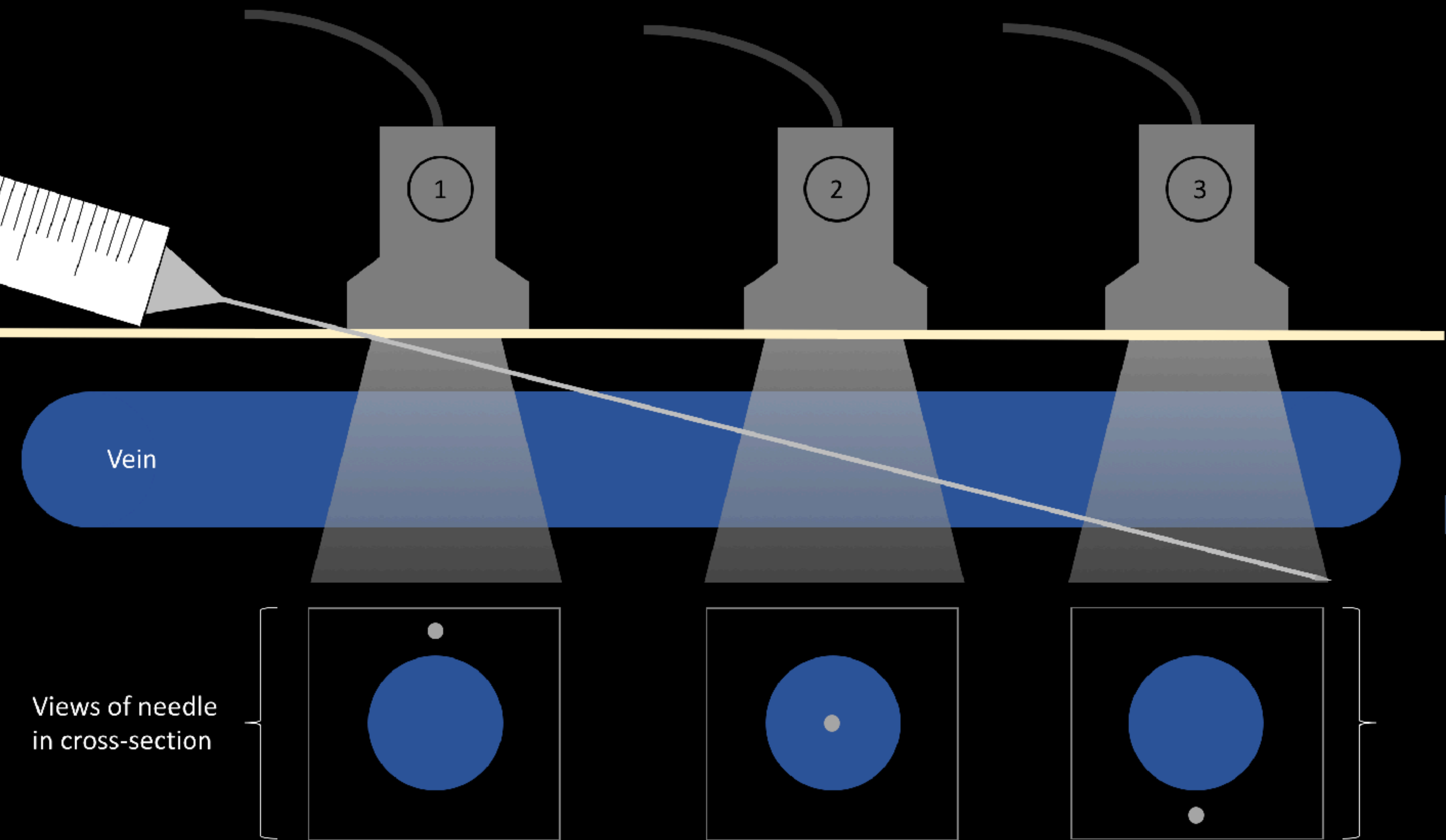
2D
Res
Gn 96
C 56
3 / 2 / 1

2

6

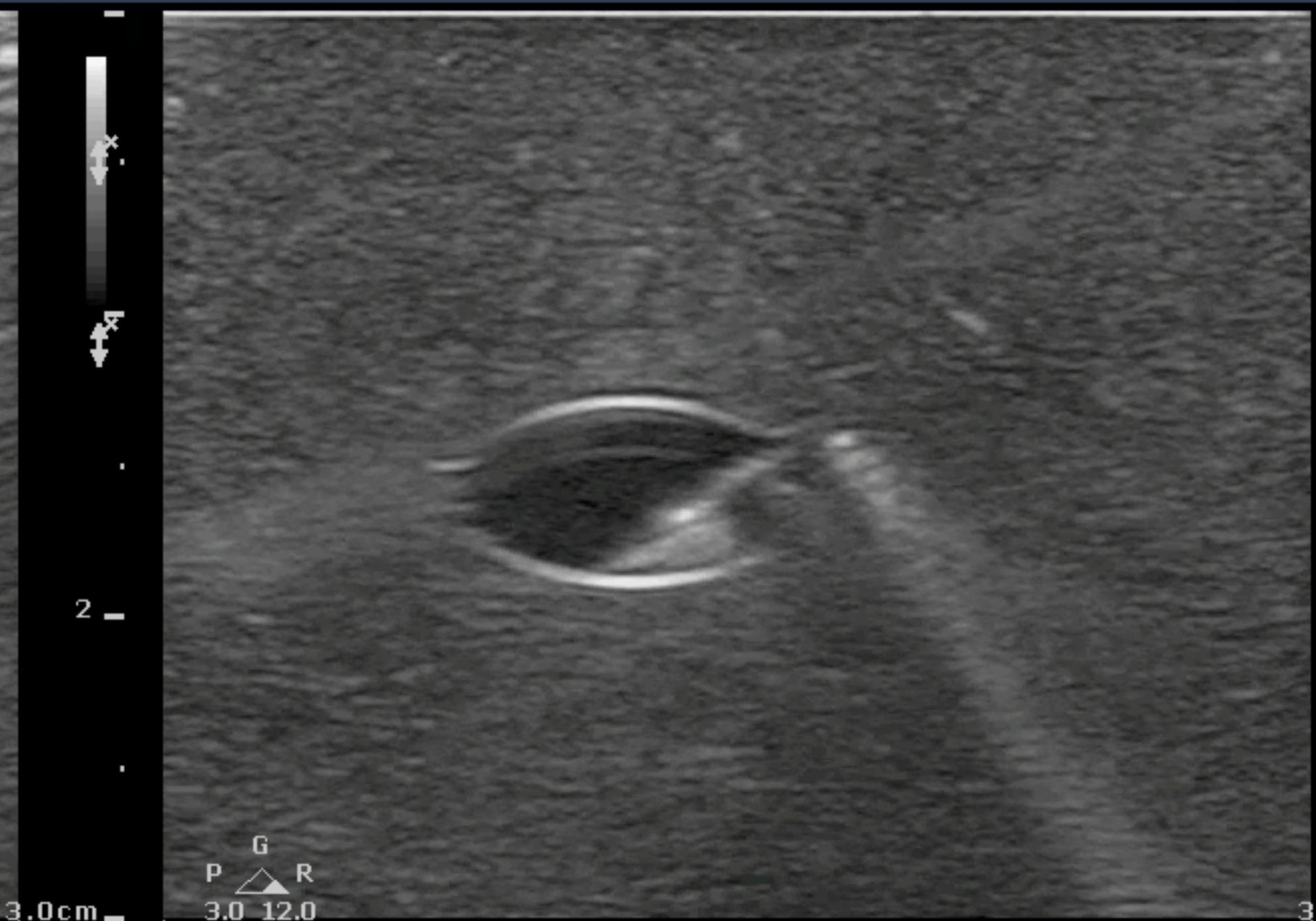
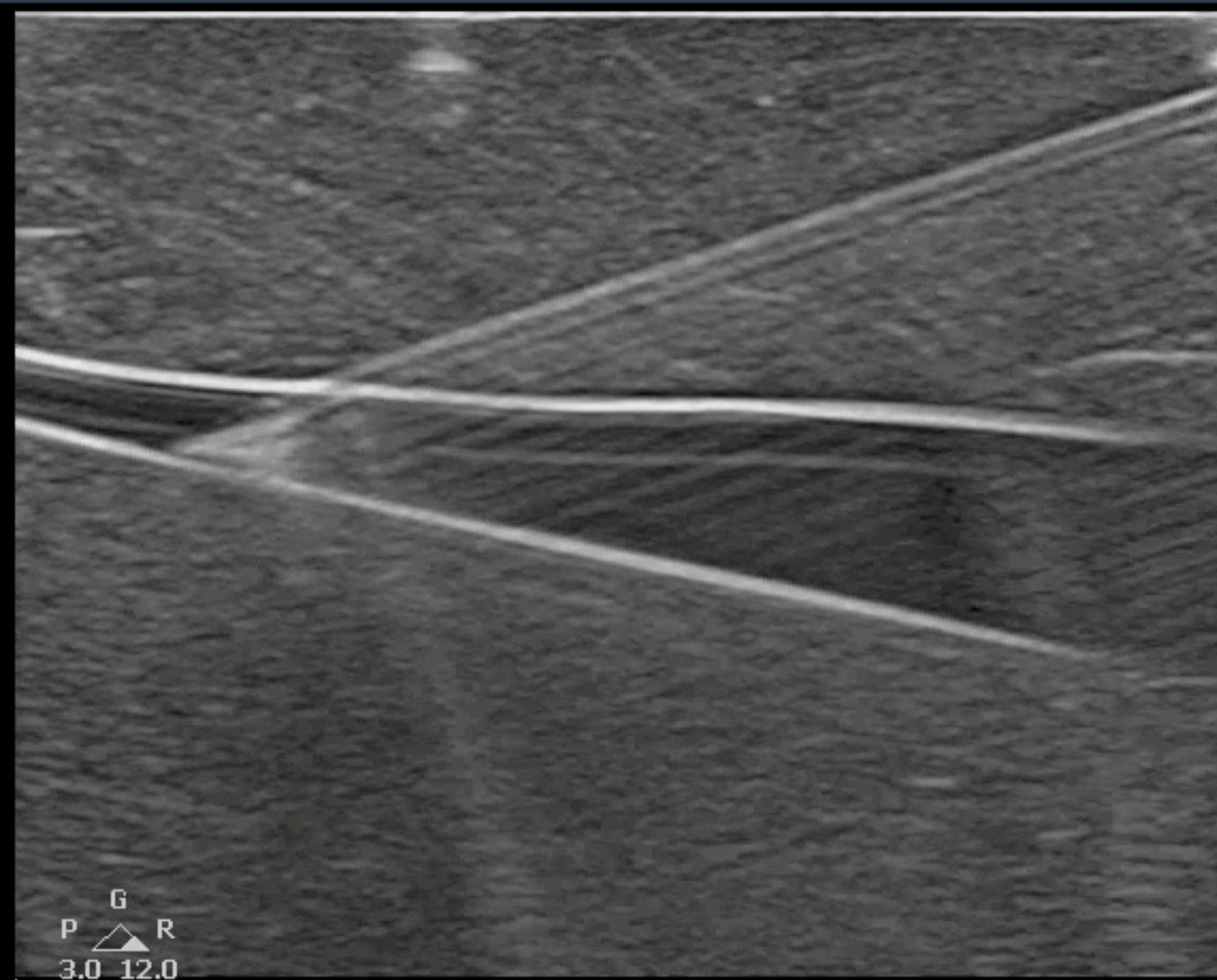
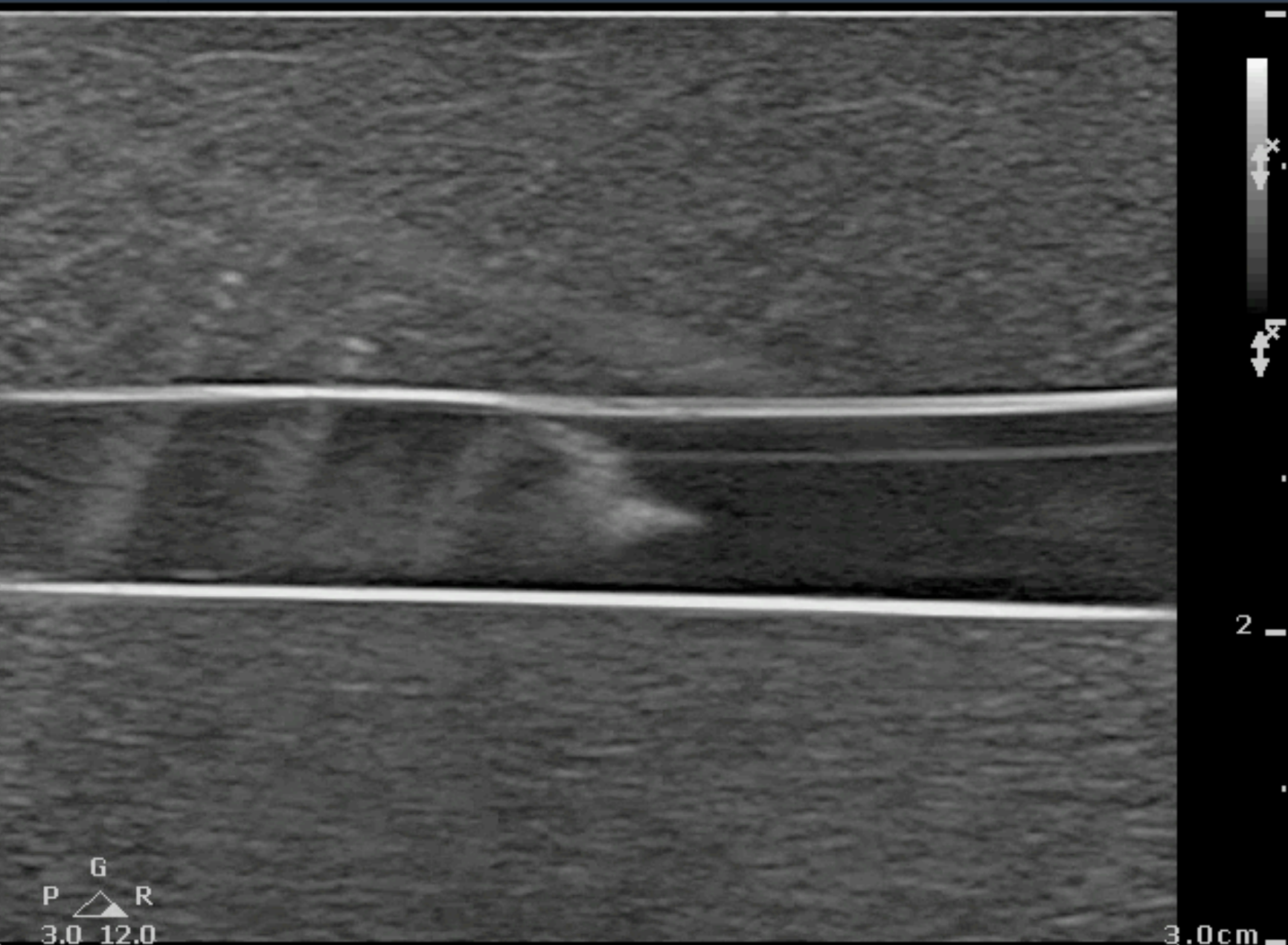


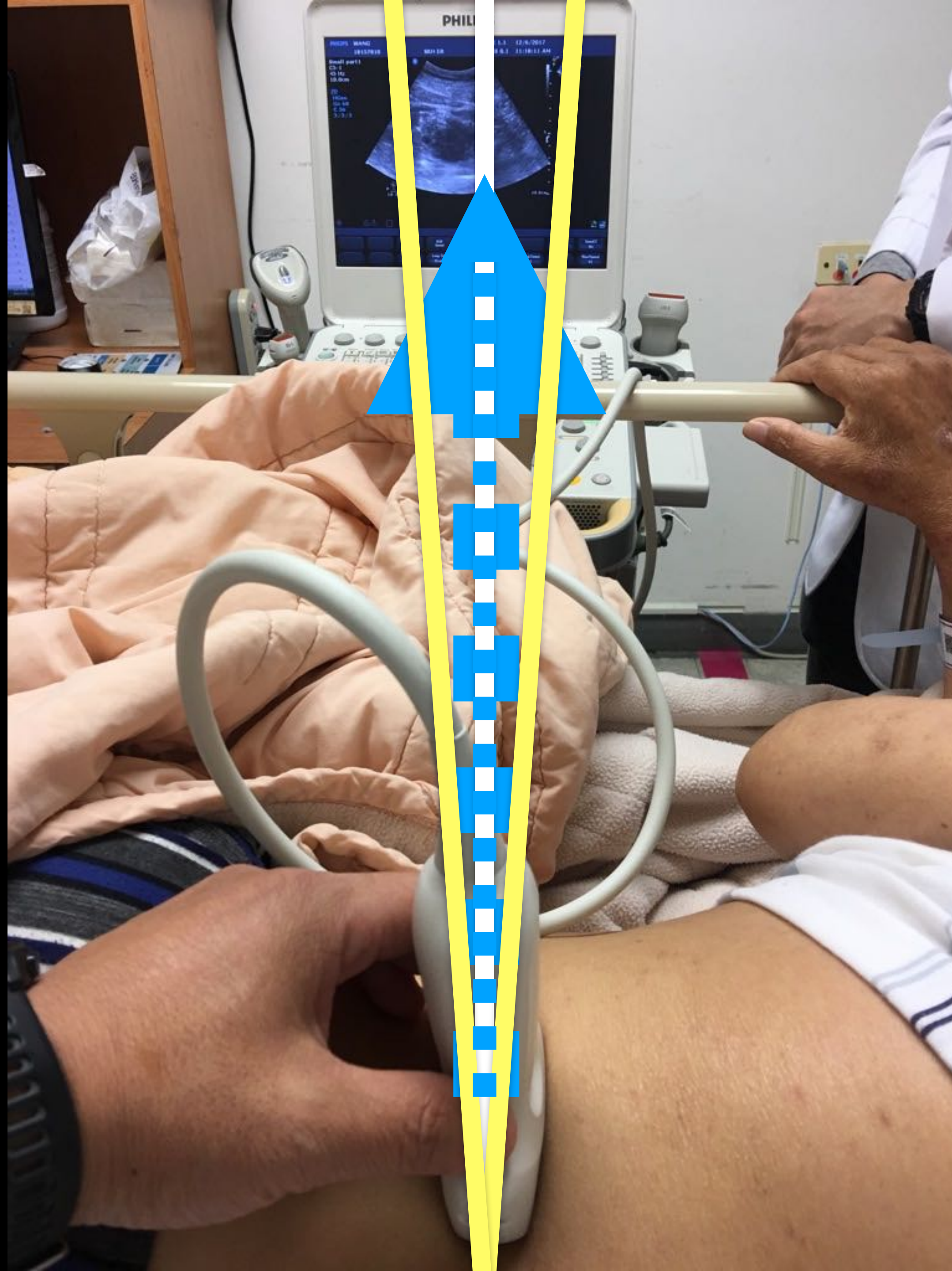
Off-plane 首重針尖 / 探頭永遠走在針的前方



Needle Optimization / 探頭要垂直針身

aryID-20161019161712	MI 0.5	10/19/2016	aryID-20161019161712	MI 0.5	10/19/2016	aryID-20161019161712	MI 0.5	10/19/2016
9-161712	TIS 0.1	4:19:20 PM	9-161712	TIS 0.1	4:23:20 PM	-19-161712	TIS 0.1	4:20:48
SKH ER			SKH ER			SKH ER		





保持軸線

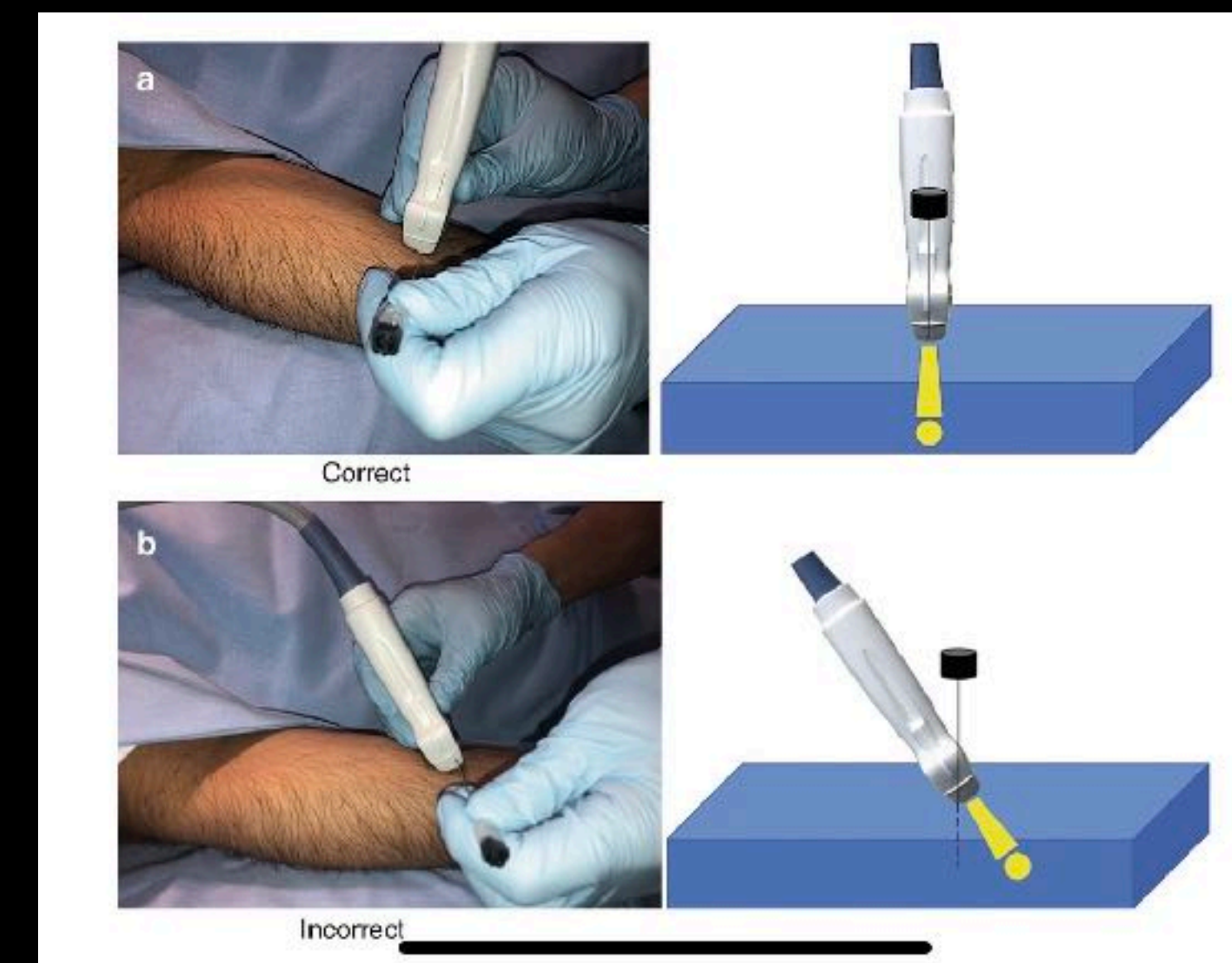
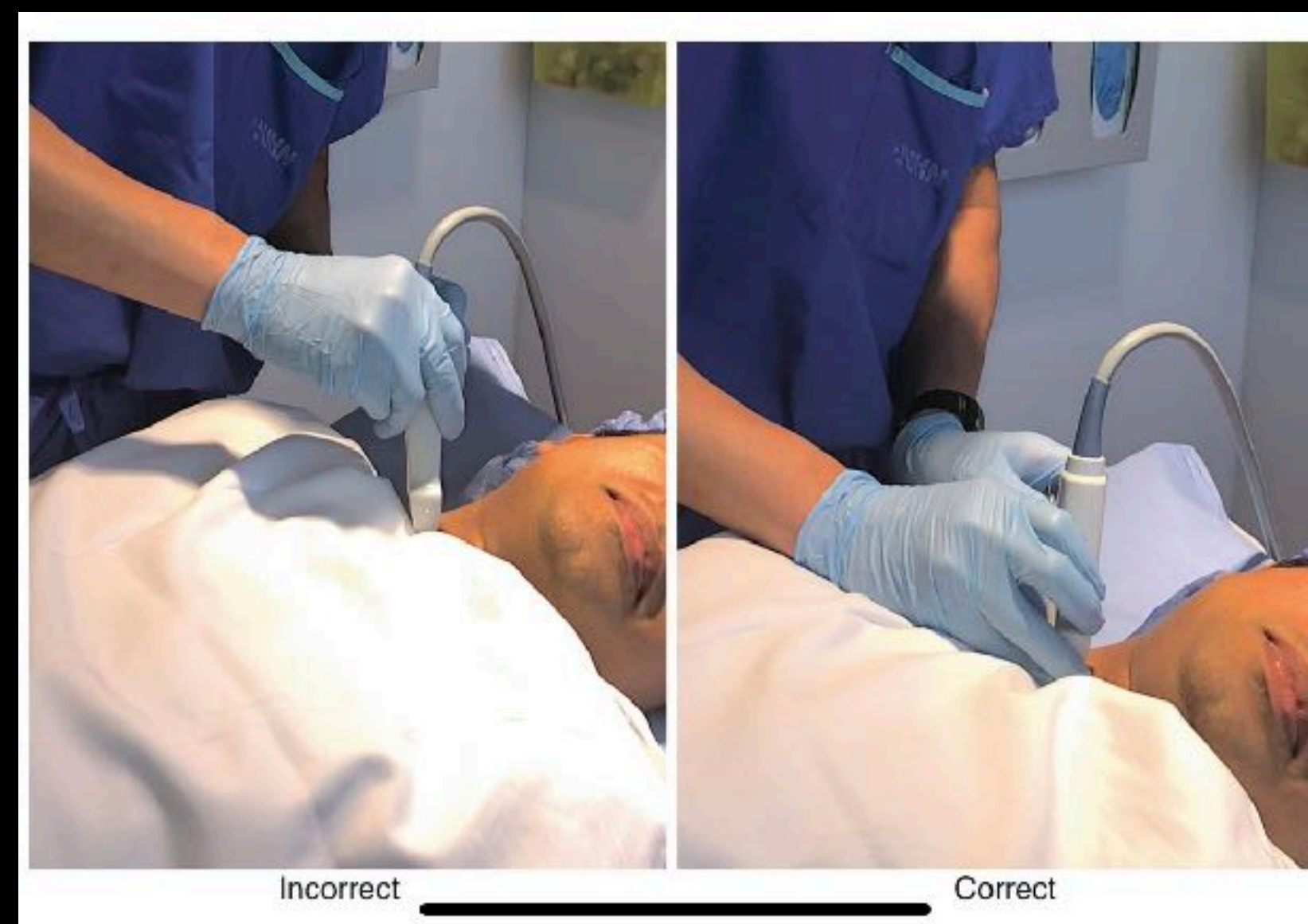
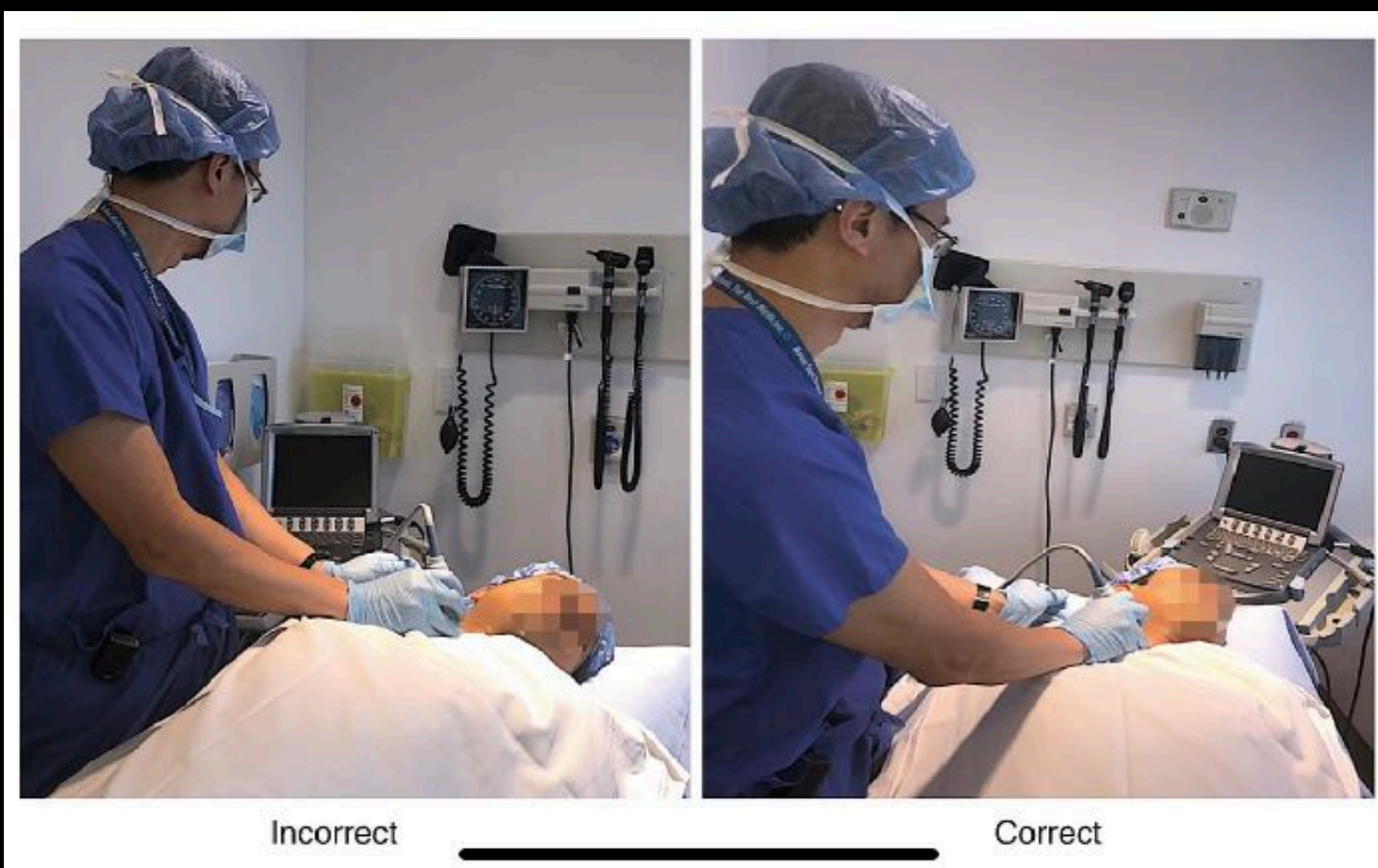
堅守切面

擬定路徑

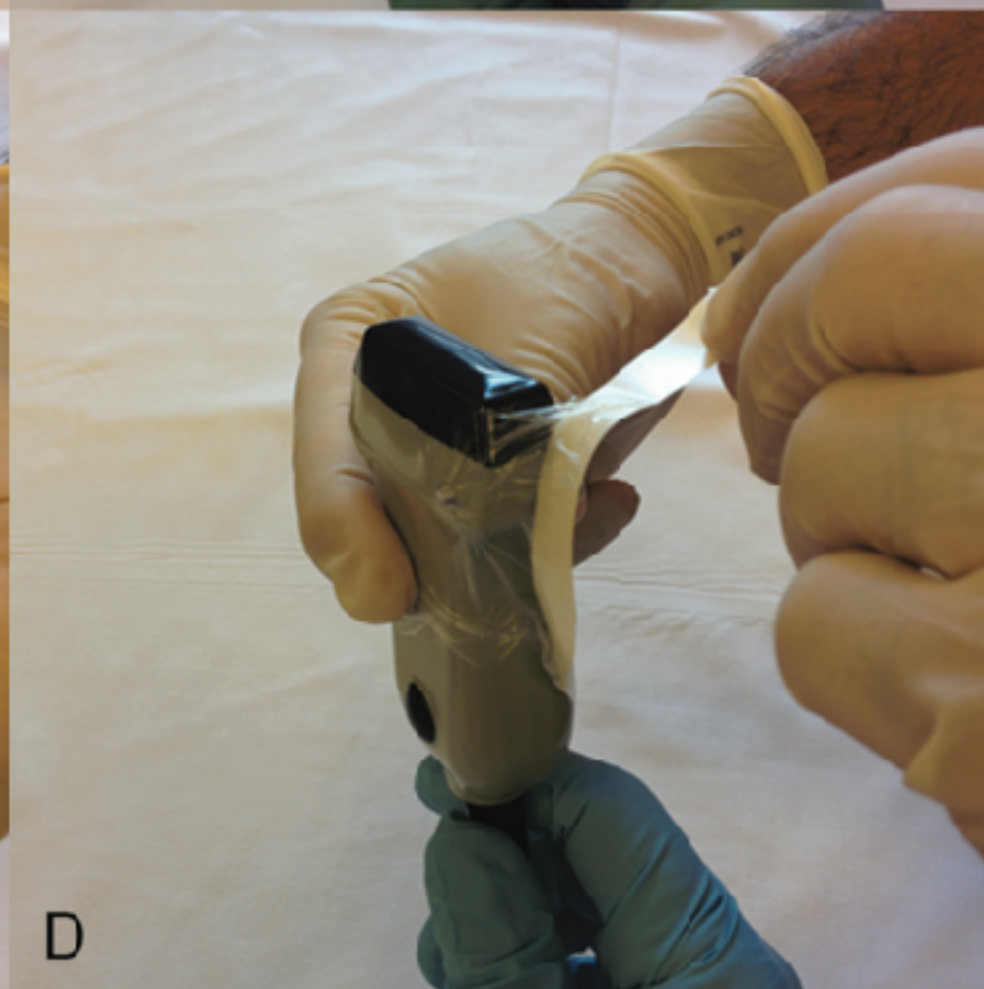
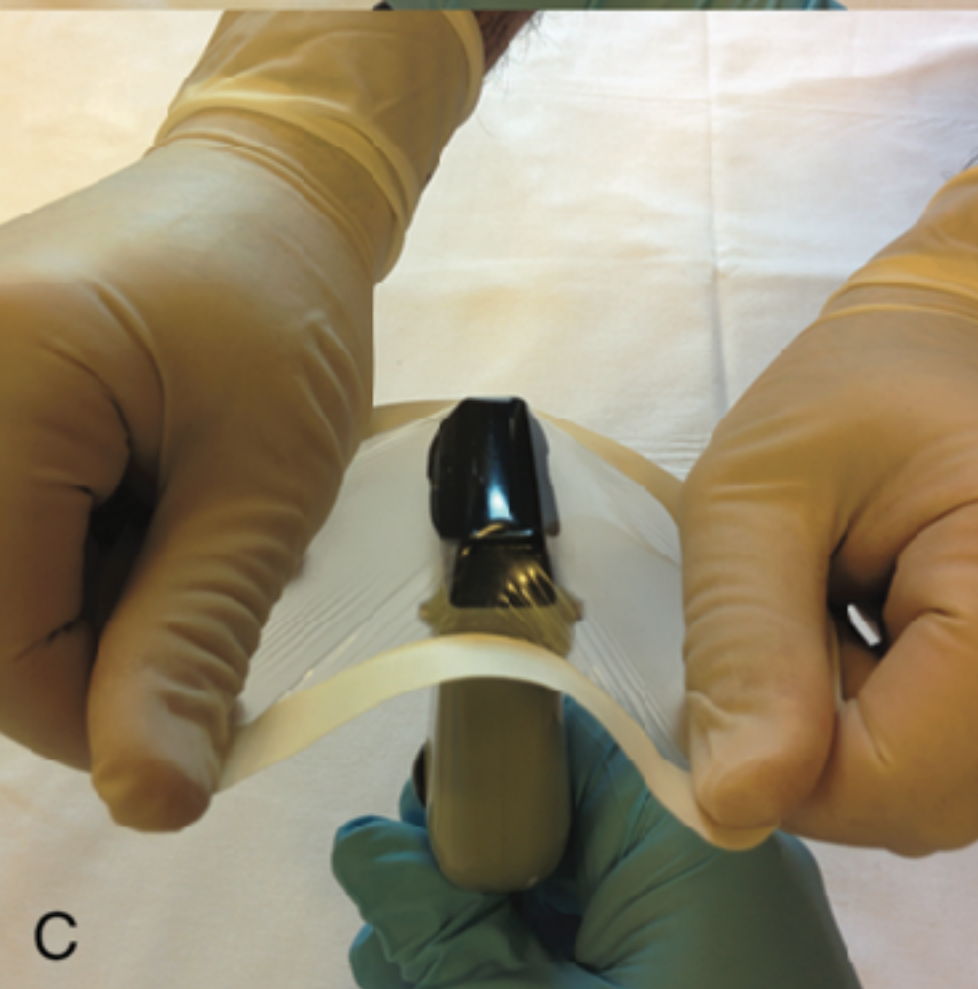
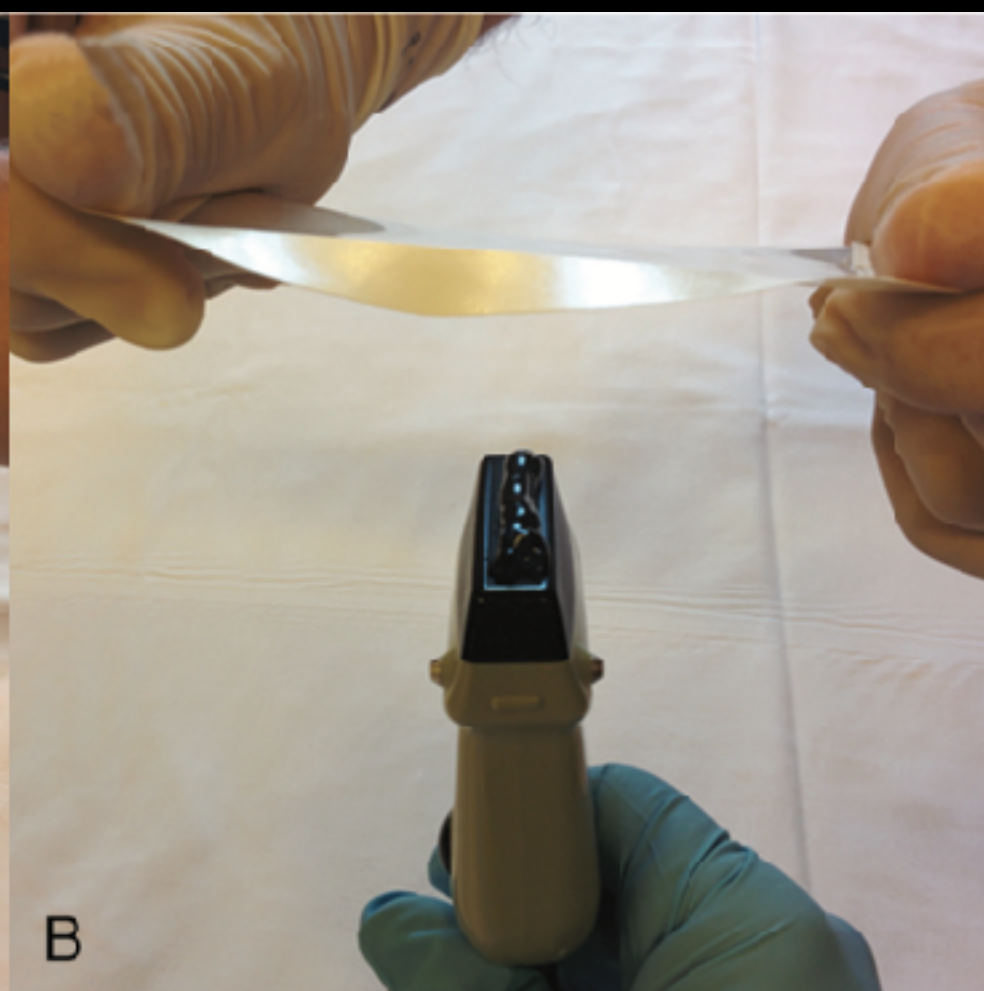
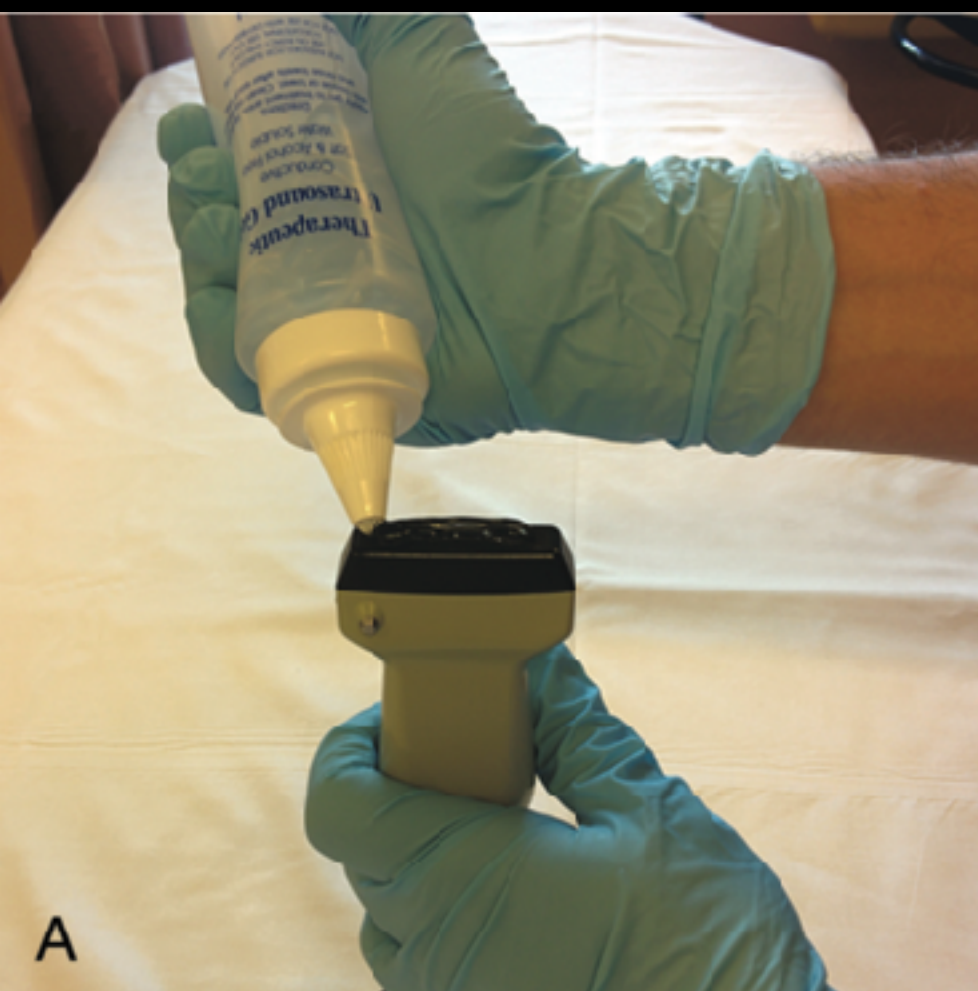
Ergonomics

Stable hands

Avoid



US for interventional pain management



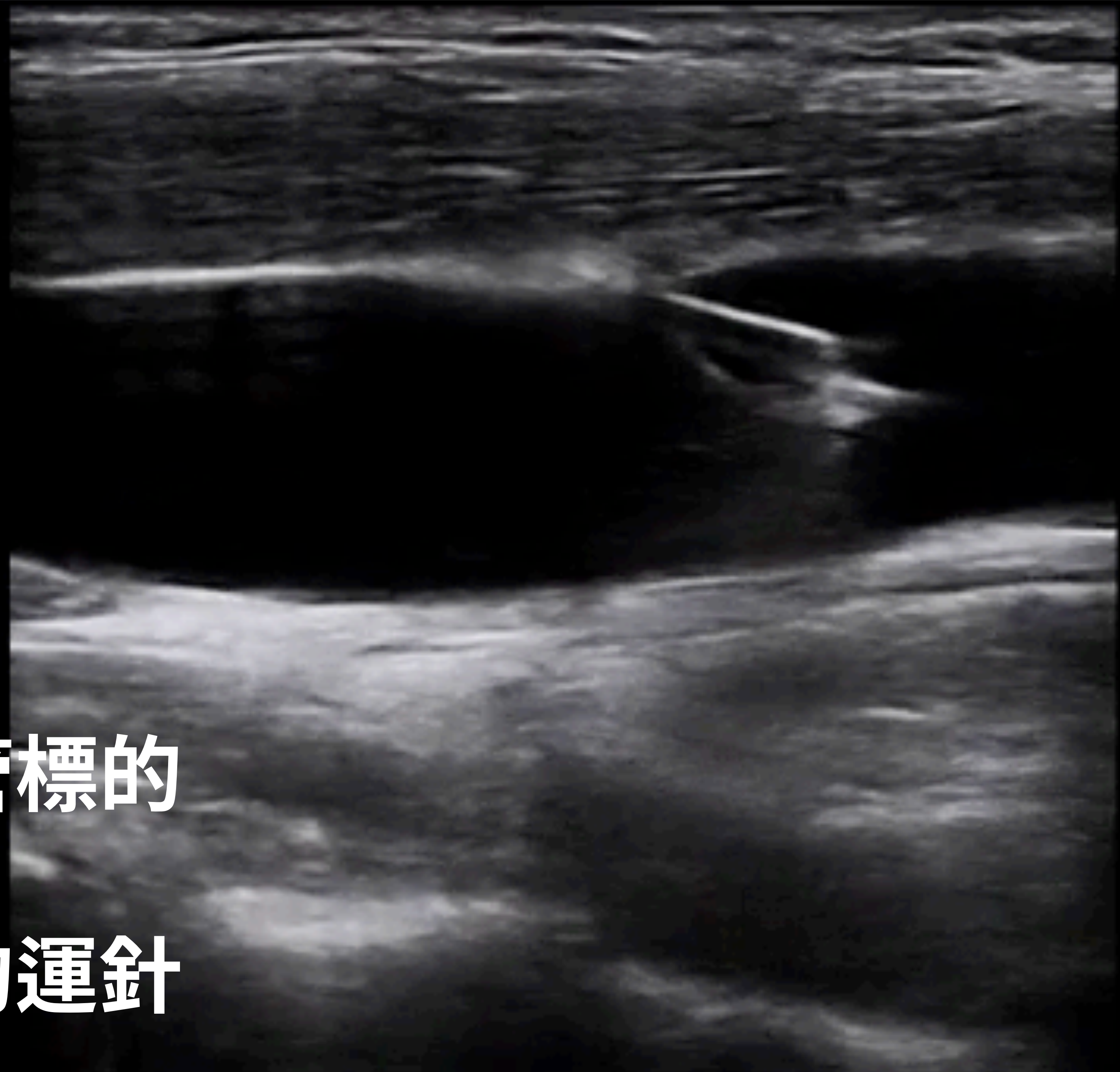
US - guided CVC



Reg Anesth Pain Med 2015;40: 82–84

M7
B1
F10 /D3.7
G52 /FR43
IP5 /DR95

M



選擇合適的血管標的
+
熟練超音波下的運針

Rapid Central Vein Assessment (RaCeVA):
A systematic, standardized approach
for ultrasound assessment before
central venous catheterization

Timothy R Spencer¹ and Mauro Pittiruti²

7 Steps

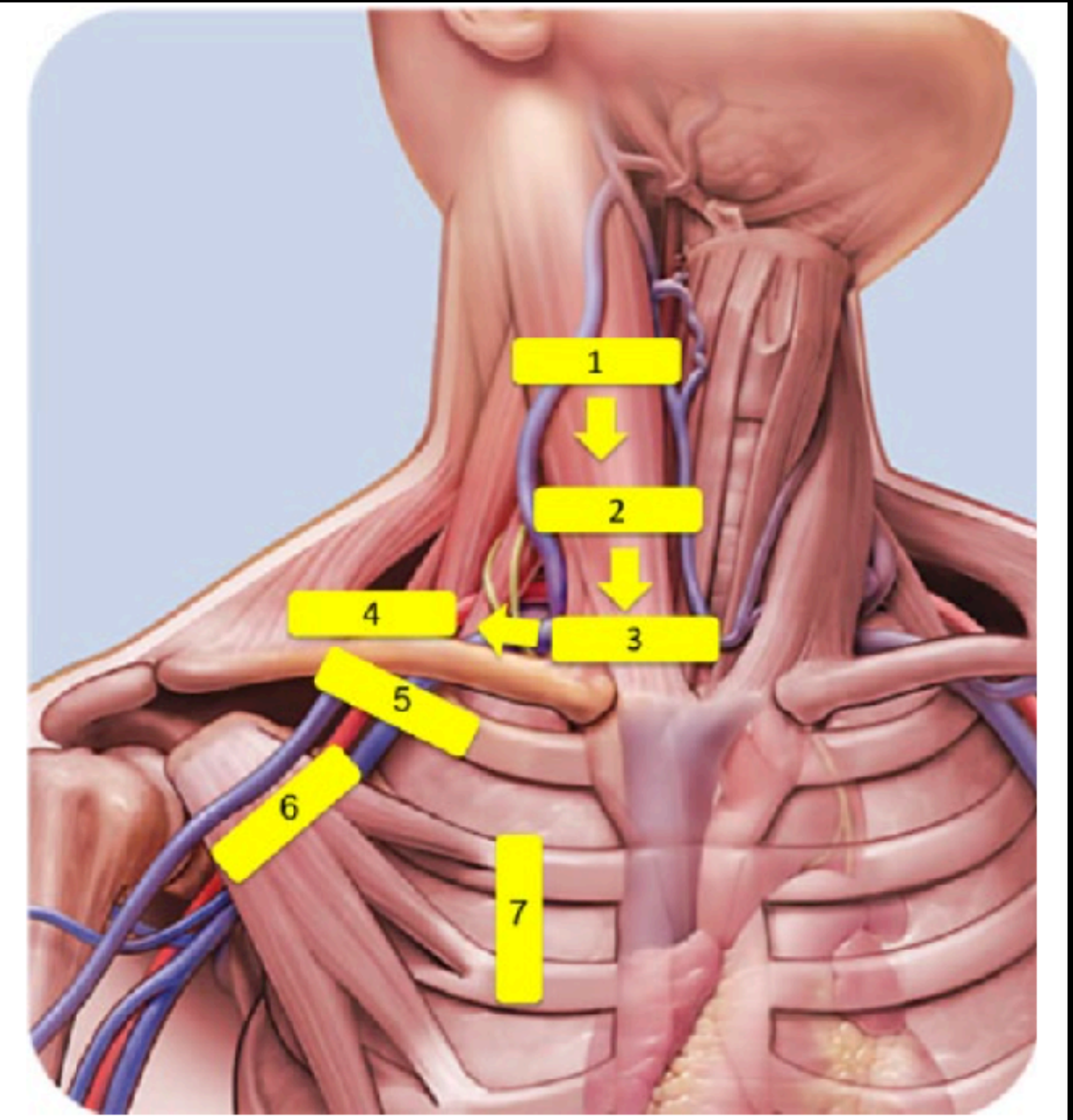


Table 1. The seven steps of the Rapid Central Vein Assessment (RaCeVA).

	Transducer position	Structures to be assessed	Surrounding structures
Step 1	Mid-neck (transverse)	Internal jugular vein Carotid artery	Thyroid gland Trachea
Step 2	Base of neck (transverse)	Internal jugular vein Carotid artery Subclavian artery	Trachea Phrenic and vagus nerve
Step 3	Sternoclavicular (transverse)	Internal jugular vein Brachiocephalic vein	Pleura (mediastinum) Phrenic nerve
Step 4	Supraclavicular (longitudinal)	Subclavian vein Subclavian artery External jugular vein	Pleura (lung apex)
Step 5	Infraclavicular (transverse)	Axillary vein Axillary artery Cephalic vein	Pleura Ribs
Step 6	Infraclavicular (longitudinal)	Axillary vein Axillary artery	Pleura Ribs
Step 7	Sliding lung (longitudinal)	Pleura (anterior chest wall)	Ribs

Catheter/ Vein: 1:3 or less

1. Size of the vein (internal diameter/caliber)
2. Depth of the vein (depth of target vessel from skin surface)
3. Respiratory variations (influence of respiratory cycle on vein diameter)
4. Compression by artery (influence of arterial pulsation on vein diameter)
5. Proximity to non-venous structures which must not be damaged (pleura, nerve, and artery)
6. Exit site location—convenience/appropriateness in terms for best care and maintenance

Rapid Central Vein Assessment (RaCeVA): A systematic, standardized approach for ultrasound assessment before central venous catheterization

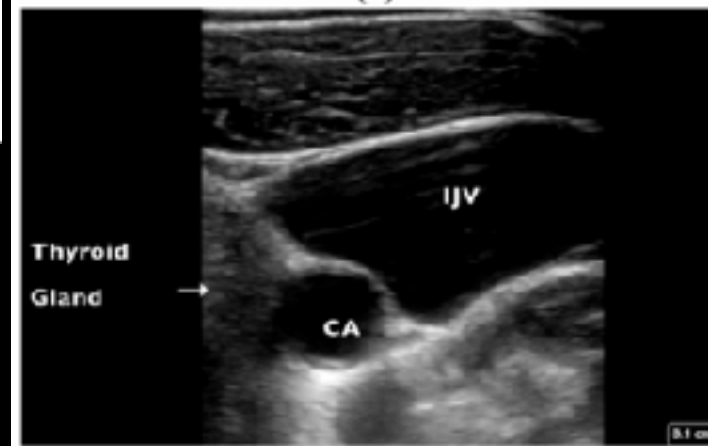
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SAGE

Timothy R Spencer¹ and Mauro Pittiruti²

7 Steps



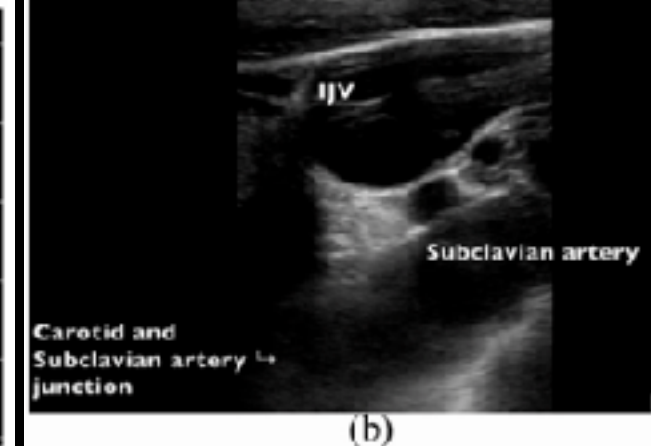
(a)



(b)



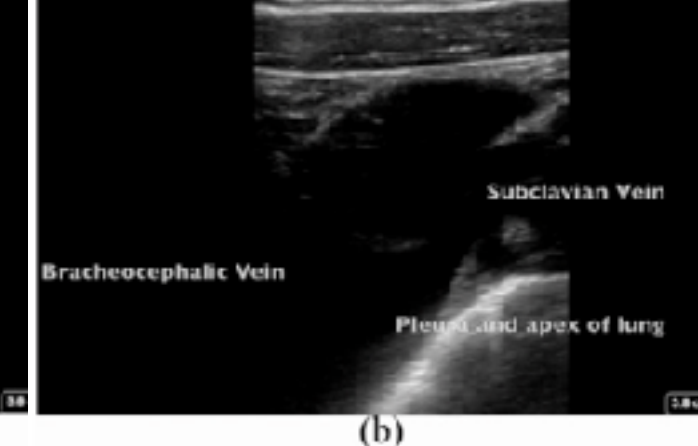
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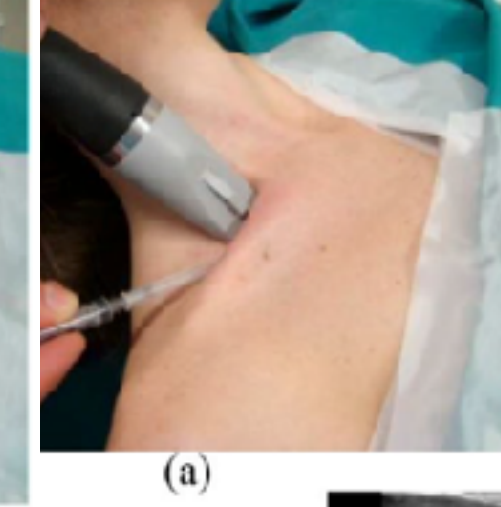
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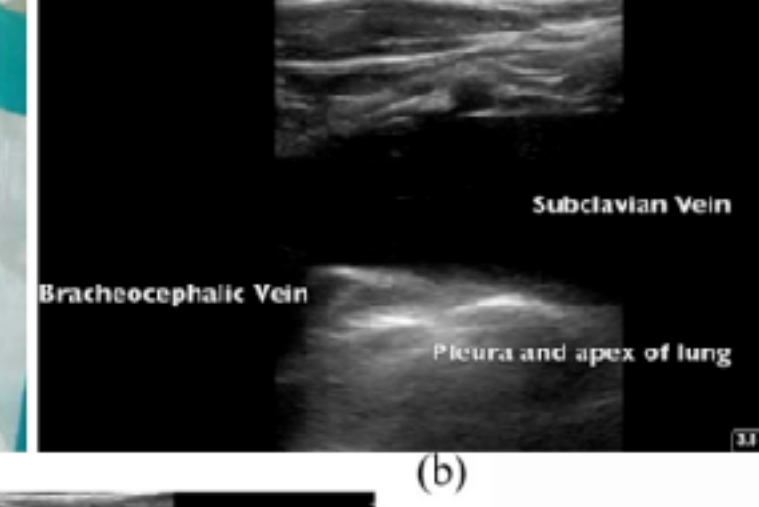
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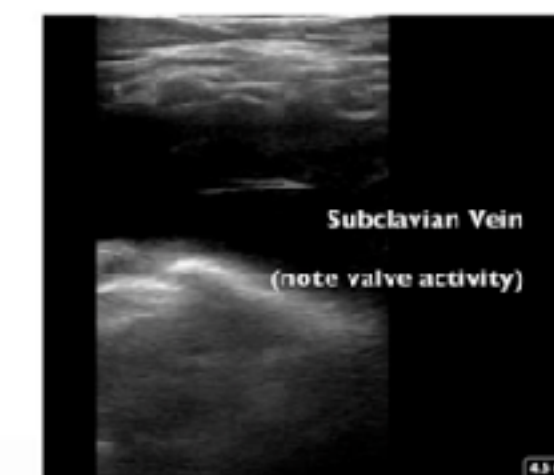
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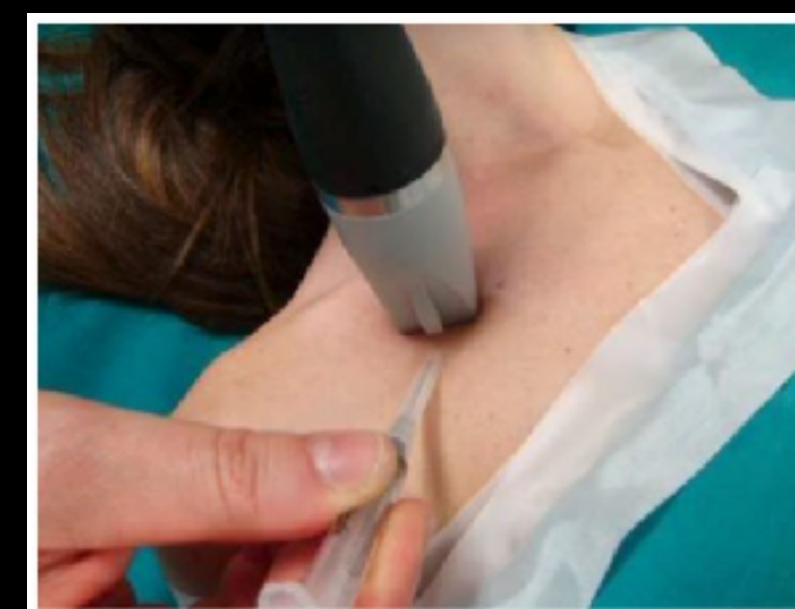
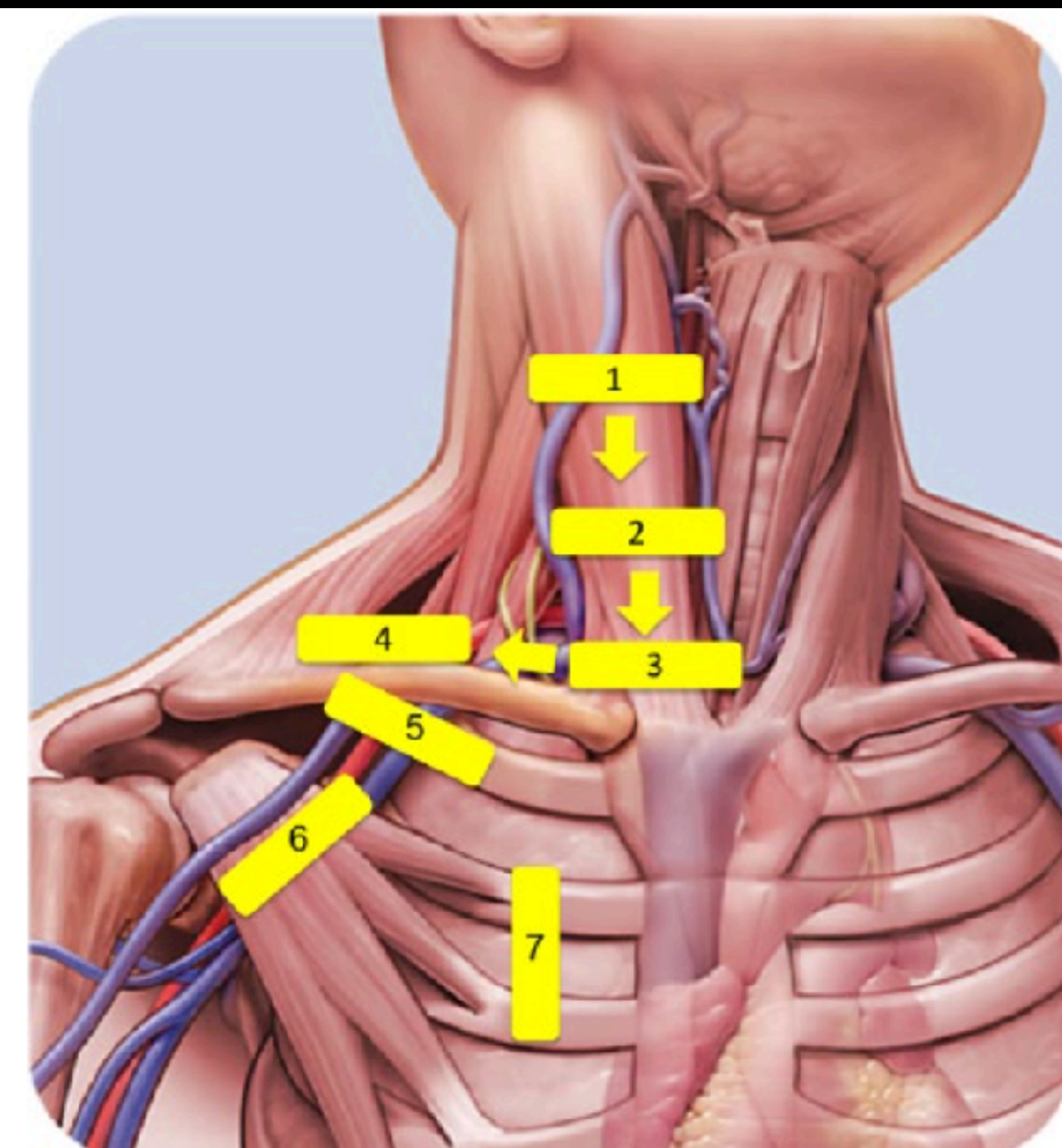
(a)



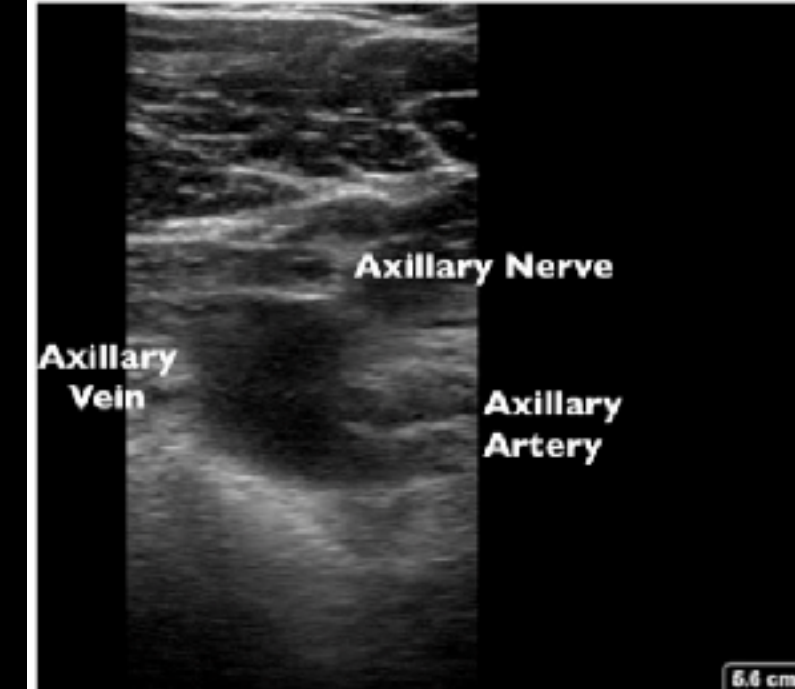
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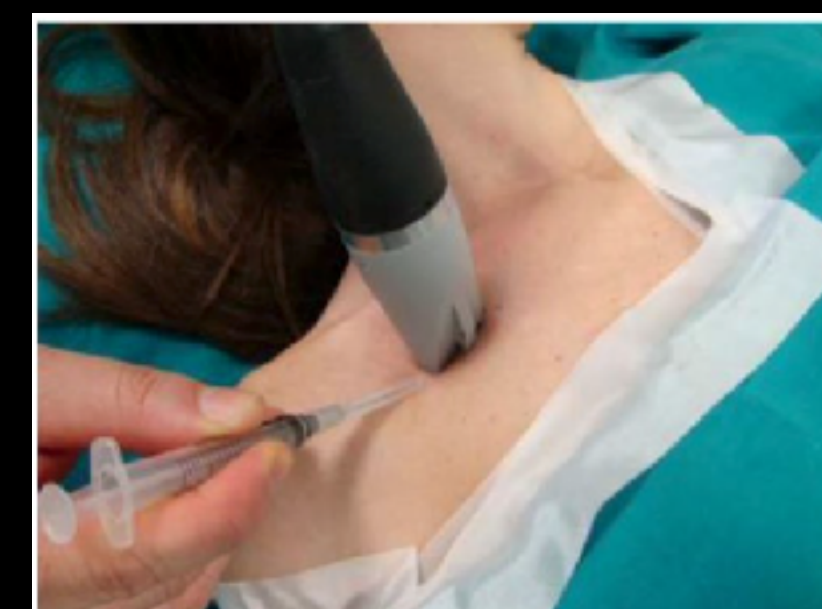
(c)



(a)



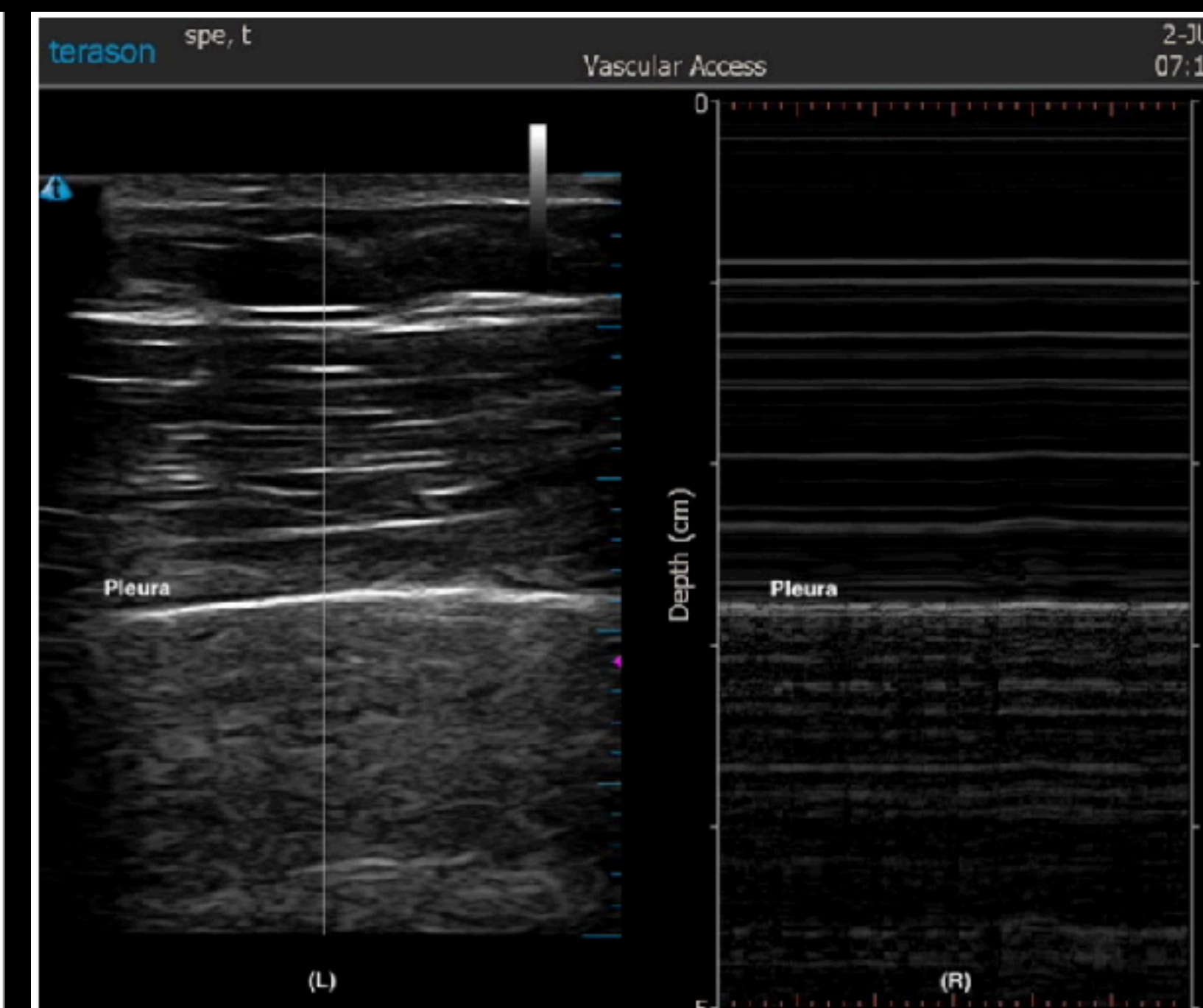
(b)



(a)



(b)



The SIC protocol: A seven-step strategy to minimize complications potentially related to the insertion of centrally inserted central catheters

Fabrizio Brescia¹, Mauro Pittiruti², Matthew Ostroff³, Timothy R Spencer⁴ and Robert B Dawson⁵

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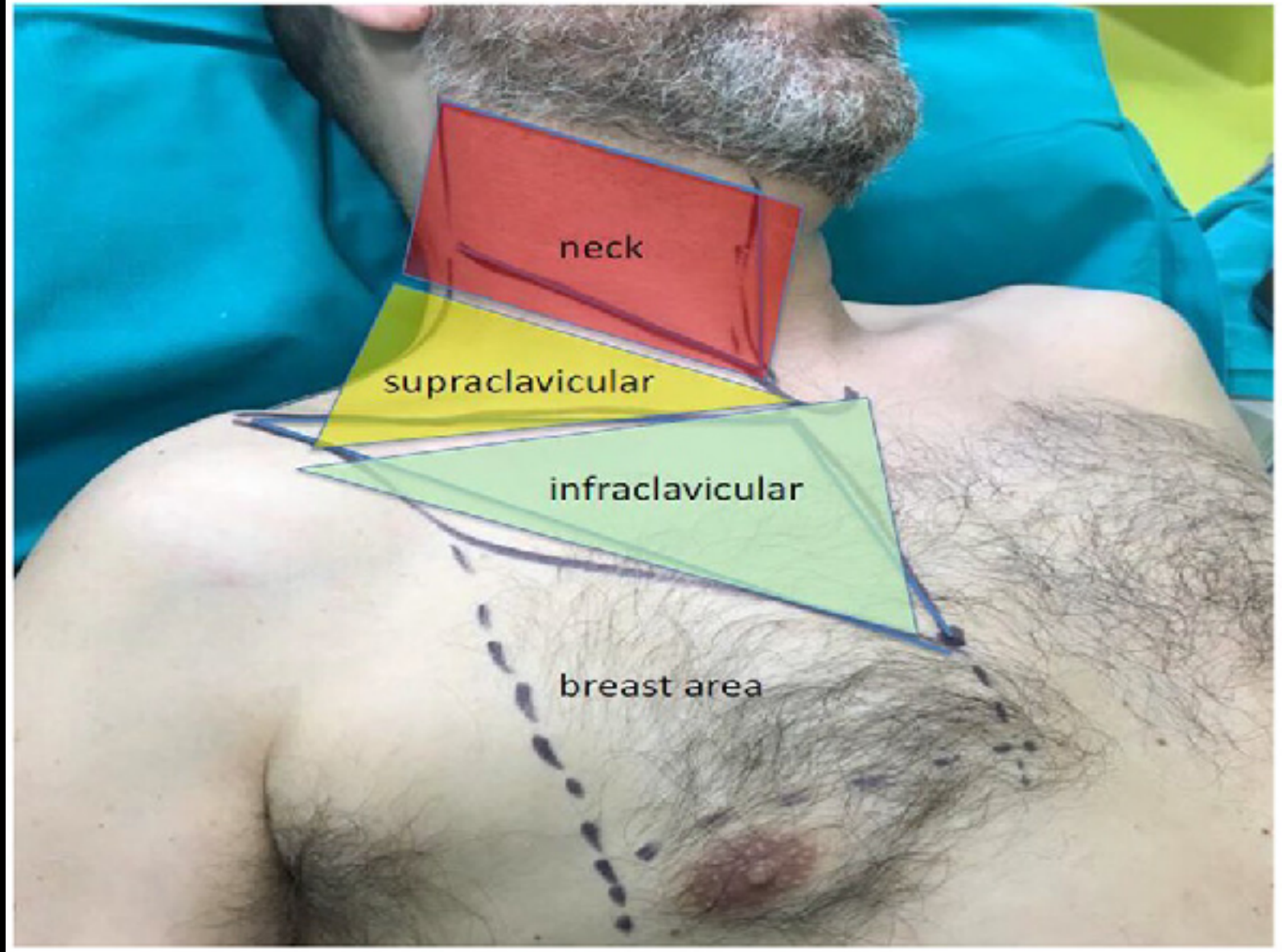
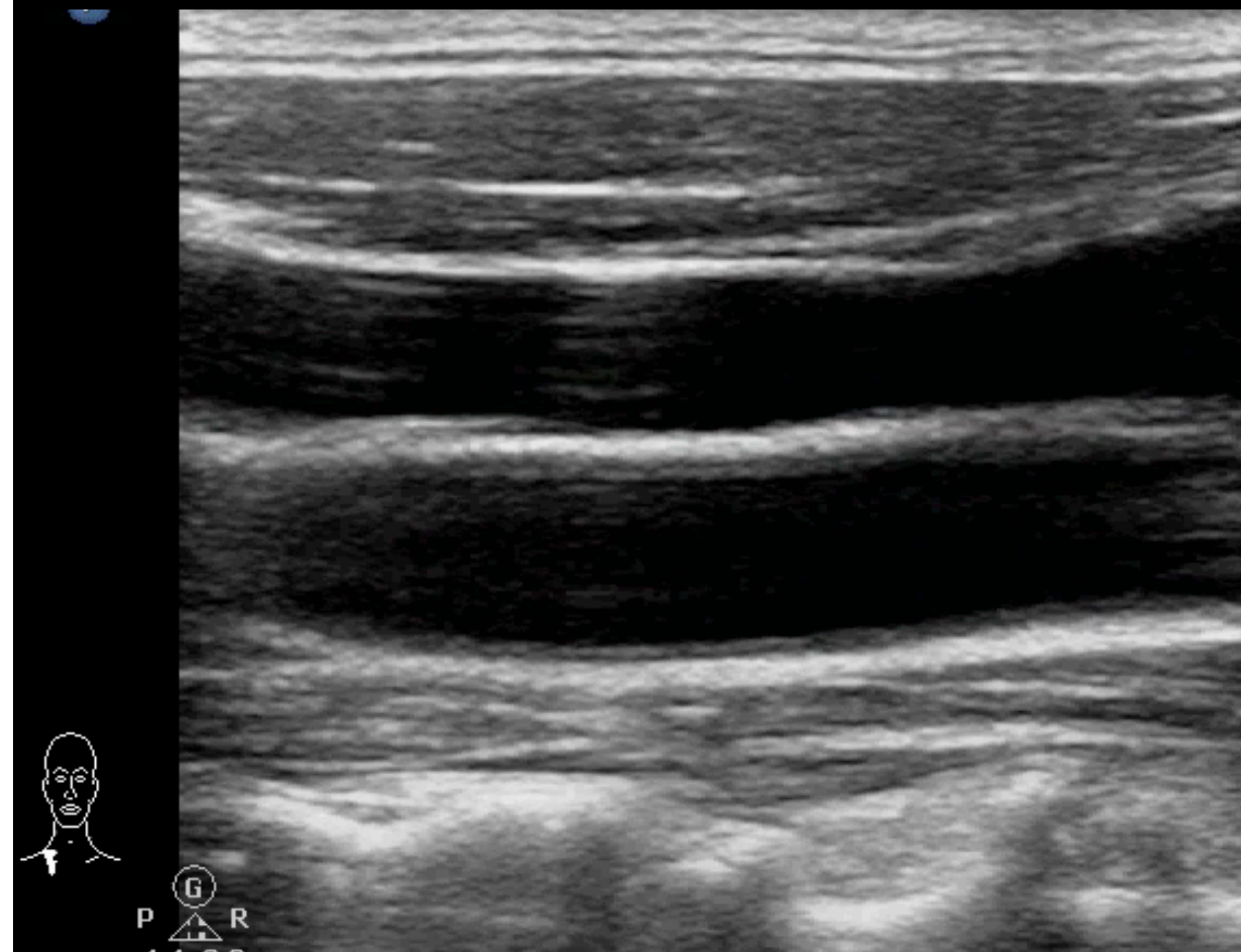
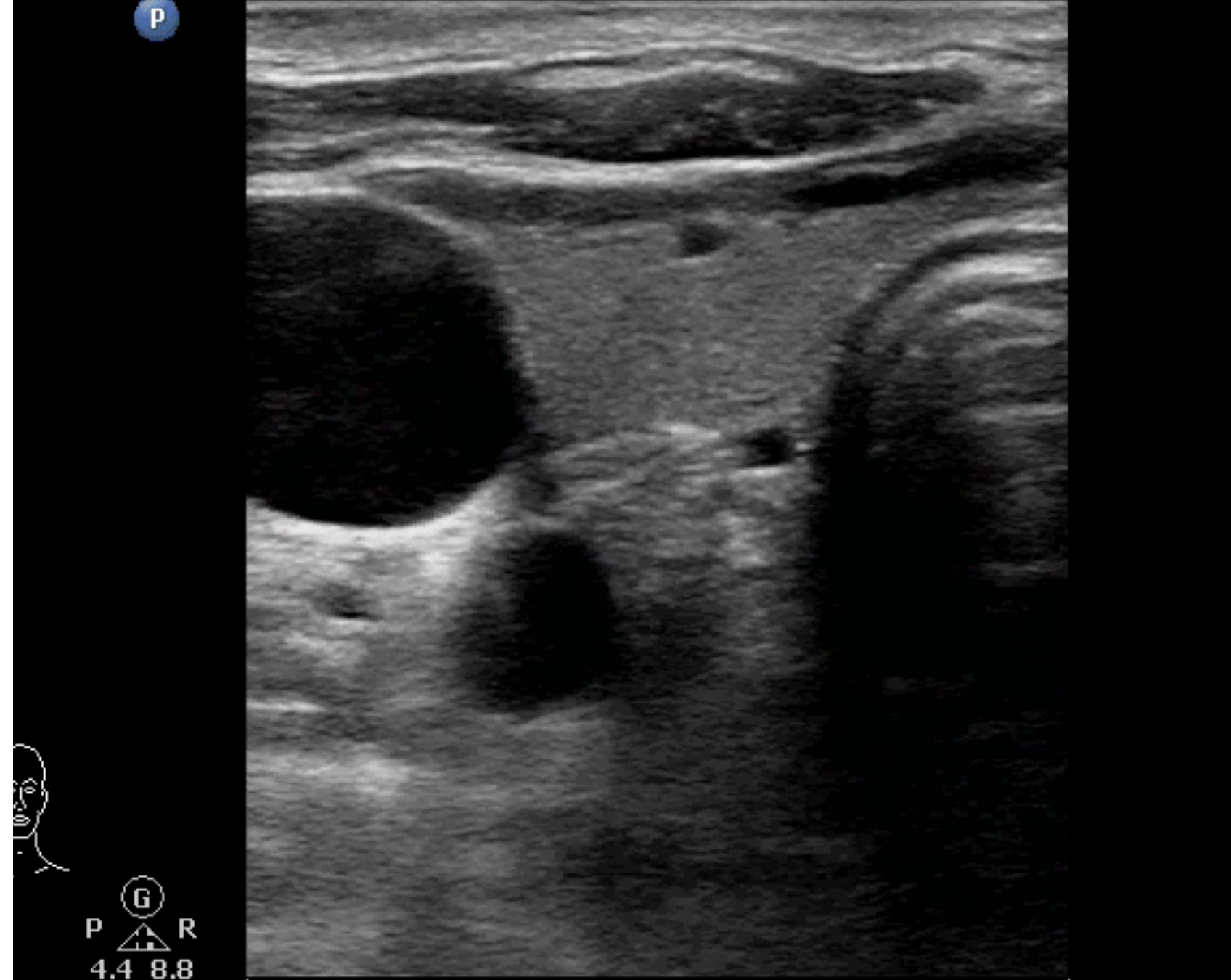
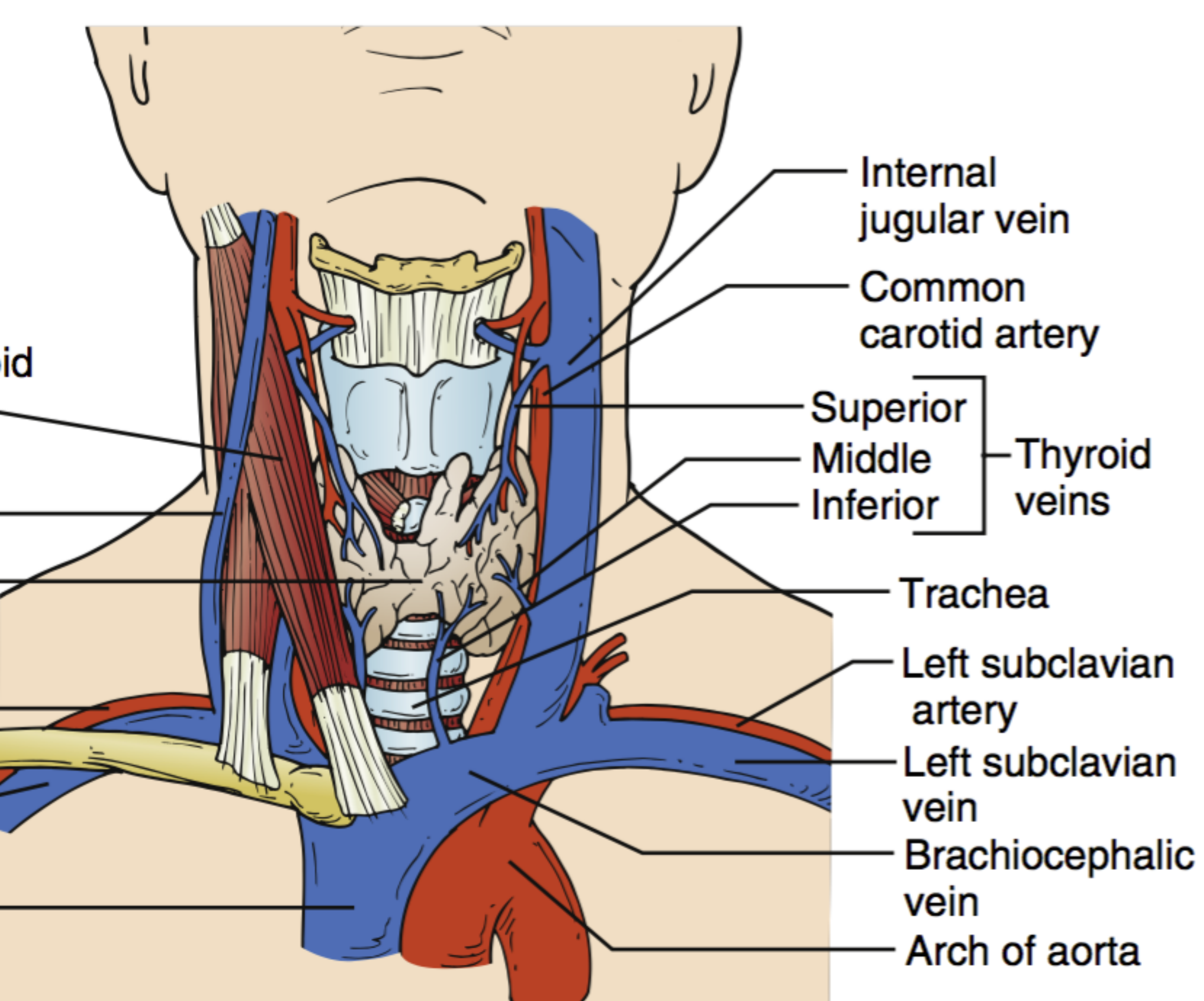
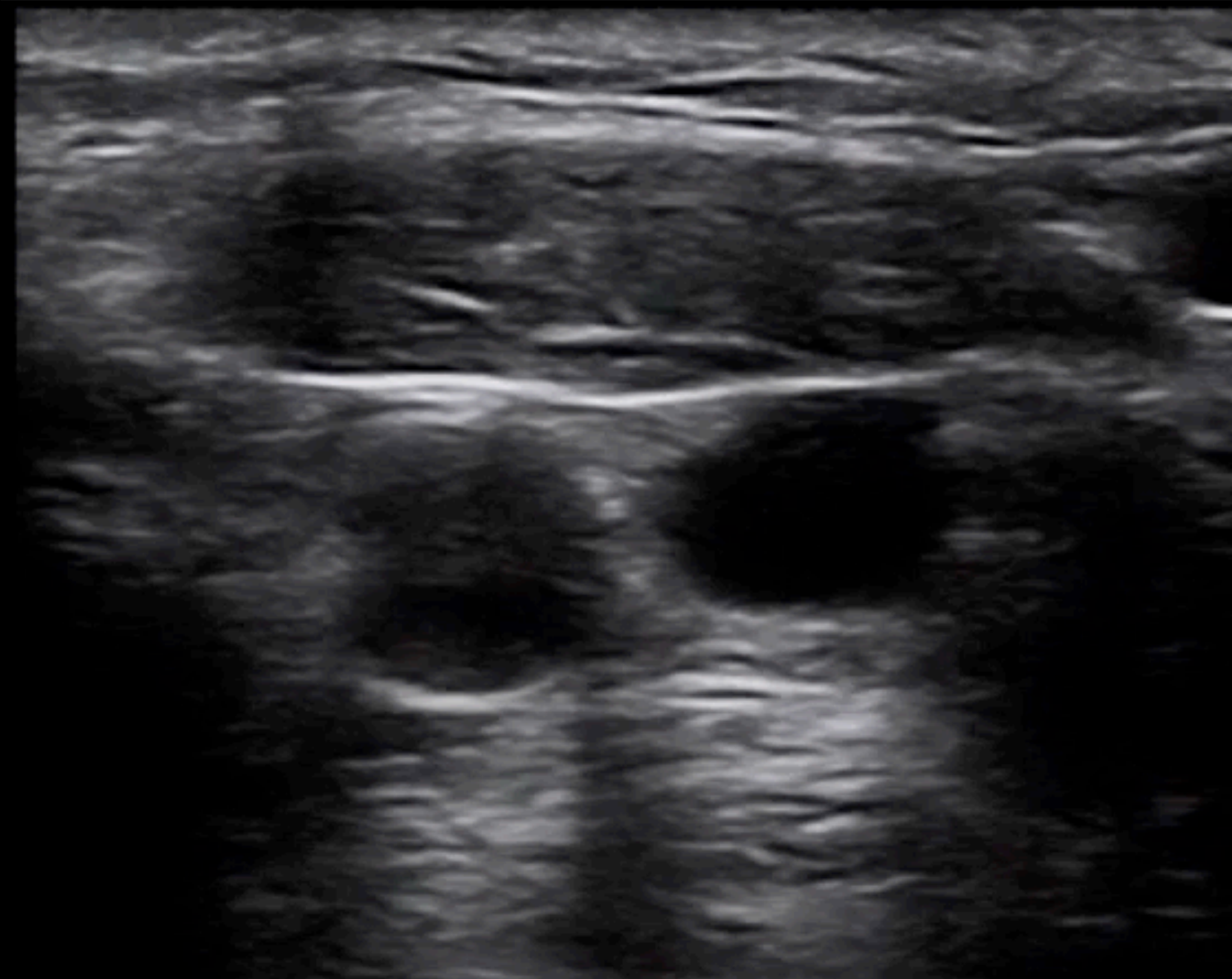
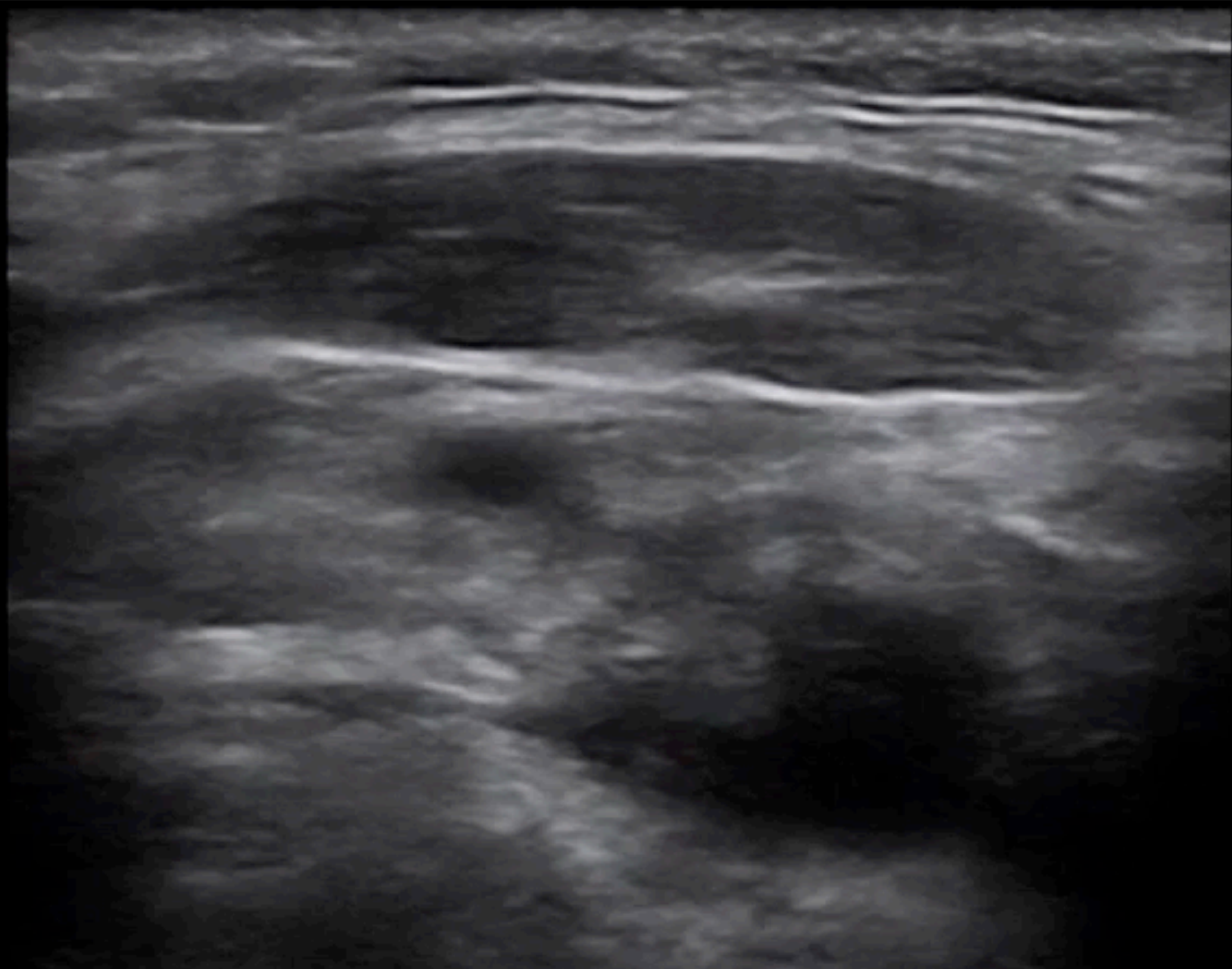


Table 1. The seven steps of the SIC protocol.

Step 1	<i>Preprocedural evaluation</i> —choice of the vein by systematic ultrasound examination of the veins of the neck and of the supra/infraclavicular region (RaCeVA protocol) and choice of the ideal exit site (Central ZIM)
Step 2	<i>Appropriate aseptic technique</i> —hand hygiene, skin antisepsis with 2% chlorhexidine in 70% alcohol, maximal barrier precautions
Step 3	<i>Ultrasound-guided insertion</i> —ultrasound-guided venipuncture, ultrasound verification of the correct direction of the guidewire (tip navigation) and of the absence of pneumothorax (pleural scan)
Step 4	<i>Intra-procedural assessment of tip location</i> —verification of the central position of the tip by intracavitary ECG and/or by transthoracic echocardiography, using the “bubble test”
Step 5	<i>Adequate protection of the exit site</i> —reduction of the risk of bleeding and risk of contamination by sealing with cyanoacrylate glue
Step 6	<i>Proper securement of the catheter</i> —stabilization of the catheter using skin-adhesive sutureless devices, transparent dressing with integrated securement or subcutaneous anchorage
Step 7	<i>Appropriate coverage of the exit site</i> —use of semi-permeable transparent dressing, preferably with high breathability



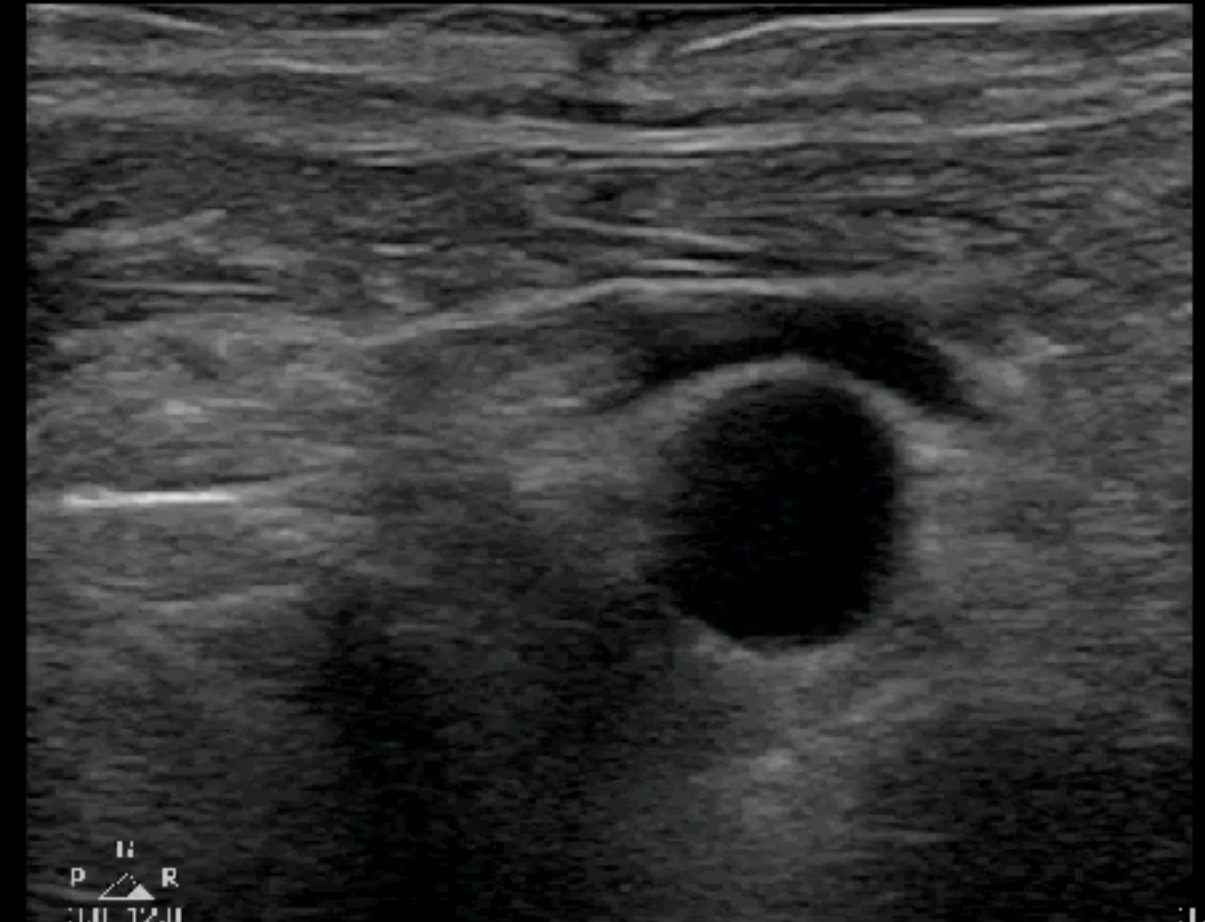


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PHILIPS TemporaryID-20161129165332 MI 0.5 11/29/2016
16-11-29-165332 SKH FR TTS 0.1 5:29:57 PM

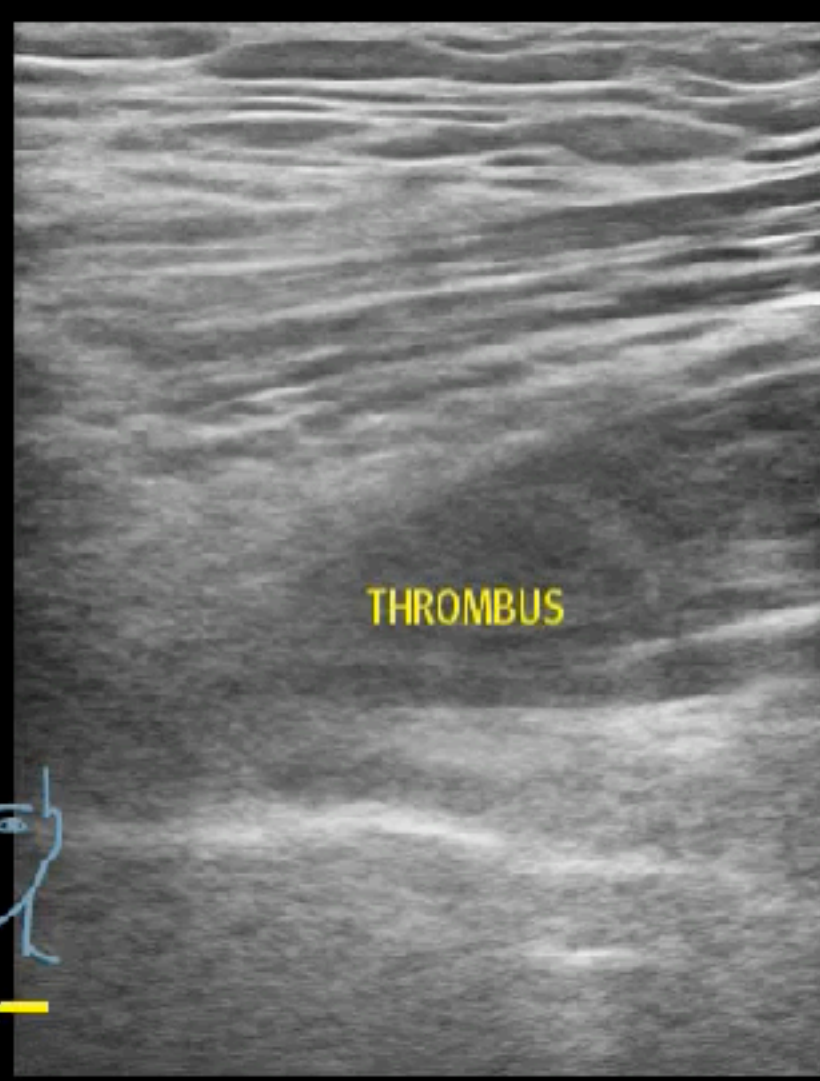
Superficial
112-3
46 Hz
3.0cm
2D
Res
Gn 60
C 56
3/2/1



2025/03/06
F6.6-13.0
DR 115
FR 18
DS 0
G74

iNeedle
iTouch
thk: mm
DFOV

1/19



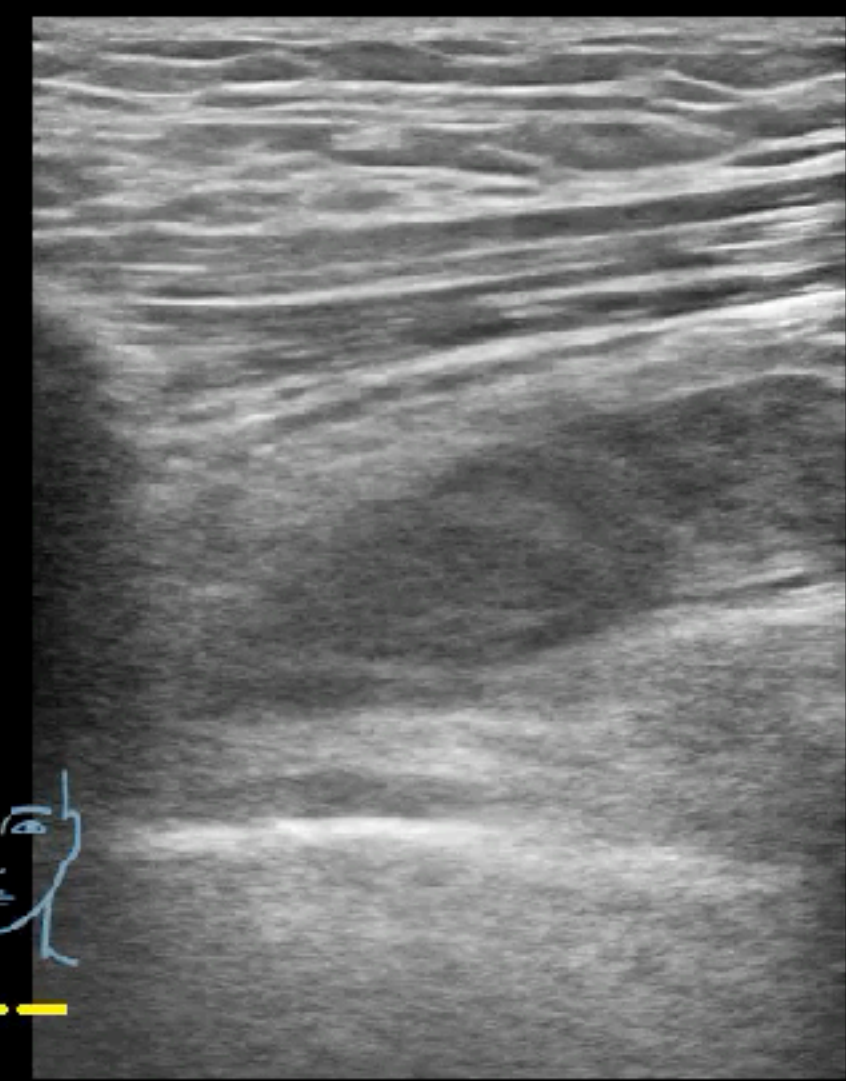
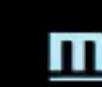
THROMBUS



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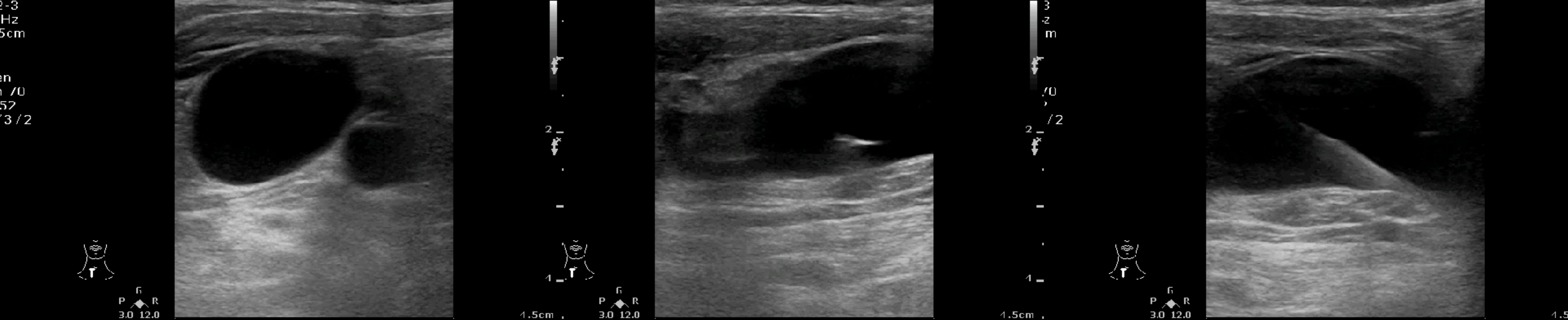
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DR 115
FR 18
DS 0
G74

iNeedle
iTouch
thk: mm
DFOV

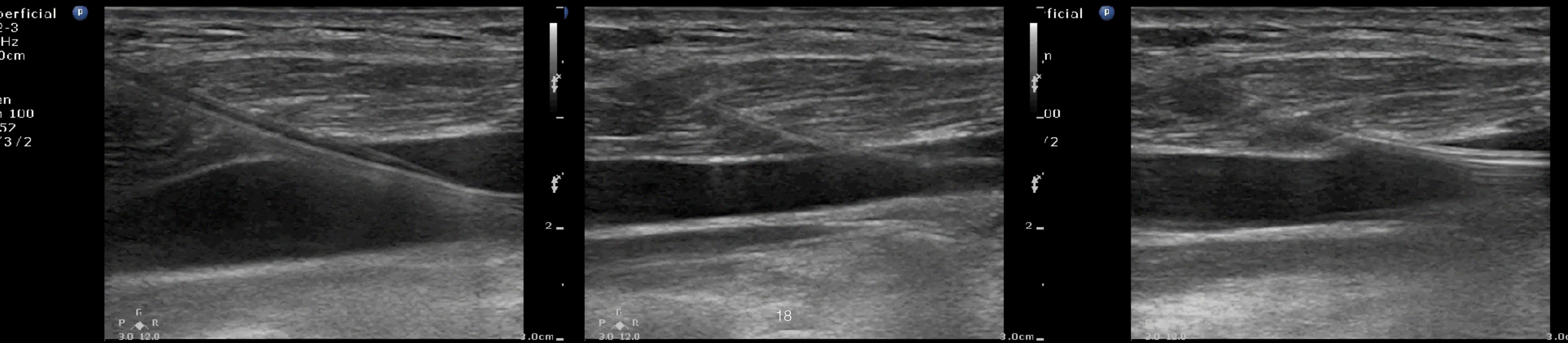


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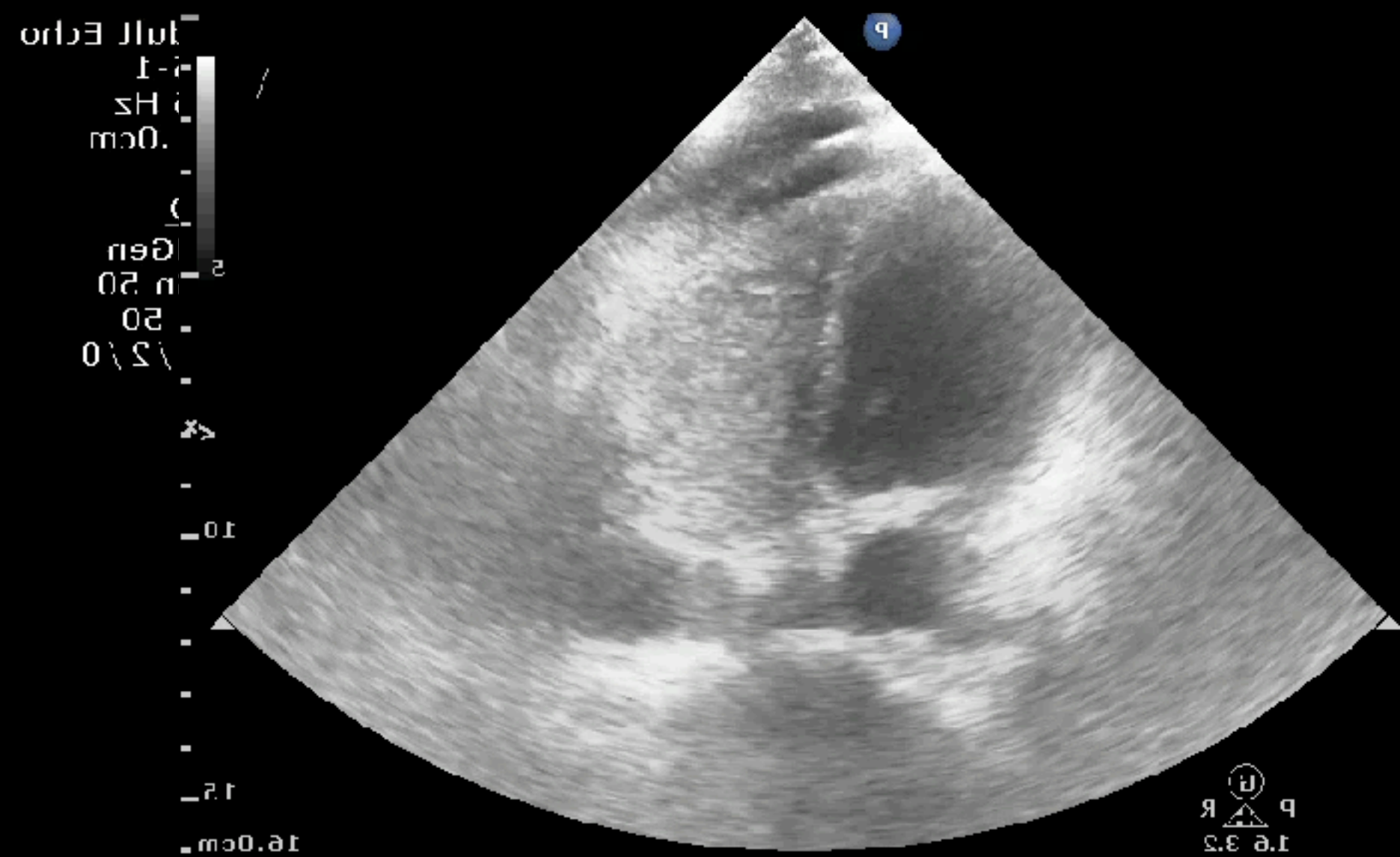
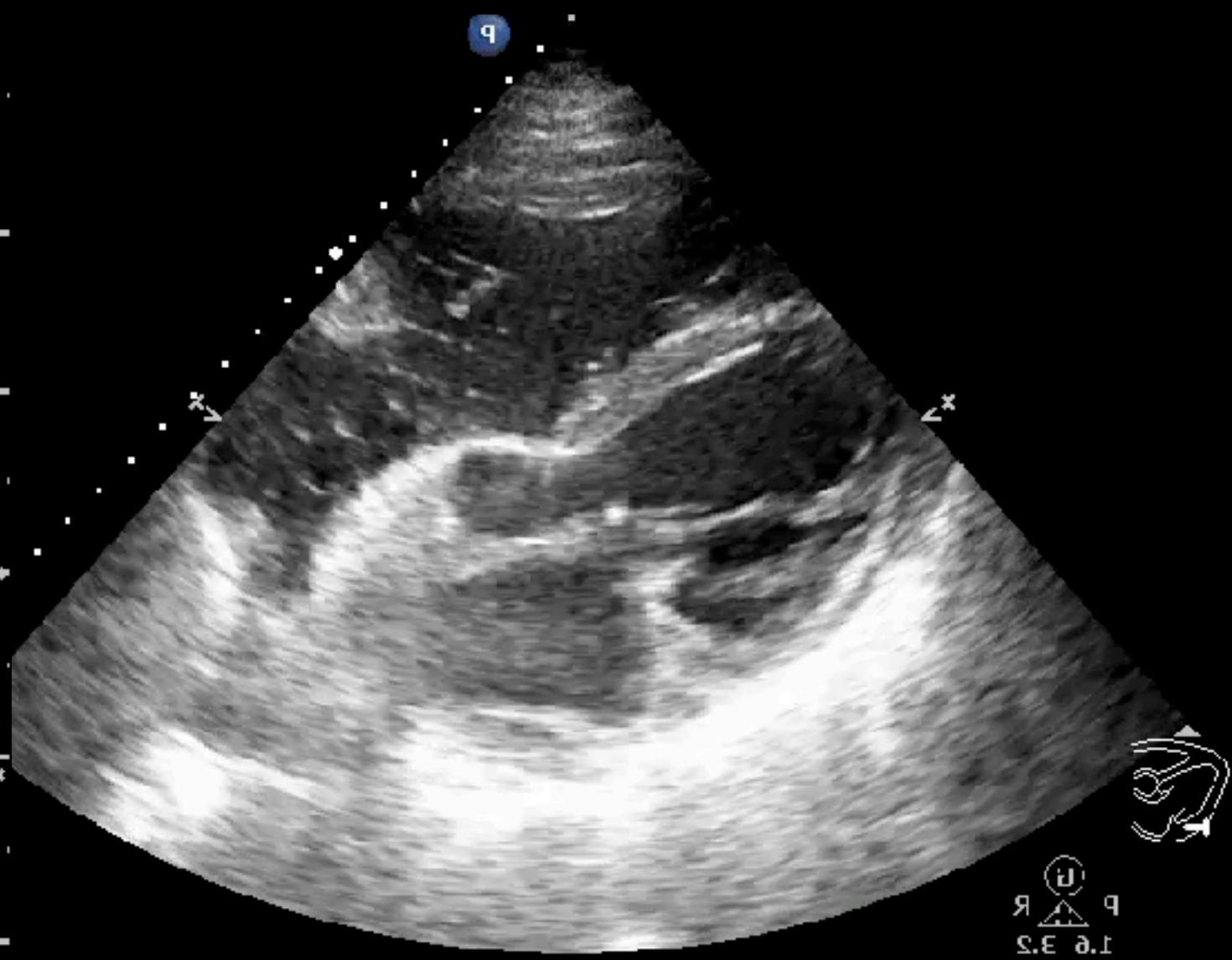
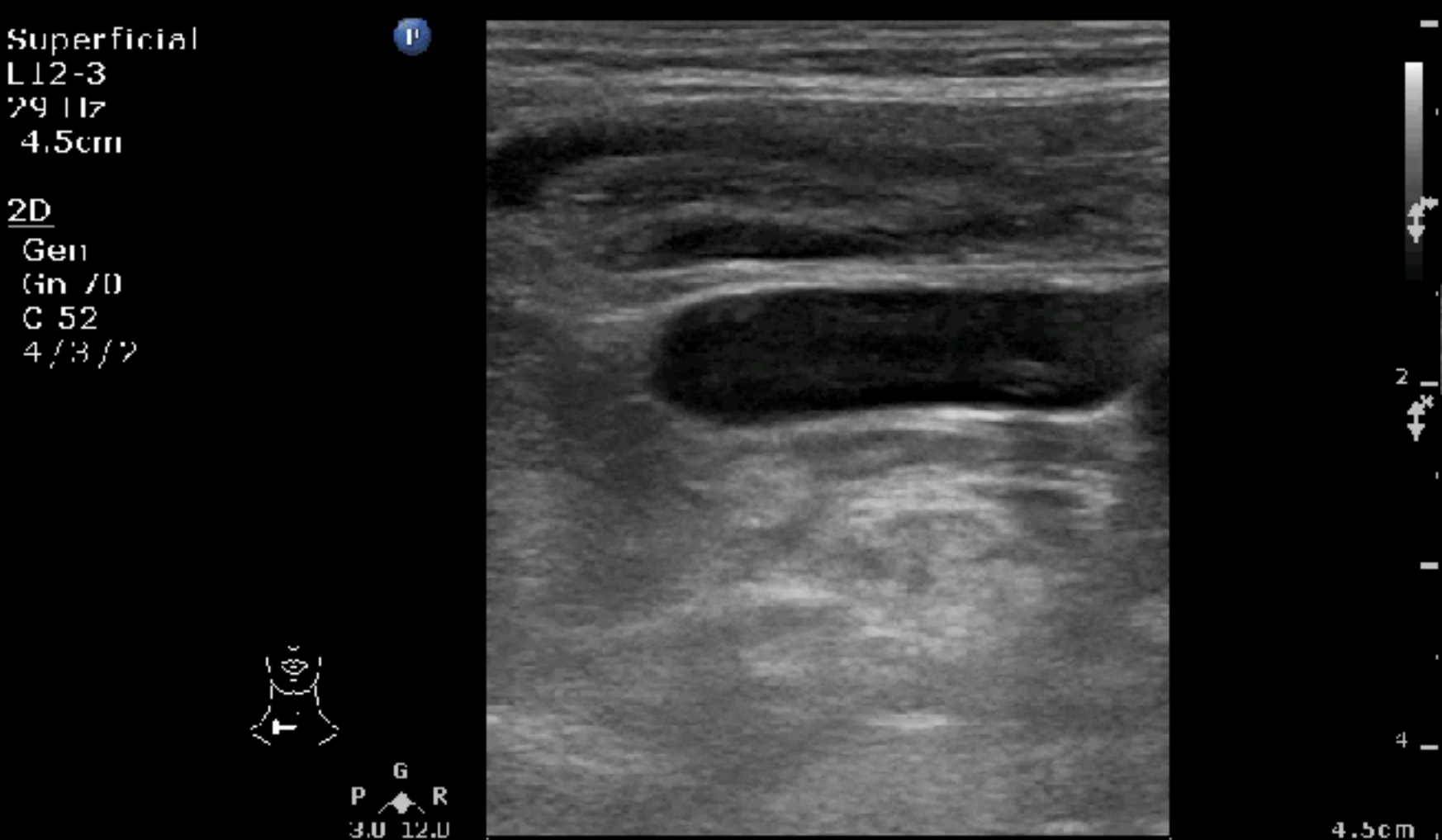
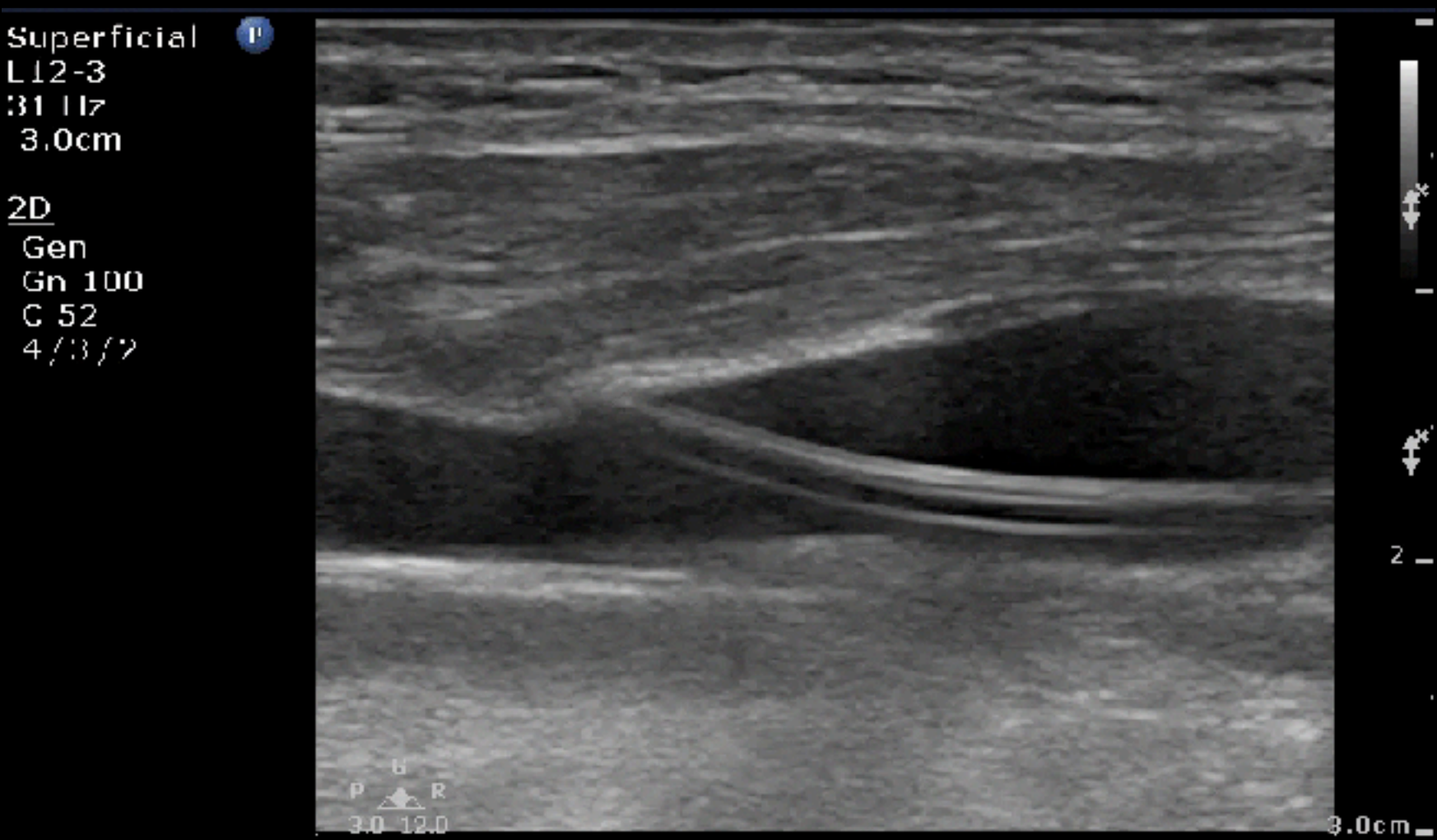
KV:
msec
ALG5



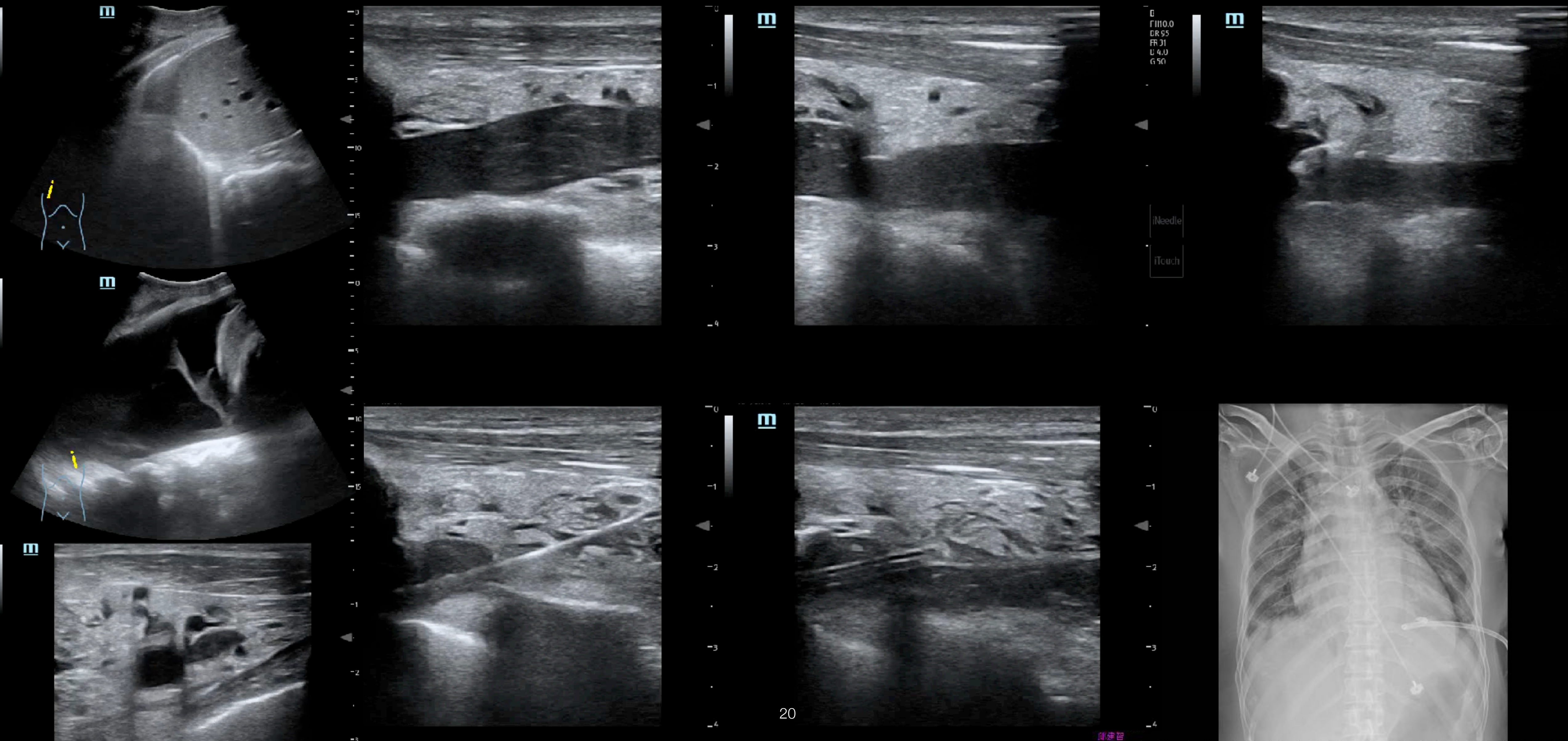
US - guided CVC



CVC confirmation



64M, 安中轉入，Shock & AMS

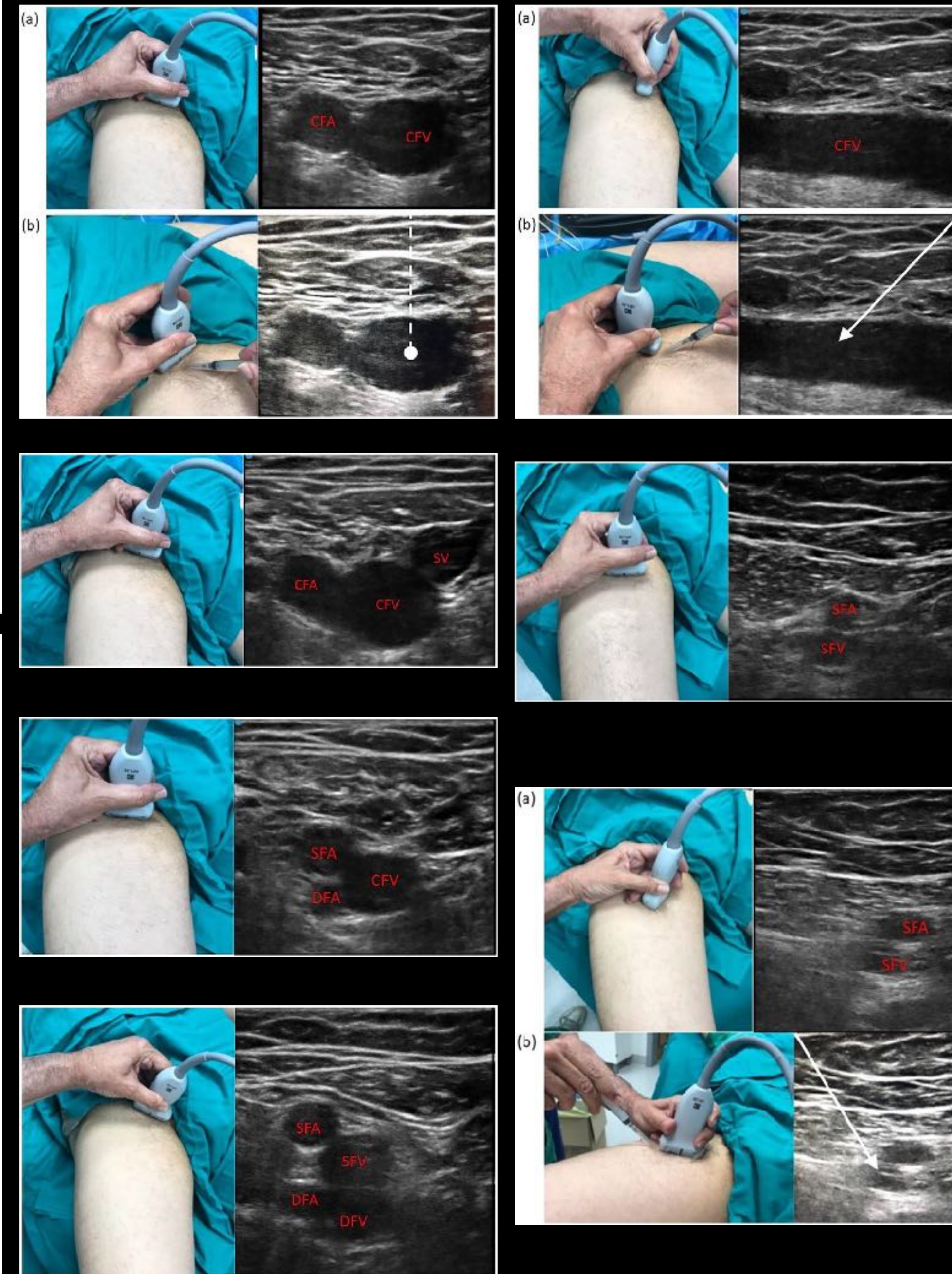


Rapid Femoral Vein Assessment (RaFeVA): A systematic protocol for ultrasound evaluation of the veins of the lower limb, so to optimize the insertion of femorally inserted central catheters

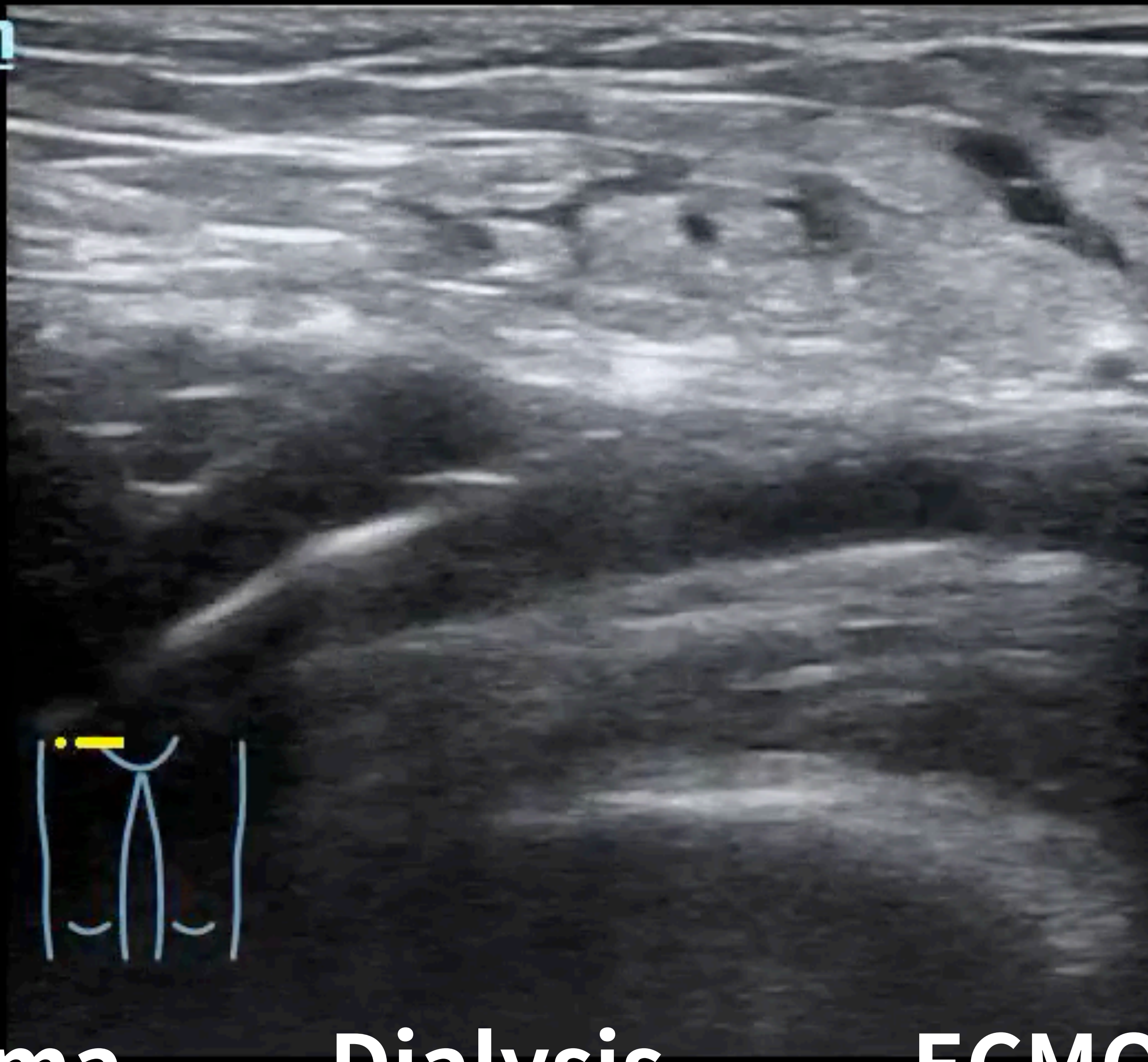
Fabrizio Brescia¹ , Mauro Pittiruti² , Matthew Ostroff³ 
and Daniele G Biasucci⁴

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	Vascular structures to be assessed	Visualization of the vein
Step 1	Common femoral artery	Short axis
	Common femoral vein	
Step 2	Common femoral vein	Long axis
	External iliac vein	
Step 3	Common femoral artery	Short axis
	Common femoral vein	
	Saphenous vein	
Step 4	Superficial femoral artery	Short axis
	Deep femoral artery	
	Common femoral vein	
Step 5	Superficial femoral artery	Short axis
	Deep femoral artery	
	Superficial femoral vein	
	Deep femoral vein	
Step 6	Superficial femoral artery	Short axis
	Superficial femoral vein	
Step 7	Superficial femoral artery	Oblique axis
	Superficial femoral vein	



2025/03/29
FH10.0
DB 95
PF19007BER
PR 40
D3.5
G70



IM: 4

-1

-2

-3

KV:
msec
ALG:

iNeedle

iTouch

thk: mm
PF19007BER
DFOV:

Trauma

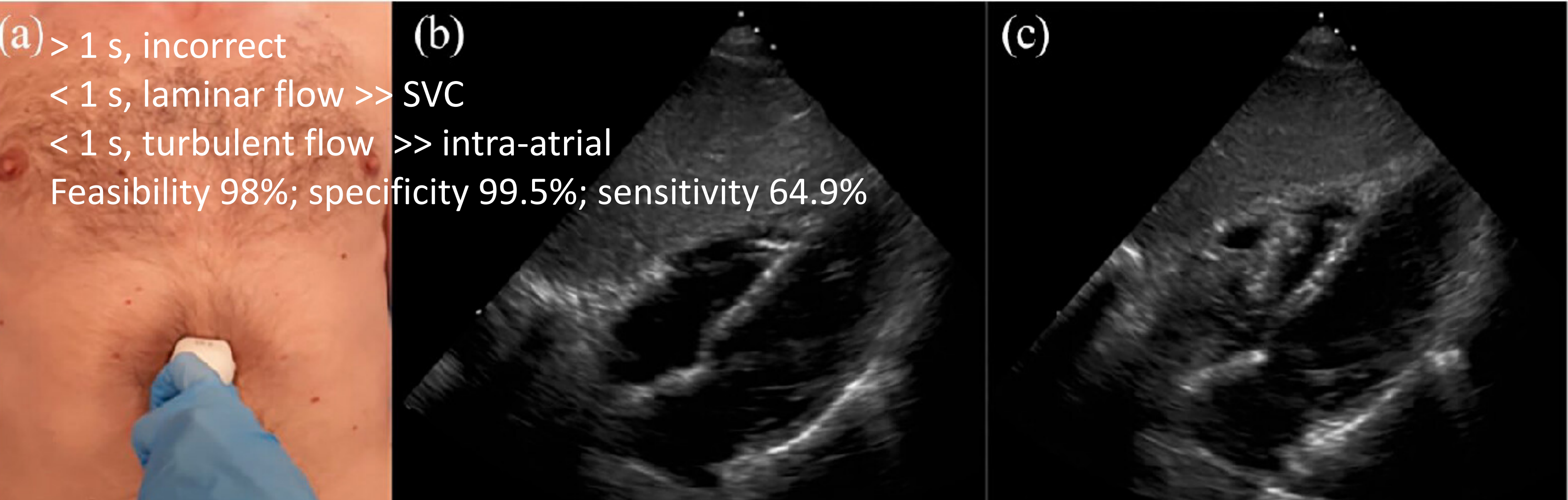
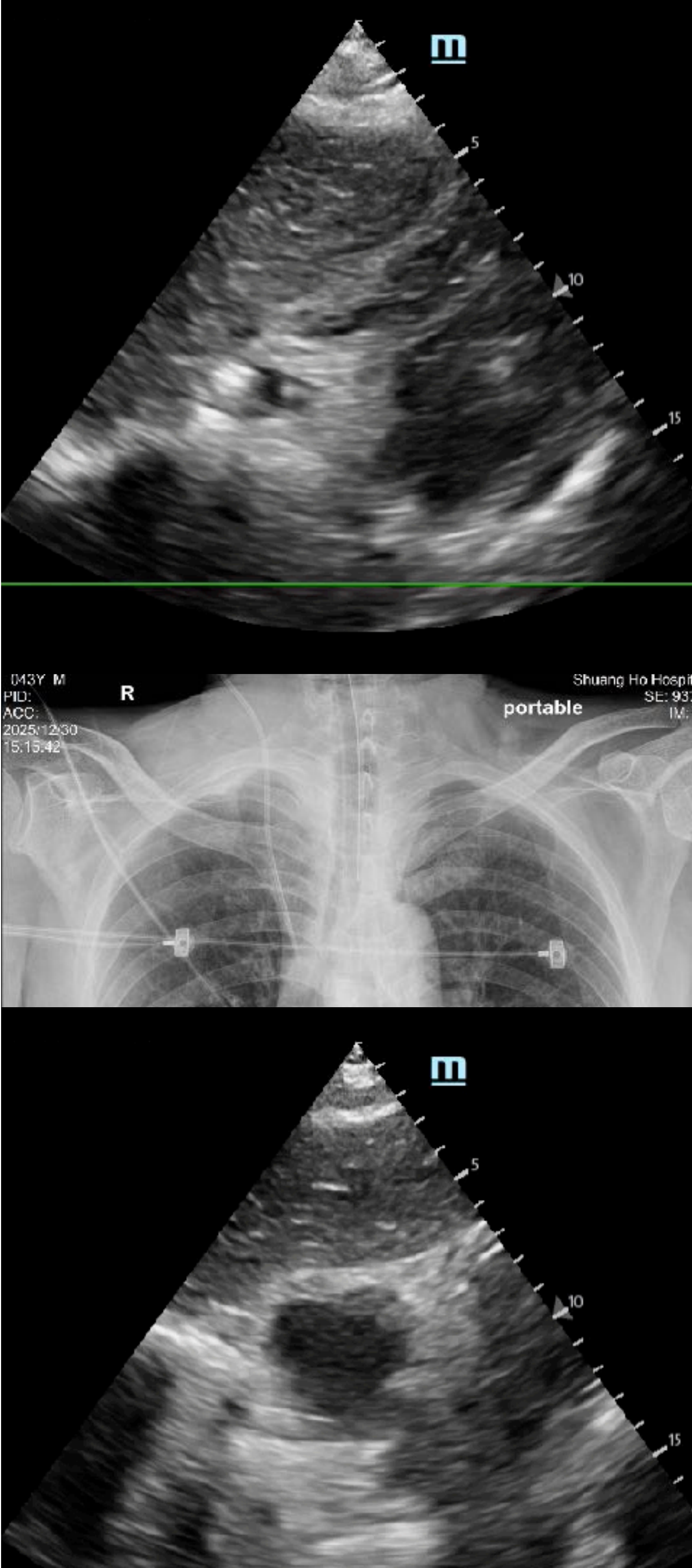
Dialysis

ECMO

ECHOTIP: A structured protocol for ultrasound-based tip navigation and tip location during placement of central venous access devices in adult patients

Antonio La Greca¹, Emanuele Iacobone², Daniele Elisei²,
Daniele Guerino Biasucci³, Vito D'Andrea⁴,
Giovanni Barone⁵, Geremia Zito Marinosci⁶

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(a) > 1 s, incorrect
< 1 s, laminar flow >> SVC
< 1 s, turbulent flow >> intra-atrial
Feasibility 98%; specificity 99.5%; sensitivity 64.9%

Always check IJV for infraclavicular CVC

TE7 ACE

65Years

14-02-2023

20230214-083501-486B

Vascular

08:15:47

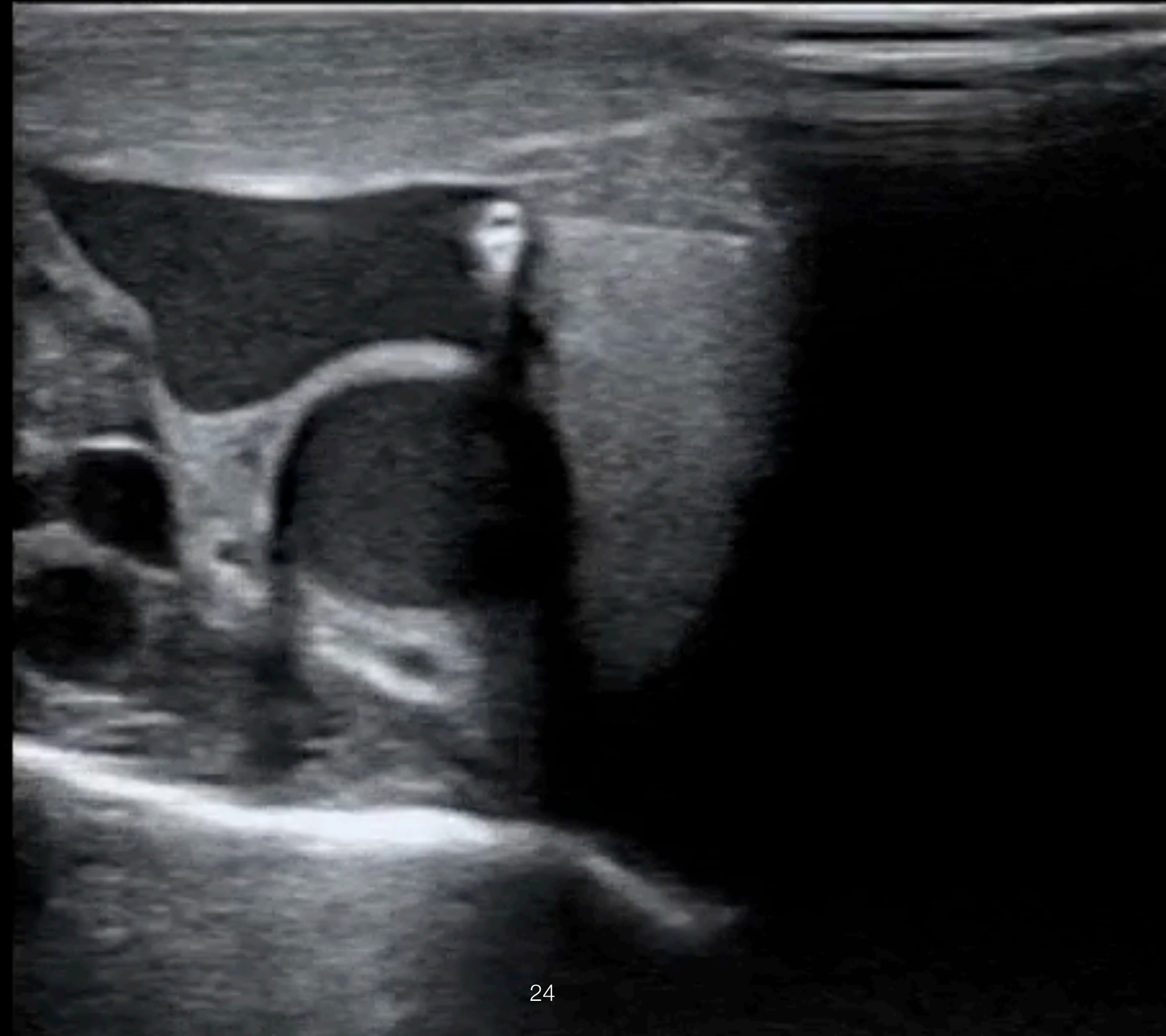
L12-4s

AP 96.6%

MI 135

TIS 0.2

B
FH10.0
DR 95
FR 40
D 4.0
G 64



0

.

-1



-2

.

-3

iNeedle

iTouch

2025/02/18
F33~7.2
DB 105
PF19007BER
PR 28
D 15.0
G 51

IM: 6
180
91°
0
Pat.T:37.0°C
TEE T:35.9°C

iNeedle

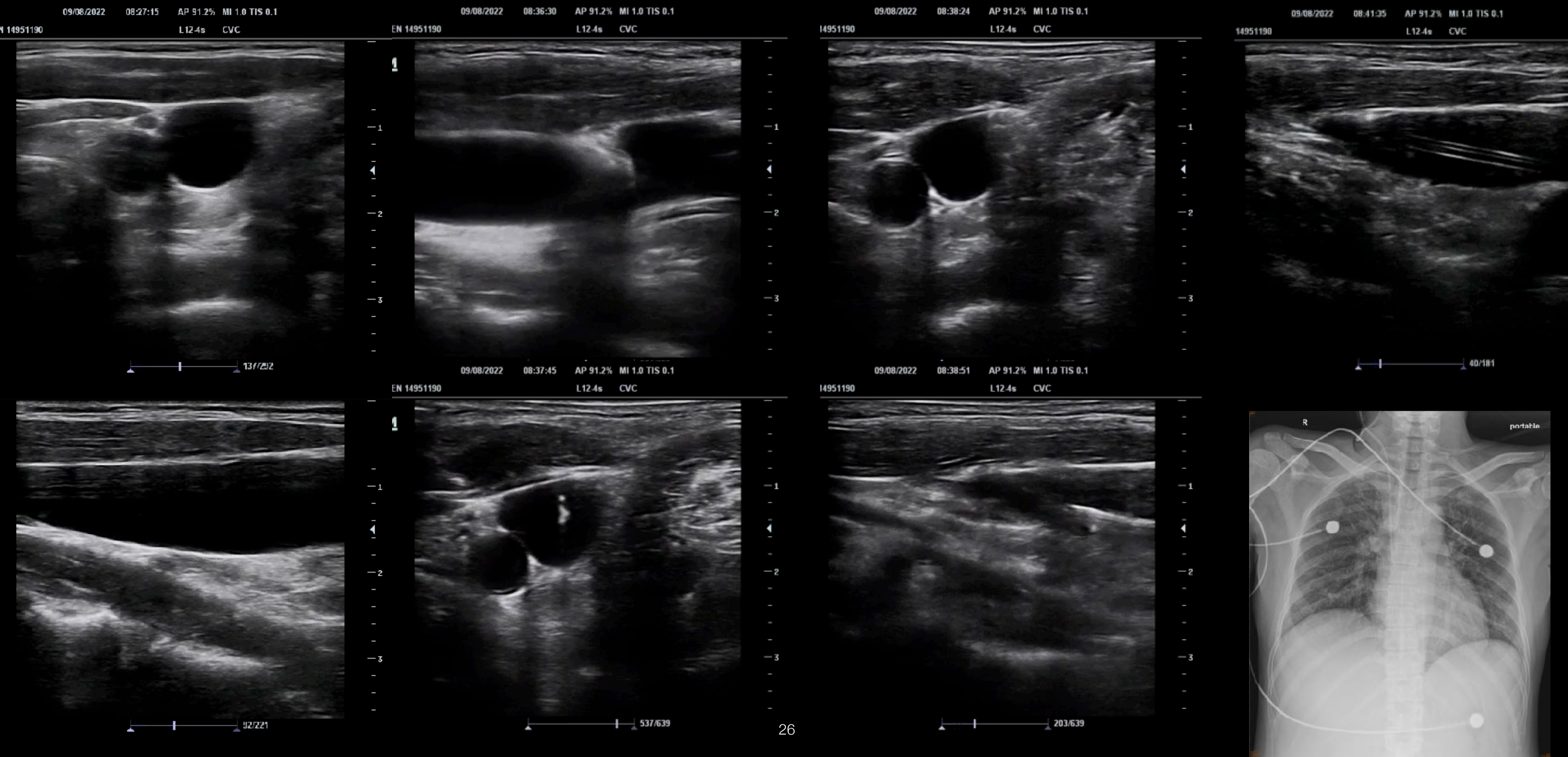
iTouch

thk: mm
PF19007BER
DFOV:

KV:
msec
ALG:

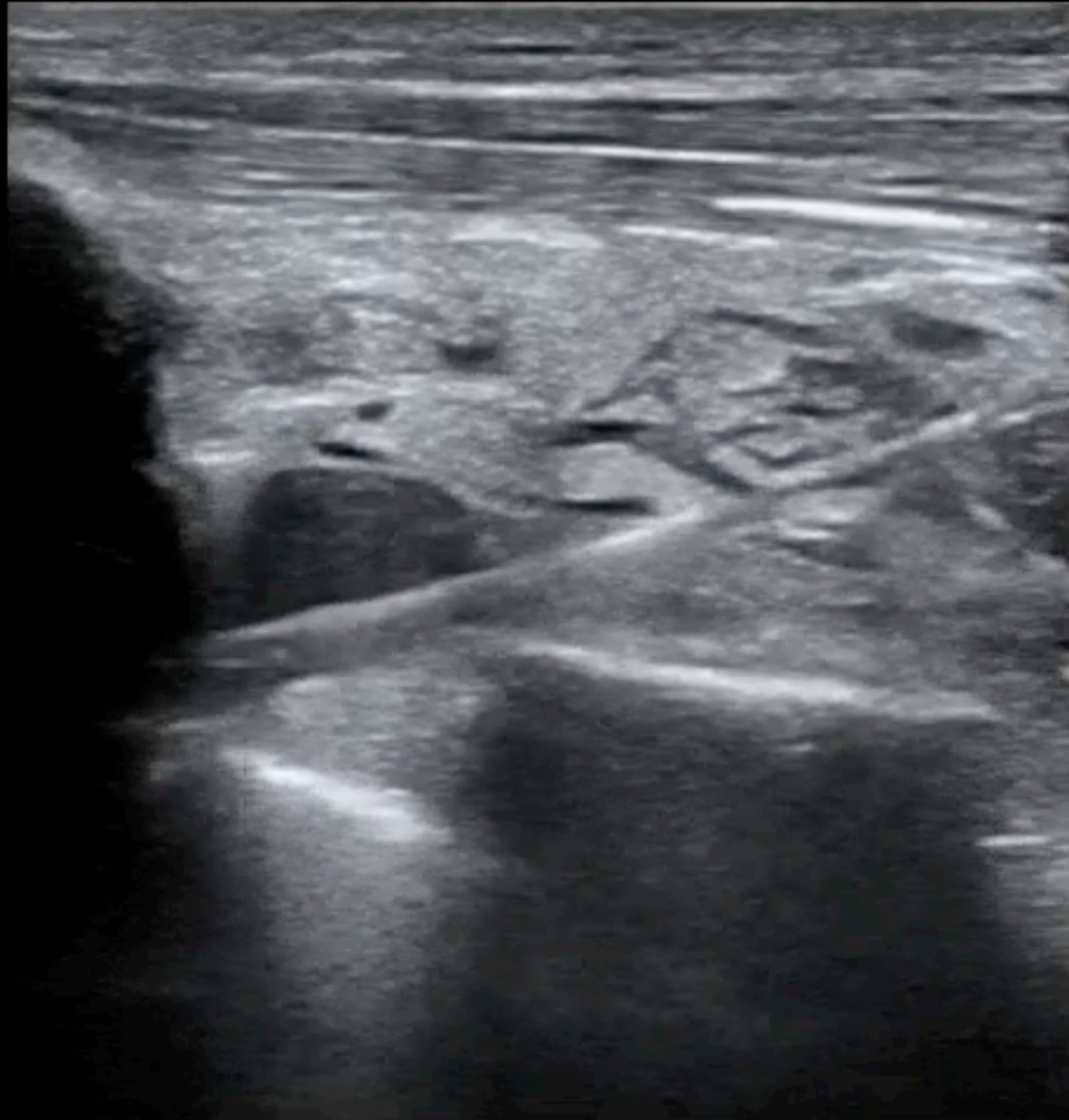
TEE - bicaval view

CVC for septic shock





B
FH10.0
DR 95
FR 31
D 4.0
G 50

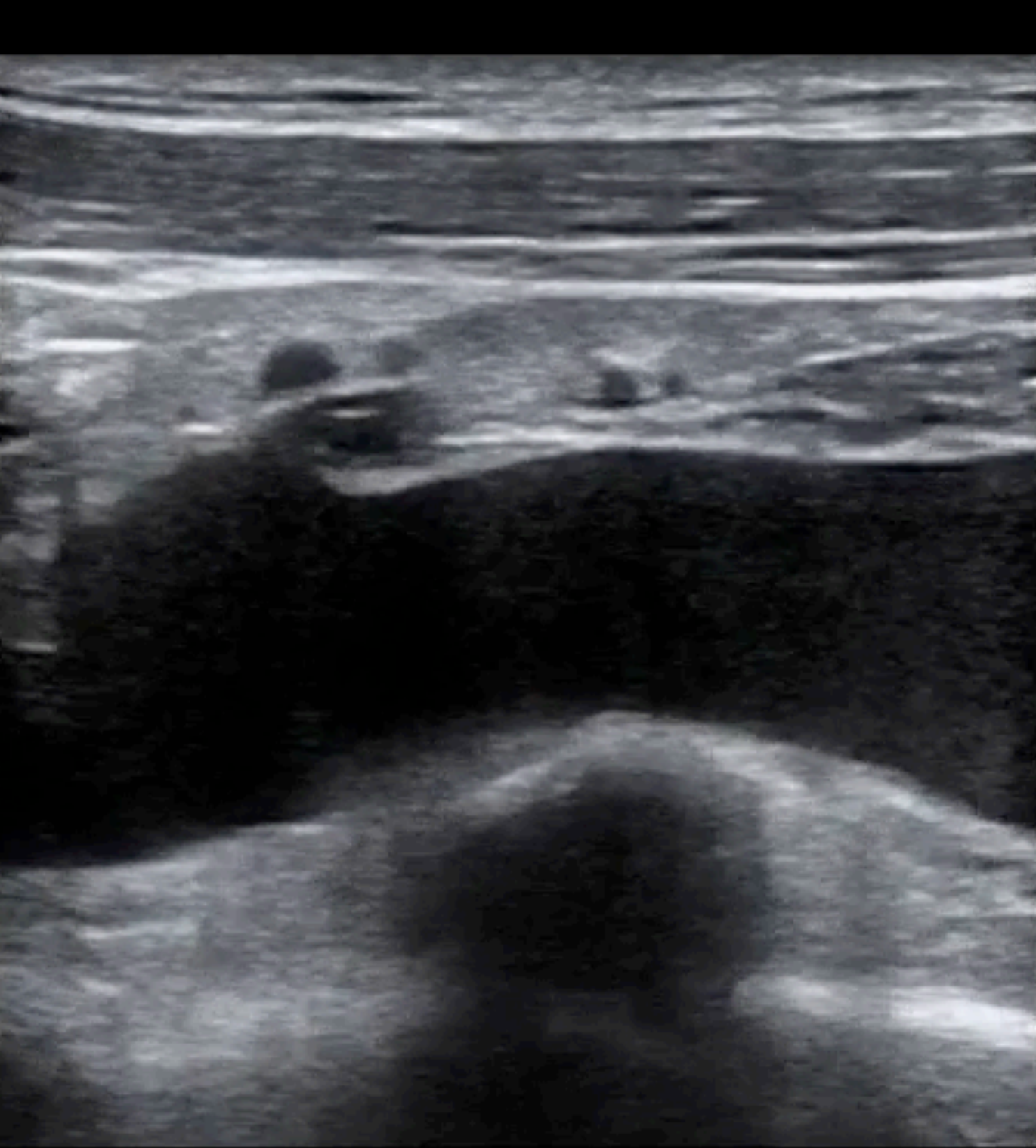


0
.
-1
.
-2
.
-3
.
-4

iNeedle

iTouch

合適血管



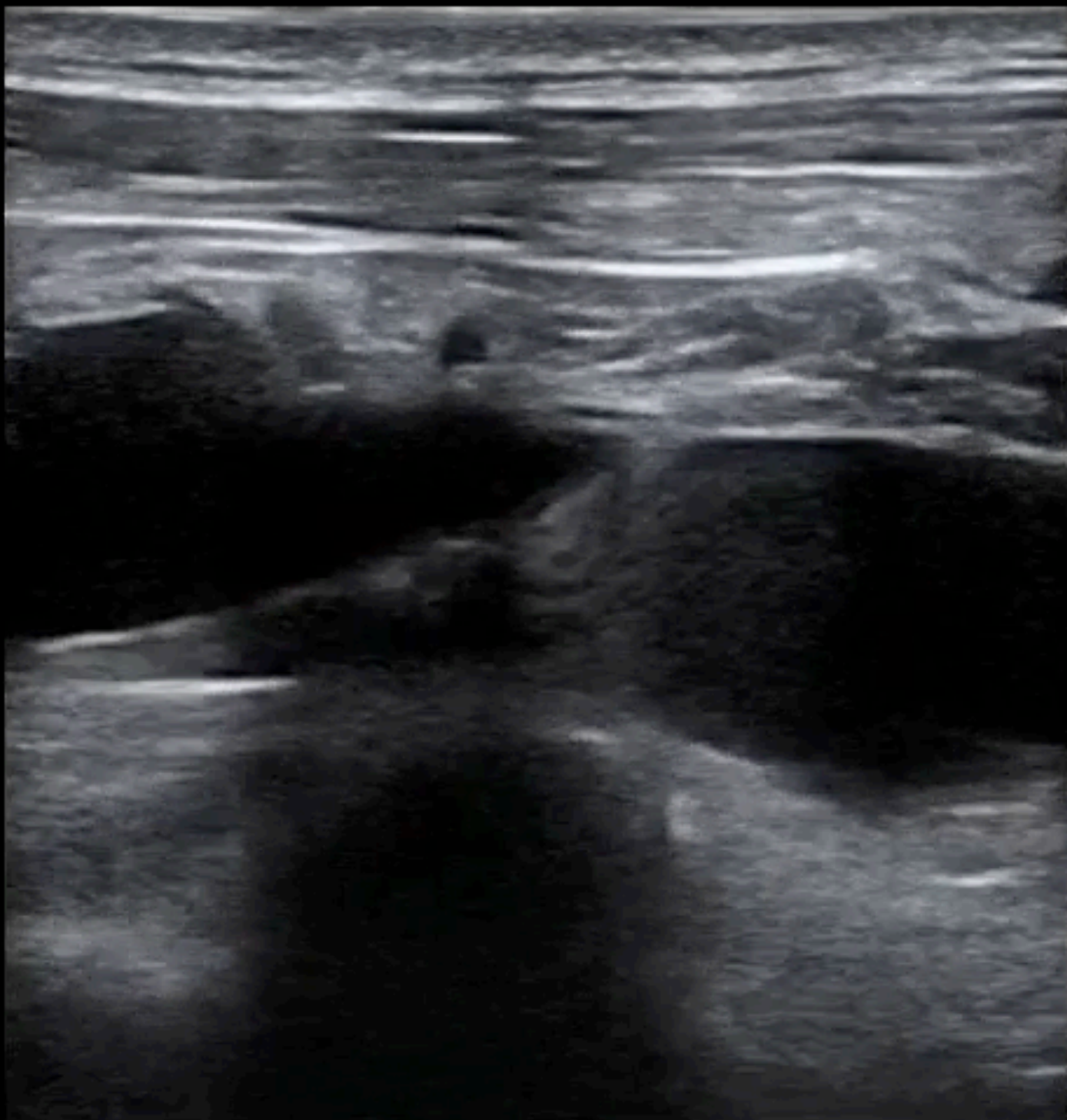
IM: 0' 27
BER
-1
-2
-3
KV: BER
msec
ALG₄

熟練運針



IM: 2' .
-1
-2
-3
KV: .
msec
ALG₄

確認導線





選擇合適的血管標的 + 熟練超音波下的運針

