

# Neonates and Sepsis: Safer PICC Line Technology Available

*Older PICC lines and central lines are unreasonably dangerous as they cause avoidable injuries*

SANTA BARBARA, CALIFORNIA, UNITED STATES, October 17, 2023 /EINPresswire.com/ -- "The current National Healthcare Safety Network benchmark for central line-associated bloodstream

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*Greg Vigna, MD, JD*

infections in the NICU ... is 2.16 per 1000 catheter days ... The central line antibiotic bloodstream infection for PICCs removed because of confirmed sepsis was 2.86 per 1000 catheter days,” states Della Wrightson, MSN, RN in *Advances in Neonatal Care*. Vol. 13, No. 3. Pp. 198-204.

Greg Vigna, MD, JD, national pharmaceutical injury attorney, explains, “What these numbers mean, is that hospitals across the country follow their statistics as to hospital-acquired infections. Hospitals track central line-associated bloodstream infections because it is a measure of quality and safety. As a medical director of a Long-term

Acute Care Hospital, this statistic was reported at every infection control meeting, and then it was reported to the Governing Board. It is a measure of a hospital's safety protocols. The nurses and other staff at neonatal units, neurosurgical ICUs, medical intensive care units, and oncology units work daily to try to decrease the hospital's central line-associated bloodstream infections and we expect PICC line manufacturers to be doing the same.”

[Dr. Vigna](#) continues, “Safer technology in the design of the PICC-line and central line catheter has been available for over 10 years that reduces the risk of PICC-related blood clots and infection. Blood stream infection from a PICC line or central line will prolong the hospitalization for the lucky patient but those less fortunate suffer permanent disabling medical complications or death. Central line-associated bloodstream infections cost over a billion dollars a year. There is no justification for the continued use of catheters with old technology that does not meaningfully reduce the risk of thrombosis and infections.”

What is sepsis? Multiple organ damage from inflammation as a result of infection that may result in organ damage to the brain, kidney, heart, liver, and lungs.

What is septic shock? A life-threatening condition that causes dangerously low blood pressure because of infection that may result in amputations of fingers and toes, brain damage, kidney failure, ventilator dependence, oxygen dependence, and nerve damage.

What is a deep venous thrombosis? Blood clots in the deep venous system that is referred to as DVT have the potential to break off and travel to the lung and this is called a pulmonary embolism.

Dr. Vigna concludes, "As a rehabilitation physician blood clots and line sepsis have always been considered serious injuries that can cause death or disability. As a lawyer, I see catheters on the market that are clearly obsolete and have been obsolete for nearly a decade. The older [PICC lines and central lines](#) are unreasonably dangerous as they are causing avoidable injuries."



Greg Vigna, MD, JD

Dr. Vigna is a California and Washington DC lawyer who represents those with serious injuries caused by defective medical devices including PICC lines and Med-Ports. He represents the injured with the Ben Martin Law Group, a national pharmaceutical injury law firm in Dallas, Texas. The attorneys are product liability and medical malpractice attorneys, and they represent the most injured across the country.

To learn more about PICC lines, click [here](#).

#### Resources

<https://www.cdc.gov/infectioncontrol/guidelines/BSI/index.html>

<https://www.sciencedirect.com/science/article/abs/pii/S001236921547641X>

<https://www.tandfonline.com/doi/abs/10.1080/17434440.2019.1555466>

[https://journals.lww.com/advancesinneonatalcare/abstract/2013/06000/peripherally inserted ce](https://journals.lww.com/advancesinneonatalcare/abstract/2013/06000/peripherally_inserted_central_catheter.11.aspx)

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[https://www.ajicjournal.org/article/S0196-6553\(09\)00839-6/fulltext](https://www.ajicjournal.org/article/S0196-6553(09)00839-6/fulltext)

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