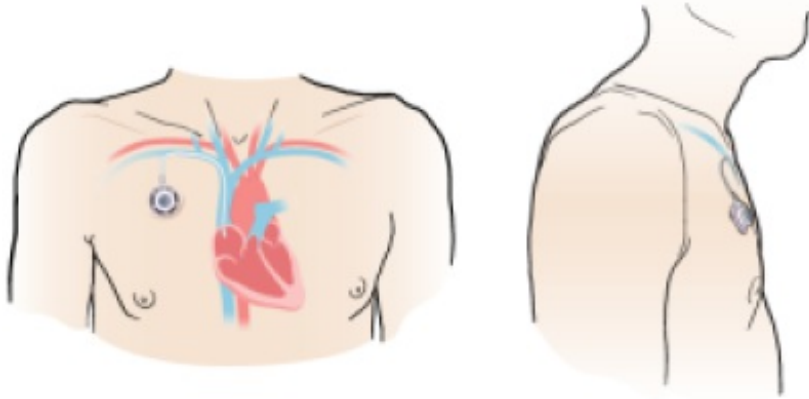






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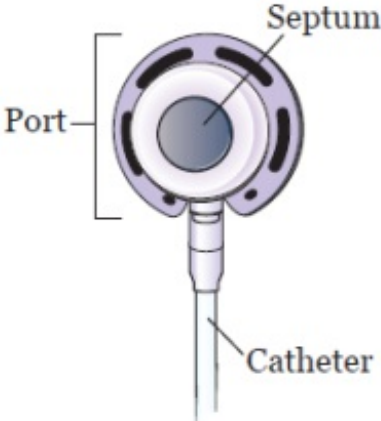
**Indications and Contraindications**

Indications for the use of a central venous catheter (CVC) include the need for long-term intravenous therapy, the administration of medications that are irritating to peripheral veins, the need for frequent blood sampling, and the need for hemodynamic monitoring. Contraindications for CVC placement include bleeding disorders, thrombocytopenia, and infection at the site of insertion.

Other contraindications include severe coagulopathy, severe anemia, and severe hypoxemia. Relative contraindications include severe immunosuppression, severe renal failure, and severe liver failure.

**Complications**

Complications associated with CVC use include infection, thrombosis, catheter occlusion, and catheter fracture. Other complications include catheter-related phlebitis, catheter-related thrombocytopenia, and catheter-related hemolysis.



**2. Indications and Contraindications**

**Indications and Contraindications**

Indications for the use of a central venous catheter (CVC) include the need for long-term intravenous therapy, the administration of medications that are irritating to peripheral veins, the need for frequent blood sampling, and the need for hemodynamic monitoring. Contraindications for CVC placement include bleeding disorders, thrombocytopenia, and infection at the site of insertion.

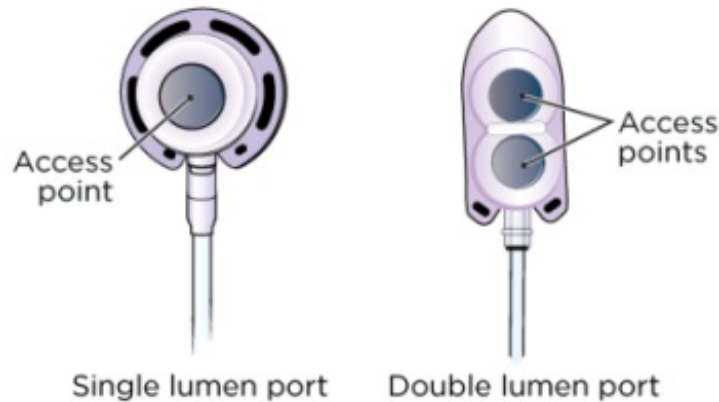
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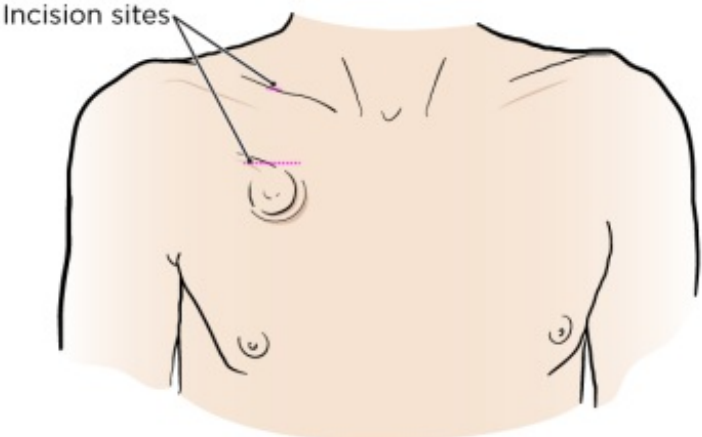
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## Section Header

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## Section Header

IV

Text paragraph 2



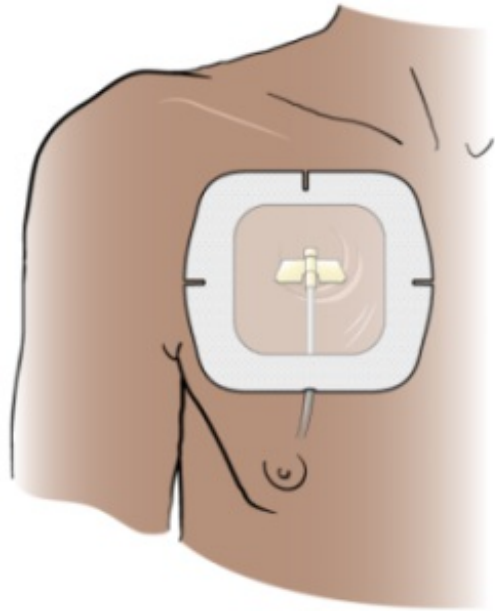


Figure 7. Chest device

## Abstract

The purpose of this study was to evaluate the effectiveness of the chest device in reducing the risk of infection in patients with a central venous catheter (CVC). The study was conducted in a tertiary care hospital over a period of 12 months. The study included 120 patients who had a CVC inserted. The patients were divided into two groups: the control group (n=60) and the intervention group (n=60). The intervention group received the chest device. The primary outcome was the rate of catheter-related infections (CRI). The secondary outcomes were the rate of catheter-related bloodstream infections (CRBSI) and the rate of catheter-related sepsis. The results showed that the chest device significantly reduced the rate of CRI compared to the control group. The rate of CRBSI and the rate of catheter-related sepsis were also significantly lower in the intervention group. The chest device was well tolerated and did not cause any adverse effects. The study suggests that the chest device is an effective intervention for reducing the risk of infection in patients with a CVC.

## Introduction

The use of central venous catheters (CVC) is common in intensive care units (ICU) and other hospital settings. CVCs are used for the administration of medications, fluids, and blood products. However, the use of CVCs is associated with a high risk of infection. Catheter-related infections (CRI) are a major cause of morbidity and mortality in ICU patients. The chest device is a new intervention that has been developed to reduce the risk of infection in patients with a CVC. The chest device is a square, white device that is attached to the sternum. It has a central yellow component and a thin tube extending downwards. The chest device is designed to prevent the entry of bacteria into the CVC. The purpose of this study was to evaluate the effectiveness of the chest device in reducing the risk of infection in patients with a CVC.



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