MACOVA 2020

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Managing the complex patient – a case study

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Case study – MK, 44year old male

- Recovering IV drug user
- Repeated medical admissions
  - Hypocalcaemia
  - Anaemia
- Multiple clinical teams involved
- Challenging individual!
- Now attending at least once a week for blood tests & IV drugs
- Repeated ad-hoc acute CVADs In past, increasingly difficult to insert
- No viable peripheral veins

What would you do?

- Get somebody else to deal with him
- Avoid IV access at all (too risky)
- Advise PICC
- Advise Tunnelled CVC
- Advise Port
- Advise another type of VAD
- Something else

In my institution……

- A colleague had already decided to insert a tunnelled CVC
- Recurrent CRBSIs
- Several ‘knee jerk’ removals before consideration of line salvage
- Successful salvage
- Indwelling tunnelled line
- Patient improved, now no longer receiving IV therapy
- Refusing to attend hospital for line removal

What would you do?

- Patient has capacity, let him refuse all he wants
- Force him to come into hospital & insist on line removal
- He’s at risk of further episodes of acute illness, leave it in place

My thoughts about such complex patients

- Increasingly common challenge
- Often chronically unwell medical patients
- Poorly understood group of ‘conditions’
- Physicians don’t understand VA risks
- VHP approach should lessen the challenge
- Multidisciplinary approach- VA involvement vital
- Higher risk of thrombosis & CRBSI