

Reference Number: FOI202425/326
From: Private Individual
Date: 28 October 2024
Subject: Vascular Access devices & length of stay for patients admitted to ITU / Critical Care

Over the last 12 months:

- Q1 How many anaphylactic events in your trust have been attributed to a Vascular Access device?
- A1 Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.
- Q2 [In follow up to the above question] What was the cause of anaphylaxis?
- A2 Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.
- Q3 How many patients have been admitted to the trust with a confirmed Chlorhexidine allergy diagnosis?
- A3 Six patients
- Q4 What are the current Central Line Associated Blood Stream Infection (CLABSI) rates across the trust?
- A4 Zero related to Blood Stream Infection and 2 Central venous catheter (CVC) associated Blood Stream Infection.
- Q5 What is the average length of stay for patients admitted to ITU / Critical Care?
- A5 3.55 days
- Q6 What is the typical peak pressure for the CT Power Injectors that the trust Radiology department requires when injecting contrast media for patients having a CT scan?
- A6 The most we would inject the contrast media injections in CT, is 7ml/s a second. Majority of our cardiologists make use of 6ml/s. The rest of our scanning will use 3/4ml/s.
- Q7 What is the current device failure rate for all Vascular Access devices?
- A7 Information not held – the Trust does not routinely collate or hold this information centrally as part of its management or performance data.
- Q8 How frequently do patients require Acute Haemodialysis in ITU / Critical Care?

A8 We have 78 days of documented Haemodialysis during this timeframe which is 0.73% of days assessed and 8.27% of the Renal Replacement Therapy days recorded.