

## Central venous catheter guidewire retention: lessons from England's never event database.

May 4, 2022

Mariyaselvam MZA, Patel V, Young HE, et al. Central venous catheter guidewire retention: lessons from England's never event database. J Patient Saf. 2022;18(2):e387-e392.

doi:10.1097/pts.0000000000000826.

<https://psnet.ahrq.gov/issue/central-venous-catheter-guidewire-retention-lessons-englands-never-event-database>

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A [retained foreign object](#) can lead to [serious](#) clinical consequences and is considered a [never event](#).

Researchers analyzed a national patient safety incident database to identify factors contributing to [guidewire retention](#) and potential preventative measures. Findings indicate that most retained guidewires are identified after the procedure. The authors suggest that system changes or design modifications to central venous catheter equipment is one approach to prevent guidewire retention.