<table>
<thead>
<tr>
<th>Medical intervention</th>
<th>Associated complications and tissue injury</th>
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| Complications of central venous and pulmonary artery catheterization | Pneumothorax  
Arterial puncture with bleeding  
Infusion  
Knotting of PA catheter  
Arrhythmias  
Pulmonary infarction, pulmonary artery rupture  
Inappropriate therapy (e.g., goal-directed therapy)  
Unrecognized hypovolaemia  
Overtransfusion with crystalloids or colloids  
Excessive reductions in colloid oncotic pressure  
Massive generalized oedema  
Pulmonary oedema  
Arrhythmias  
Myocardial ischaemia/infarction  
Inappropriate vasoconstriction (especially dopamine/norepinephrine)  
Hyperglycaemia  
Metabolic acidosis (especially epinephrine)  
Dopamine-induced pituitary suppression  
'Voluumina'  
Haemodynamic disturbances  
Systemic cytokine release  
Immune suppression  
Hypertension and muscle wasting related to sedentary and muscle relaxants  
Hyperglycaemia  
Hepatic steatosis and dysfunction  
Excessive CO\textsubscript{2} production  
Immunosuppression  
Gastrointestinal mucosa and lymphoid atrophy  
Pulmonary oxygen toxicity  
Antilygycosides  
High dose steroids  
NSAIDs |
| Basic bedside monitoring: pulse rate, pulse oximetry, ECG, systemic arterial pressure (SAP)  
central venous pressure (CVP)  
temperature, urine output  
chest X-ray (CXR)  
arterial blood gas (ABG)  
blood lactate  
plasma electrolytes/creatinine  
blood sugar (BSL), haemoglobin platelet and white blood cell count  
INR (consider APTT, fibrinogen level)  
liver function tests |
| Basic laboratory monitoring: culture blood  
Gram stain, microscopy and culture of specimens from suspected infected sites  
Test for specific antigens/serology as indicated  
Administer antibiotics  
Institute drainage/debridement  
Other measures as indicated: prophylaxis for stress ulceration  
oral/nasogastric amphotericin for anticandida gut colonization  
deep vein thrombosis prophylaxis |