

SAFETY ASPECTS FOR CENTRAL VENOUS CATHETERS

INFECTION

1. Observe the exit site (where the tube comes out of the body on the chest) and neck wound for any signs of infection:

Redness

Swelling

Pain

Discharge i.e. blood or pus.

If this should occur take your child to your local hospital or call your paediatric community nurse for assessment, swab and blood cultures. An exit site infection needs to be treated promptly as it may progress to a line infection (infection inside the catheter).

2. **For immunosuppressed children.** Take your child's temperature as per the neutropenic protocol; (go up to the local hospital if the temperature remains 38.0°C for 1 hour. If the temperature is 38.5°C go straight up - don't wait). This is because when children are neutropenic, they are very susceptible to infection and the line is a possible source of infection.
3. If the dressing is soiled with blood or there is wetness under the dressing, it will need to be changed, as this increases the risk of infection. Otherwise the dressing needs to be changed once a week.
4. **Try to keep the catheter - including the ends, dry.** Tape it up out of the way when your child is having a bath. Some families find it useful to place the ends of the line in a clean plastic bag, like a sandwich bag, and tape this up too during bath time.
5. Don't have the ends dangling down by the nappy/groin area. If they do get soiled, the caps will need to be changed, and the line cleaned thoroughly.
6. If the cap falls off, wash your hands well, clean the end of the catheter with an alcowipe, being careful not to touch the end with your hand, and put on a new cap. Never put back on an old cap. Remember that you will have to remove the small piece of plastic from the screw-on section of the new cap before you put it onto the end of the catheter.

ACCIDENTAL REMOVAL

1. To prevent the line from being pulled out, always ensure that the line is fully secured and taped to the chest wall. Keep the line tucked away when not in use. When an inpatient, help us to keep the lines off the floor so that no one trips over them.
2. If the line is accidentally removed, pressure should be applied, for five minutes, to the scar on the neck, and where the line came out of the chest, to stop any bleeding. Bleeding is unlikely to occur, as the hole in the vein and the skin tunnel usually seals up straight away. If the line falls out, take your child and the catheter up to your local hospital, and contact the ward.

BREAKAGE

1. You will be given some blue clamps to take home with you. Ensure you carry them around with you at all times.
2. If the catheter breaks, or you can see a hole in it, clamp the line between the chest and the break. Use the 3rd section of the blue clamps as shown (at the bottom of the "V"), as the first section may damage the line further, and the second section won't clamp the line sufficiently. If you don't have your blue clamps on you, bend the line over and hold with your fingers. The line can be mended, so wrap a piece of occlusive dressing (eg IV3000) around the break, to ensure that the line doesn't get dirty, then wrap a piece of gauze around it to make the clamps fit more securely. Take your child up to your local hospital to have them check that you have clamped it properly, and make arrangements with us to have it repaired.

DAILY CHECKS

1. Check that your child's line is securely looped underneath the dressing. This will reduce the risk of accidental dislodgement.
2. Check that the caps are tightly on the ends of the line. This will reduce the risk of the caps falling off.
3. Check that the white clamp(s) are closed. This will reduce the risk of blood loss if the caps were to fall off or the line broke near the hub.
4. Check the exit site for signs of infection.

THE SAFETY KIT, WHICH YOU HAVE BEEN GIVEN, SHOULD ACCOMPANY YOUR CHILD AT ALL TIMES. ANY ONE CARING FOR YOUR CHILD SHOULD BE FAMILIAR WITH THE ABOVE INFORMATION.