

Care of a central venous access device (CVAD) for families and schools

Information for patients, parents and guardians

A central venous access device (CVAD) is a polyurethane or silicone tube, which is tunnelled under the skin on the chest and into one of the large veins leading to the heart. The tip of the line sits in one of the heart chambers (called the right atrium). It is quite safe for the line to be in this position. It rarely causes blockage and the veins and heart continue to work normally. The other end of the central line comes out of the skin on the chest wall, which heals around the line.

There are several different types of central line, including Hickman/Broviac, Leader Cuff and port-a-cath, which may have one or two lumens. They all work in the same way, but may have different types of switches or clamps to open and close them.

Each morning the child's family will need perform some safety checks on the CVAD. **We do not expect school to check the line routinely.** School will only need to check the CVAD if the child reports that something has happened, or if they think that the line may have been affected in some way.

Complications are very rare, however it is important that everyone who looks after the child has an awareness of them, and what action to take. The child should always have their 'central line safety pack' nearby, as this contains equipment that may be needed. The following are some potential concerns that may arise:

For Hickman/Broviac/Leader Cuff lines:

- The line is checked daily by family for **signs of infection**. These include pain, swelling, redness, oozing. If the child reports any concerns about the line site, or that it has been knocked, please contact parents/carers. The child will need to be reviewed in hospital.
- The clear **dressing** over the line's exit site may become loose. If this is loose, please put a new dressing over the old dressing (found in the central line safety pack). Contact child's parents/carer, the local team can then redo the dressing.
- Each lumen will have a clamp (**white/red**). These should always sit between the part of the line that says clamp here / arrows and should remain closed. If they are found to be open, please click them shut. Contact the child's parents/carers. The child may need to be reviewed in hospital.
- Each lumen has a **screw-on cap (bung)** attached to the end of the line, through which medication can be given or blood taken. This cap re-seals after each use. If this has fallen off, please ensure that the switch/white clamp is closed. Please wash your hands, clean the end of the line with an alcohol wipe (found in safety pack), and replace a NEW bung (found in safety pack) on the end being careful not to touch the part of the bung that gets screwed into the line. Discard the old bung. Please inform parents/carers straight away as the child will need to be reviewed in hospital and may need antibiotics.

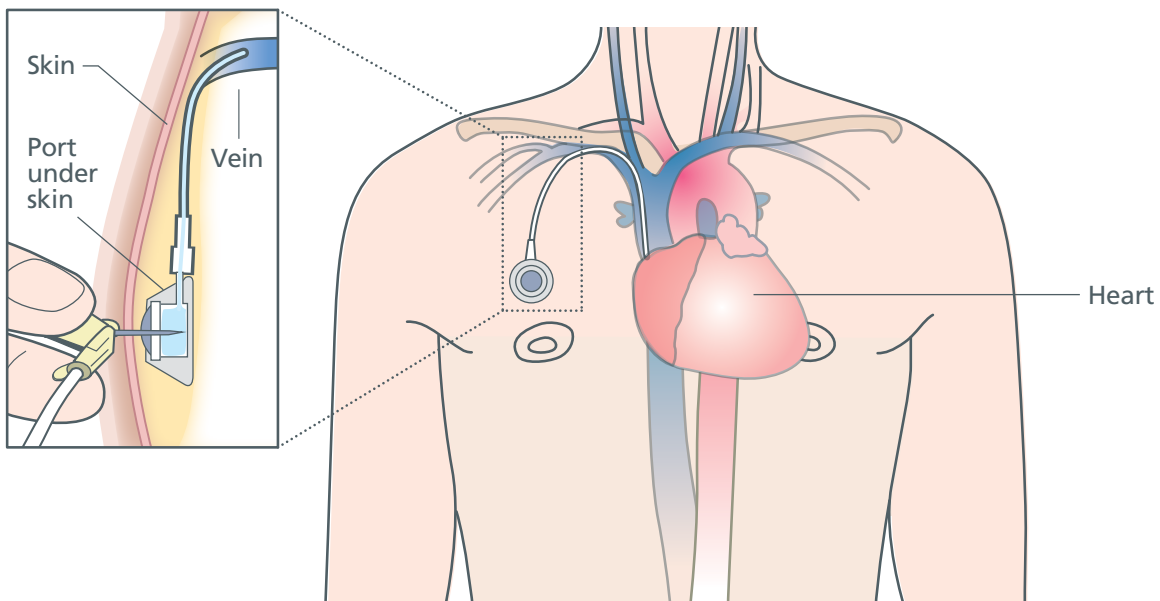
- If the line has a **tear or break**, please make the line safe by using the clamps from the central line safety pack, and clamping the line in between the child and the tear/break. This will help prevent leaking or reduce the risk of infection. Please then contact the child's parents/carer. The child will need to be reviewed in hospital.
- If the line is accidentally **pulled out**, press on the exit site to stop bleeding. Check the wound site (scar) on the neck for swelling or bruising and apply pressure for 5 minutes to that area if any is noted. The child should be seen by a doctor at your most local hospital as soon as possible and parents must be informed immediately.

For port-a-cath lines:

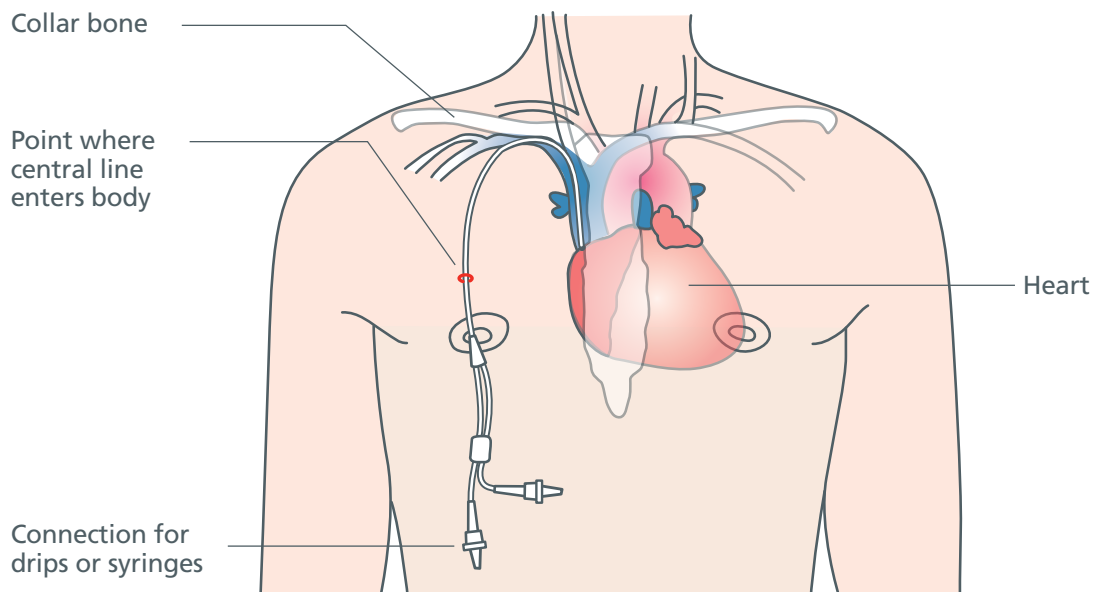
- When at school, the child's port is unlikely to be accessed. You will only see a small lump underneath the skin on the child's chest. This is where the small chamber sits, which is used for administering medication into the veins and taking blood samples. Knocks to the chest area should be avoided.
- The site is checked daily by family for **signs of infection**. These include pain, swelling, redness, oozing. If the child reports any concerns about the port site, or that it has been knocked, please contact parents/carers. The child will need to be reviewed in hospital.
- If the child comes to school with their port accessed, the following apply:
 - The clear **dressing** over the port site may become loose. If this is loose, please put a new dressing over the old dressing (found in the central line safety pack). Contact child's parents/carer, the local team can then redo the dressing.
 - The line will have a **clamp**. This should always remain closed. If it is found to be open, please click them shut. Contact the child's parents/carers.
 - The line has a **screw-on cap (bung)** attached to the end of the line, through which injections can be given or blood taken. This cap re-seals after each use. If this has fallen off, please ensure that the switch/white clamp is closed. Please wash your hands, clean the end of the line with an alcohol wipe (found in safety pack), and replace a NEW bung (found in safety pack) on the end being careful not to touch the part of the bung that gets screwed into the line. Discard the old bung. Please inform parents/carers straight away as. The child will need to be reviewed in hospital and may need antibiotics.
 - If the line has a **tear or break**, please make the line safe by using the clamps from the central line safety pack, and clamping the line in between the child and the tear/break. This will help prevent leaking or reduce the risk of infection. Please then contact the child's parents/carer. The child will need to be reviewed in hospital. If the line is **accidentally removed**, please ensure that port access device is discarded safely (it is sharp). Apply pressure to the site and cover with a plaster. Please contact family. The port **will need to be reaccessed** and reviewed at hospital.

Port-a-cath

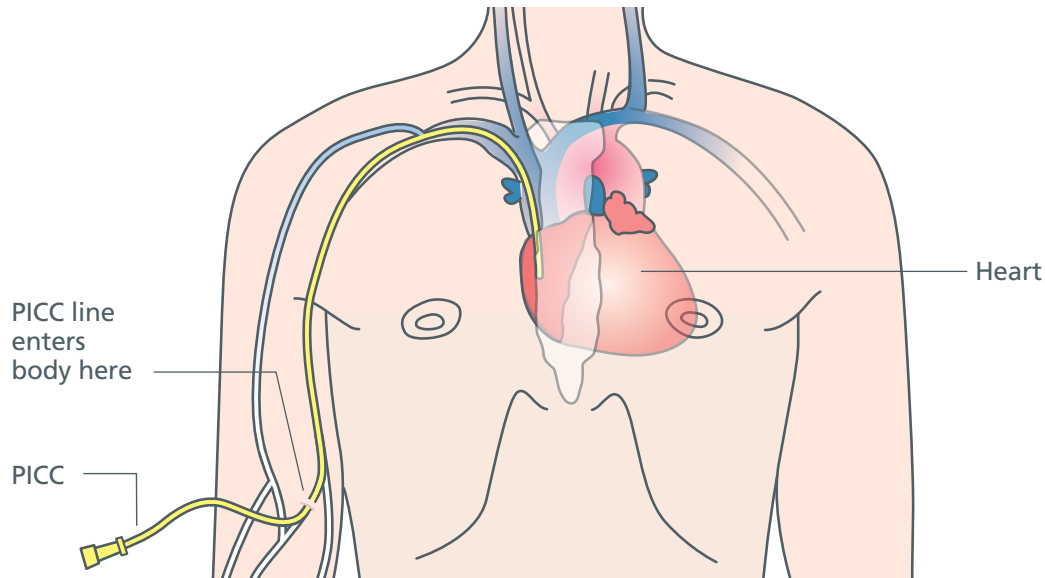
Central venous internal line: Port



Skin tunnelled catheter



PICC line



If you need a translation of this document, an interpreter or a version in large print, Braille or on audiotape, please telephone **023 8120 4688** for help.

www.uhs.nhs.uk/childrenshospital

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