

General information for care of central lines

Baths and showers

It is advised to keep the line site dry for the first six weeks of the line being put in to allow healing around the exit site. The exit site should always be covered with a clear dressing to keep it dry and prevent infections.

After the first six weeks, follow the instructions below for bathing and showering. If you are worried, telephone the ward for advice.

Baths

We advise your child should sit up in a shallow bath (no more than waist deep) and pour clean water over the exit site. Bath water does not usually stay clean for very long, so it is advisable not to soak the exit site in the bath. Ideally try and prevent the bung from getting wet.

After the bath:

1. Dry the exit site gently with a clean tissue, not a bath towel or flannel.
2. A new clear dressing should now be applied.

Showers

If the site has healed well (no redness or oozing) your child can have a shower:

1. Remove the dressing before showering.
2. Shower – do not use soap/shower gel directly around exit site; fresh running water will be adequate.
3. Dry the exit site gently with a clean tissue, not a bath towel or flannel.
4. A new clear dressing should now be applied.

Potential central line problems

Although the benefits of having a central line far outweigh the risks, there are a few possible problems you should know about. Each will be described, along with the things that can be done to try and prevent them.

Infections

The central line goes directly into the blood stream; therefore there is a risk of infection getting into the body. This is reduced by keeping a bung on the central line at all times and using the line as few times as can be managed.

Infection prevention includes:

1. Scrupulous hand washing immediately before the line is used. This is the single most important step in preventing infection.
2. Cleaning the bung(s) with a fully opened sani-cloth wipe, using several different parts and allowing to it air dry for 30 seconds.
3. Using sterile syringes, needles etc.
4. Making sure only things that are sterile ever touch the end of the bung(s) once cleaned.
5. Changing the bung(s) weekly; this is done at the hospital or by your local children's community nurses (CCN). Whenever the bung is changed, it should be clearly documented on the 'Blood results and treatment record page' in the **BLUE** section.
6. Ensuring the end of the line is well away from the nappy area if your child is in nappies.

If the line has recently been flushed and your child develops a temperature of 38°C, this may be particularly significant and you should contact the ward for advice as infections in the line should be treated promptly.

Dressings

The other point of potential infection is the exit site (where the line comes out of the skin). The risk of exit site infections can be reduced by:

1. Covering it with a clear dressing.
2. Changing the dressing once a week or more frequently if it becomes wet or dirty.
3. Keeping little fingers away from the dressing/line site.

A clear dressing is advisable to allow the exit site to be visible. However, if your child is allergic to these, an alternative dressing is available but as the exit site will not be visible, this will need to be changed every 48 hours or sooner.

If the exit site is painful, red or oozing, please contact the ward for advice, as further treatment with antibiotics might be needed.

Blockage

Although this is not common, the line can become blocked. This is avoided by flushing the line each time it is used. When the line is not in frequent use, it is flushed weekly with Hepsal, which contains heparin, an anti-clotting agent.

Sometimes you may see a little blood in the line when it is not in use. This is nothing to worry about, however if this occurs, the line should be flushed with Hepsal so contact your local hospital or community children's nurse.

If the line does become blocked, it can usually be cleared at the hospital but needs prompt attention as the blockage will get worse if left.

Breakage

It is possible for the line to be damaged by excessive pulling or bending. This can be prevented by:

1. Not touching the line unnecessarily and keeping the line protected under clothing. For children over the age of four years a wiggly bag may be used. For children under four years and babies, a gauze vest should be used.
2. Not leaving young children unsupervised with scissors.
3. Not allowing the line to come in direct contact with alcohol, such as the sani-cloth disinfectant wipes.
4. Ensuring the line is secured to the skin and not kinked.

If the line does break or leak, clamp just above that point using the green emergency clamp and telephone Piam Brown ward, as the line will need to be repaired.

Faulty switch

If your child has a Leader Cuff line, the switch may occasionally break or fall off and need replacing at your local hospital or on Piam Brown ward. The risk can be reduced by:

1. Making sure the line is securely attached to your child's body.
2. Keeping the line out of sight and discouraging your child from touching the line/switch.
3. Contact sports may place the bung at risk of coming off and should be avoided.

If the switch breaks or falls off, or the line leaks, clamp just above that point using the green emergency clamp and telephone Piam Brown ward, as it will need to be repaired.

Cleaning the exit site

For the first six weeks the incision site should be treated as a surgical wound, dressed using sterile gloves and cleaned with Chloroprep. After six weeks no routine cleaning is necessary and non sterile gloves can be worn.

Accidental removal

The risk can be reduced by:

1. Keeping the central line in a wiggly bag when not in use (children under four years must wear a gauze vest). This reduces the weight on the line, and is particularly important when attached to infusion lines, which are much heavier than the line alone.
2. Protecting the line from becoming trapped, caught up or pulled, especially during infusions. Keep infusion lines off the floor when possible, so they cannot be stood on and pulled out. Tape lines to clothes to prevent pulling.
3. Avoiding sports which involve a lot of rough and tumble, such as rugby or judo that carry a slight risk of pulling the line. To reduce any risk, we advise wearing tight fitting vests or T-shirts.

If the line is accidentally removed, press on the exit site to stop bleeding. Check the wound site on the neck for swelling or bruising and apply pressure to that area if any noted. Your child should be seen by a doctor at your most local hospital as soon as possible.

For any further advice or information, please speak to a member of staff on Piam Brown day ward on **023 8120 4249** or Piam Brown ward on **023 8120 4816/4817**.