

Emergencies Involving Indwelling Central Lines



History

- Central Venous Catheter Type
 Tunneled Catheter
 (Broviac/ Hickman)
- PICC (peripherally inserted central catheter
- Implanted catheter (Mediport/ Hickman)
- Occlusion of line
- Complete or partial dislodge
- Complete or partial disruption

NO

Catheter completely or

partially dislodged

NO

Ongoing infusion

NO

Signs and Symptoms

- External catheter dislodgement
- Complete catheter dislodgement
- Damaged catheter
- · Bleeding at catheter site
- Internal bleeding
- Blood clot
- Air embolus
- Erythema, warmth or drainage about catheter site indicating infection

Differential

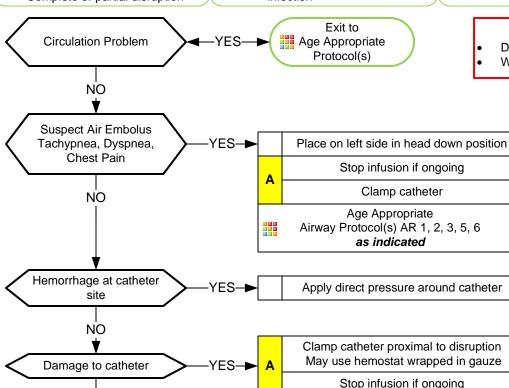
- Fever
- Hemorrhage
- Reactions from home nutrient or medication

Use Sterile Technique:

When accessing central line

During manipulation of central line

- Respiratory distress
- Shock



Pearls

Always involve family/ caregivers as they may have specific knowledge and skills related to catheter device.

Apply direct pressure around catheter

Stop infusion if ongoing

Continue infusion

Do not exceed 20 mL/kg

Notify Destination or Contact Medical Control

- . Use strict sterile technique when accessing/ manipulating an indwelling catheter.
- Cardiac arrest: May access central catheter and utilize if functioning properly.
- Do not attempt to force catheter open if occlusion evident.
- Some infusions may be detrimental to stop. Ask family or caregiver if it is appropriate to stop or change infusion.
- Hyperalimentation infusions (IV nutrition): If stopped for any reason, monitor for hypoglycemia.