

Central Lines and Gastric Tubes/Buttons

Resident lecture

Central Lines:

- Central lines include:
 - › Broviac/Hickman
 - › PICC (Peripherally Inserted Central Catheter)
 - › IVAD (Intravenous Access Device)

Central Lines: Broviac

- ◉ **QUESTION:**

- › You're in the ED and a 2 year old patient comes in with a severed line. Mom is holding the other end and can't understand what happened. All the nurses were just called into a code in the next room. Who do you call?

Central Lines: Broviac

- ANSWER:
 - › BEST practice is to call the VAT (Vascular Access Team) or the Charge Nurse on the GI floor. A repair can be done easily. Monitor for S/S of Infection.
 - › Call VAT or GI charge nurses before calling surgery

Central Lines: Broviac

- **QUESTION:**
 - › You're working in a clinic in East Texas and managing TPN for a chronic patient. The mom calls you with frantic concerns that the broviac is loose and coming out. What do you tell her? Can a broviac just fall out?

Central Lines: Broviac

- ANSWER:
 - › Reassure them that Broviac Central Lines are cuffed under the skin and wont become dislodged. The external sutures will become loose with time. It is common for the sutures to stick to the tape during dressing changes.

Central Lines: Broviac

- ◉ **QUESTION:**

- › You work in the ER at Children's Legacy. A father brings his kid in because there is pus at the Central Line insertion site. What do you order for this patient?

Central Lines: Broviac

- ANSWER:
 - › 1. a dressing change with gauze instead of a biopatch until site is healed.
 - › 2. wound culture the site
 - If you plan on starting IV antibiotics you might as well draw blood cultures

Central Lines: Broviac

- ◉ **QUESTION:**

- › You are working in the clinic here at CMCD. You get a call from a patient's mom in which she is frantic because her baby's central line dressing is loose. What should this mom do? What do you tell her?

Central Lines: Broviac

- ANSWER:
 - › she should call her home health nurse to complete a dressing change.
 - If home health is not set up they need to come to the ER. Don't pass go. Don't collect \$200.

Reminder: Home Health MUST be set up for ANY kid going home with a Central line (broviac, PICC, or IVAD)

Central Lines: Broviac

- QUESTION:
 - › You're in the ER and a patient with a Central line comes in because they've been having a hard time flushing the line. Per parents report mom couldn't flush the line so she had dad do it because he is stronger. Dad tried to flush but was only able to aspirate white sediment from the line.
 - What was wrong with this picture?
 - What do you tell the family to do in the future?
 - What do you order to clear the line?

Central Lines: Broviac

- ANSWER:
 - > What is wrong with this picture?
 - If you can't flush...DON'T FORCE IT!
 - Likely cause = clot

Central Lines: Broviac

- ANSWER:
 - > What do you tell the family to do in the future?
 - If you can't flush the line while at home DON'T force it. Come to the ER for TPA
 - As a precaution, draw back to assess blood return before daily flushing.
 - This can help identify if a sheath is starting to form.

Central Lines: Broviac

- ANSWER:
 - › What do you order to clear the line?
 - TPA

Central Lines: Broviac

- ◉ **QUESTION:**

- › You're working in the ER this month and a kid comes in with a broviac and he has a fever. Do you admit this patient? Or send him home with antibiotics since he already has access?

Central Lines: Broviac

- ANSWER:
 - › ALWAYS admit them.
 - › Clearly, there are many sources of infection but we HAVE to rule out Bloodstream Infections.
 - › CMCD considers a fever (with CVL) to be 100.4 or 38.0

Central Lines: Broviac

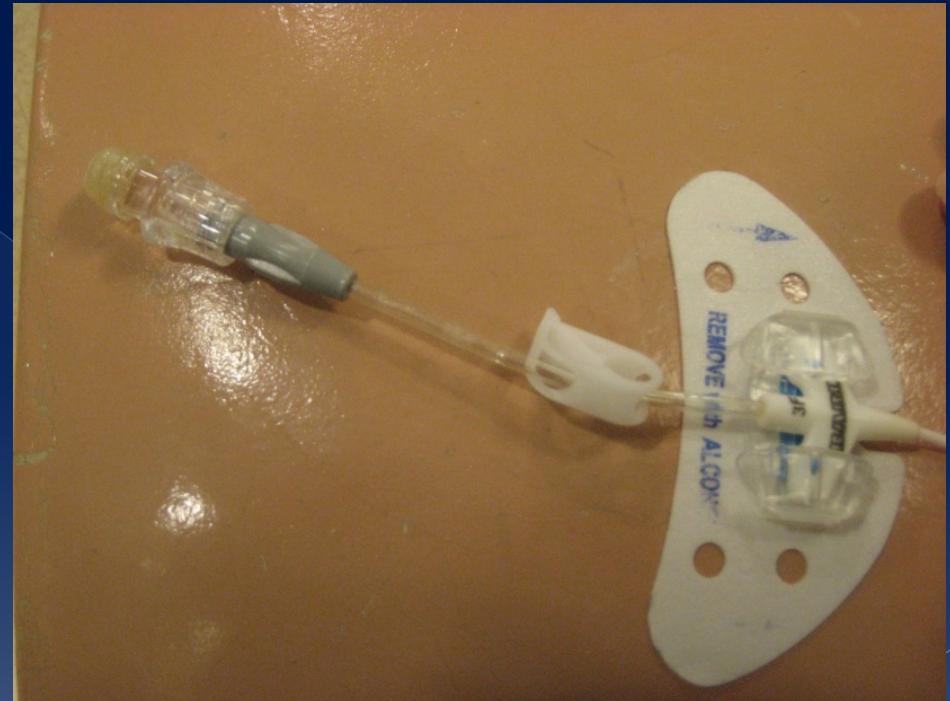
- Basic Knowledge:
 - › Dressings MUST be changed q7 days or as needed
 - › If gauze is used in place of the biopatch the dressing is changed in 24 hours
 - › You have +/- 6 sites. Total. Once they're gone...they're gone
 - Some exceptions
 - Try your hardest to identify and treat if possible.
 - Call an educator to complete education for families having problems.

Central Lines: Broviac

- Basic Knowledge:
 - › Carefully weigh if the patient needs to keep CVL.
If it can be pulled without detriment to the patient...do it.
 - › It is NOT acceptable to leave a CVL in for lab draws.

Central Lines:

PICC- Peripherally Inserted Central Catheter and Securement Device



Central Lines: PICC:

- ◉ QUESTION:

- › You are working in the GI clinic and a patient's mom calls that you sent home with a PICC 2 days ago. Mom said when she checked on baby girl in the morning the line was laying beside her in the bed. What do you tell her to do.

Central Lines: PICC:

- ANSWER:
 - › Assess for bleeding
 - If still bleeding hold pressure for 3-5 minutes
 - › Come in to the ER to get films of chest and arm to make sure ALL of the line is out.

Central Lines: PICC:

- **QUESTION:**
 - > Setting: clinic
 - > Situation: the same mom calls back the next day to tell you that while the home health nurse was doing a dressing change the line slipped out of her baby's arm. It's not all the way out but it is not where it used to be. What do you tell her to do?

Central Lines: PICC:

- ANSWER:
 - > 1ST tell the mom that the home health nurse should finish the sterile dressing change.
 - > 2nd: they need to come in for x-rays.
 - They are NOT to use the line until it has been determined that the access is still central.
 - If access is mid line but not central check with your Attending before signing off on use of line.

Central Lines: PICC:

- Basic Knowledge:
 - > Parents do NOT do PICC dressing changes due to risk for dislodgement
 - > Must be changed q7 days or as needed
 - > Most PICC lines are not sutured
 - > PICC team completes education before D/C house wide (except on D8)
 - Please check with your nurse or call x8581

Central Lines: PICC

- Considered a TEMPORARY access
 - › Typically used for a couple of weeks
 - › Can stay in place up to a year
- Placed in the arm
- Ordered for (see Policy #4.40):
 - Patients that require >4 sticks for venous access
 - Long term IV antibiotic therapy (>5-7 days)
 - Long term pain management
 - TPN

Central Lines: IVAD

- Basic Knowledge:
 - > Long term, INTERMITTANT access
 - For example: chemotherapy
 - > Implanted port that must be accessed by a big needle.
 - > Remember: if you choose this option for a patient they will need to be de-accessed and re-accessed with a new needle EVERY week (if they have a cont. infusion such as TPN).
 - Only once a month if line is not being actively used.