

EMERGENT UMBILICAL LINE PLACEMENT

- For emergent fluid and/or emergent drug administration
- Identify the proper landmark (2 arteries and 1 vein)
- Ensure enough cord available for procedure
- Clean cord well
- Sterile Procedure

- Catheters attached to umbilical line must be closed
- #3.5F or 5F umbilical catheter
- Use a 3 way stop cock and attached a prefilled NS 3cc syringe.

- Wrap a tie around base of the cord to control bleeding.
- Using sterile technique, cut umbilical cord if needed. Ensure do not cut away more than 3 cm from skin.

- Ensure to pull back with the syringe while advancing catheter. Advance only until blood can be aspirated.
- Should only be 2-4 cm in full term infant.

- Once placement verified, flush with 0.5 ml and tape in place.
- Keep track of all fluid given – even the flushes
- Needs to be treated like a central line – a closed system. No air should be introduced.

CAUTION!

- Advancing the catheter too far can infuse solutions directly into the liver.
- This can cause irreversible liver damage.
- ALWAYS – measure distance line placed and reassess for migration!
- Do not cut the cord too short. It will remove opportunity for a longer term UVC and UAC access later.

