

Emergencies Involving Central Lines

History

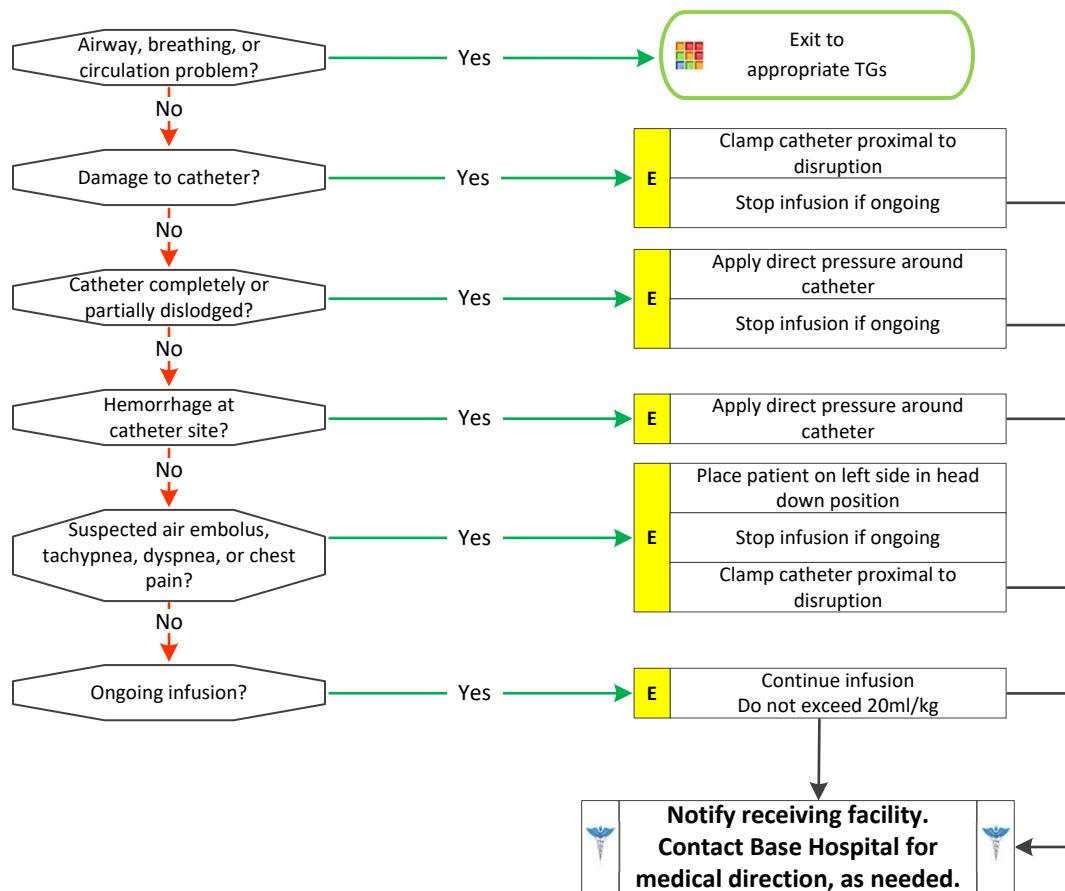
- Central venous catheter type:
 - Tunneled catheter (Broviac/Hickman)
 - PICC (peripherally inserted center catheter)
 - Implanted catheter (Mediport)
- Fistulas
- Occlusion of line
- Complete or partial dislodgement
- Complete or partial disruption

Signs and Symptoms

- External catheter dislodgement
- Complete catheter dislodgement
- Damaged catheter
- Bleeding at catheter/fistula site
- Erythema, warmth, or drainage about catheter/fistula site indicating infection

Differential

- Fever
- Hemorrhage
- Reactions from home nutrient or medication
- Respiratory distress
- Shock
- Internal bleeding
- Blood clot
- Air embolus

**Pearls**

- Always talk to family/caregivers as they have specific knowledge and skills of device(s).
- If hemodynamically unstable and a peripheral IV or IO cannot be obtained, access central catheter and utilize for definitive care if device is functioning properly.
- Central venous access devices that require the penetration of skin, such as internal subcutaneous infusion ports may not be used.
- Use strict sterile techniques when accessing/manipulating a dialysis catheter device.
- Do not place a tourniquet or BP cuff on the same side where a PICC line is located.
- Do not attempt to force catheter open if occlusion is 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 patient for hypoglycemia.



Treatment Guideline A11