



## Caring for your Midline

### Information for patients who have had a midline inserted

You have been fitted with a midline as part of your treatment plan. The midline is held in place by steri-strips, an adhesive statlock device (catheter holder) and an adhesive transparent dressing. It is important that your midline receives regular care and attention to ensure that it continues to work well and that infection does not occur.

The midline dressing needs to be changed once a week and this will normally be done by the nurses at the hospital. In some situations, your community nurse or your main carer may be asked to change your midline dressing.

To help prevent infection it is important to keep your skin clean. If you can, you should have a daily bath, shower or strip wash. **You can get the dressing wet** – it is waterproof, but you should not submerge your arm and the line under the water for any length of time.

You should be alert to the situations listed below and you should inform the hospital immediately if you are affected by any of them:

- Bleeding from around the line
- Any discharge or pus from around the line
- Any pain, swelling or redness around the line
- The line seems longer than usual
- Any fluid leaks from the end of the line
- Swollen arm or neck on the side of the body the line is in
- Pain in the arm on the side the midline is in
- High temperatures or shivering attacks

#### Immediate after care

You will have an absorbent dressing over the midline insertion site for the first 24-48 hours, after which the nurse will clean the site and renew the dressing.

- It is important that you keep your midline clean and watch for any signs of infection whilst at home
- The nurse responsible for your care will arrange for your line to be redressed the day after it is inserted

- Following this, the dressing need only be changed once a week, as long as it remains clean and intact
- It is important to allow yourself time each day to check your line

## **How to clean the midline and change the dressing**

- Gather together:  
A dressing pack, a single use Chlorhexidine 2% Cleaning swab, Steri-strips, statlock device and transparent dressing
- Wash your hands with soap and water and dry well and open the dressing pack
- Open the dressings and Chlorhexidine 2% swab on to the sterile area, taking care not to touch them
- Carefully remove the old dressing, steri-strips and statlock device taking care not to pull the line
- Check the line has no splits and that the skin around the line is not swollen, red, hot or painful to touch
- Rewash your hands and put on sterile gloves
- Using the Chlorhexidine 2% swab, clean the skin at the exit site as you have been shown. Clean the whole area for 30 seconds
- Allow the area to dry for 30 seconds
- Apply the steri-strips and the statlock device as you have been shown
- Apply the new dressing
- Wash your hands and clear away the equipment. Any used materials should be placed in the dustbin

## **Flushing your midline**

- Depending on how often you are having intravenous treatment; your midline needs to be flushed at least once a week with heparin sodium 50 units in 5mL
- If the midline is being accessed less frequently than every 8 hours, then the flush solution should be heparin sodium 50 units in 5mL
- If the midline is being accessed more frequently than every 8 hours, then the flush solution should be 0.9% sodium chloride 10mL

- Your midline will have a bung (sometimes called a hub) on the end of it. There are two types of bung – a needle free bung or a blind hub. The nurse will explain the difference. The bung should be replaced with a new one every week when the line is flushed
- It is vitally important that the whole procedure is carried out without introducing infection into the line, therefore always wash your hands before commencing the flush and never touch any part of the equipment that will be inserted into the line
- Gather together the following equipment:  
A small tray, a sterile dressing pack, a 10mL syringe, heparin sodium 50 units, or 0.9% sodium chloride 10mL, an individual 2% Chlorhexidine wipe, a green needle
- Prepare a clean area, wash the tray on which you will put the equipment and then wash your hands with soap and water and dry thoroughly
- Ensure the line is clamped
- Open the sterile dressing pack and turn out onto the clean tray. Open the packaging out fully, taking care not to touch the contents of the dressing pack, to create a sterile area
- Open the individual 2% Chlorhexidine wipe and drop onto the sterile area
- Open the syringe packet and drop the syringe onto the dressing pack without touching it. Then open the needle and drop onto the dressing pack in the same way
- Check that the heparin sodium 50 units or 0.9% sodium chloride is the correct solution and that it is not out of date. Using a piece of gauze or the syringe packaging to protect your fingers, break open the vial as you have been shown by your nurse, and then place on the tray
- Place the sterile towel under the line taking care not to touch the centre of the towel where the line rests
- Put on the sterile gloves
- Connect the needle to the syringe without touching the two parts that join. Holding the syringe, move the plunger up and down to loosen it and then place on the dressing pack
- Remove the sheath from the needle and, taking care not to touch the needle, insert it into the open vial of heparin sodium 50 units. Using both hands, draw up the solution and then expel any air from the syringe and needle. Remove the needle from the syringe and place the syringe back on the dressing pack
- **Needle free bung in place.** Clean the needle free bung on the end of the midline with the individual 2% Chlorhexidine wipe for 30 seconds and, holding the line, allow it to dry for 30 seconds

- **Blind hub in place.** Using a piece of gauze to maintain sterility, remove the blind hub from the end of the midline and clean the end of the midline with the individual 2% Chlorhexidine wipe for 30 seconds and, holding the line, allow it to dry for 30 seconds
- Insert the syringe into the end of the midline or needle-free bung using a gentle twisting action to ensure a good connection. **Do not insert needle**
- Open the clamp on your line and commence the flushing procedure as you have been taught in hospital. Use the push-pause technique of flushing over about half a minute as you have been shown in hospital
- Close the clamp on the line as you are nearing the end of the flush
- Remove the syringe from the needle-free bung and carefully dispose of the syringe, needle and glass vial in the sharps bin provided. Place a new bung on the end of the midline if needle-free bung not in place
- Do not be tempted to use an old syringe, needle or bung as you will introduce infection into the line. Always use new equipment each time you flush the line
- The needle-free bung should be replaced after 100 uses or after one week, whichever occurs first. This should be done as a sterilised procedure and will normally be done by the nurse caring for you
- You should make a note of when the needle-free bung is changed

If you experience any difficulty with your midline, or feel undue resistance when attempting to flush the line, please contact the hospital immediately for advice. **DO NOT** attempt to force the flush if you feel undue resistance.

## Removal of the midline

Once you have finished your treatment, or if your line needs removing because of other reasons, the nurse will remove your midline. After hand washing and putting on sterile gloves, the nurse will gently, yet steadily, pull the line out. The nurse will then press on the area for about a minute to prevent bleeding. A sterile dressing will be applied to the area. You are advised to keep the area dry for 24 hours in case of bleeding.

## Who to contact

If you have a problem or concern about any aspect of your midline, please contact a member of the hospital team looking after you.

They can be contacted on the number below:

Name: ..... Telephone: .....

## About this leaflet:

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If you have feedback regarding the accuracy of the information contained in this leaflet, or if you would like a list of references used to develop this leaflet, please email [pals@dchft.nhs.uk](mailto:pals@dchft.nhs.uk)



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