



Caring For Your Tunnelled Central Venous Catheter

Information for patients who have had a tunnelled central venous catheter inserted

You have been fitted with a tunnelled central line as part of your treatment plan. The tunnelled line is held in place by stitches and an adhesive dressing. It is important that your tunnelled line receives regular care and attention to ensure that it works well and that infection does not occur.

The tunnelled line 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, you or your main carer may be asked to change your tunnelled line dressing.

To help prevent infection it is important to keep your skin generally clean. If you can, you should have a daily bath, shower or strip wash. **You can get the dressing wet** – it is waterproof.

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 neck on the side of the body the line is in
- Pain in the chest or shoulder area
- High temperatures or shivering attacks
- Palpitations

Immediate after care

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

- It is important that you keep your tunnelled line 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 tunnelled line and change the dressing

- Gather together: a dressing pack, single use Chlorhexidine 2% Cleaning swab, Steri-strips, transparent dressing
- Wash your hands with soap and water and dry well, open the dressing pack
- Open the dressings and Chlorhexidine 2% disposable swab on to the sterile area, taking care not to touch them
- Carefully remove the old dressing, 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
- Rewash your hands and put on sterile gloves
- Using the Chlorhexidine 2% cleaning swab, carefully wipe around the line exit site, cleaning the whole area for 30 seconds
- Allow the area to dry for 30 seconds
- Apply the new dressing, ensuring the exit site is fully covered and the line is not kinked at all
- Wash your hands and clear away the equipment. Any used materials should be placed in the dustbin
- Rewash your hands and put on sterile gloves

Flushing your tunnelled line

- Your line must be flushed at least once a week, depending on how often it is being used for treatment
- If your line is only to be accessed once a week, you should use a sterile, single-use hub/cap to seal the end of the line. If your line is accessed more frequently, it may be fitted with a needle-free device/bung instead of the single use cap

- All hubs/cap 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 thoroughly before commencing the flush and never touch any part of the equipment that will be inserted into the end of your line

- Gather together the following equipment:

A small tray, a sterile dressing pack, three 10 mL syringes, 5mL heparin sodium 50units in 5mL, 10mL 0.9% sodium chloride, an individual 2% Chlorhexidine swab, two green needles, a sterile cap

- Prepare a clean area and wash and dry the tray on which you will put the equipment, then wash your hands with soap and water and dry thoroughly
- Clamp the line
- 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 white bung and drop onto the dressing pack in the same way
- Check that the heparin sodium 50 units 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
- Check that the 0.9% sodium chloride is the correct solution and that it is not out of date. 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 solution. 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
- Repeat the above with the 0.9% sodium chloride.
- Take a piece of sterile gauze from the pack and use it to protect your gloved hand and remove the white bung from the end of your line. Discard the gauze and bung without touching anything un-sterile

- Thoroughly wipe the open end of the line with the individual 2% Chlorhexidine wipe for 30 seconds and, holding the line, allow it to dry for 30 seconds
- Insert the empty syringe into the end of the line using a gentle twisting action to ensure a good connection. **Do not insert needle**
- Gently pull the plunger until blood is drawn up into the syringe. When you have withdrawn 5mL of blood into the syringe, close the clamp and remove the syringe
- Insert the normal saline filled syringe into the end of the line using a gentle twisting action to ensure a good connection. **Do not insert needle.** Flush the normal saline into the line. Close the clamp and remove the syringe
- Insert the heparin sodium 50mL filled syringe into the end of the line using a gentle twisting action to ensure a good connection. **Do not insert needle**
- Repeat the flushing procedure and close the clamp on the line as you are nearing the end of the flush
- Place the new sterile cap on the end of the line using a twisting action to secure it in place
- Carefully dispose of the syringe, needle and glass vial in the sharps bin provided. Dispose of the used dressing pack in the dustbin
- 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
- Always use a new cap every time you access the line, unless it has a needle-free bung in place
- **Needle-free bungs.** When your central line is requiring frequent access, for example when you are receiving daily treatment, your line may be fitted with a needle-free bung. The end of the line must always be cleaned using the same method above before accessing the line via the needle-free bung. The needle-free bung should be changed every week or after 100 uses, whichever comes first.

If you experience any difficulty with your tunnelled line, 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.

Who to contact

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

They can be contacted on the number below:

Name: Telephone:

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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



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