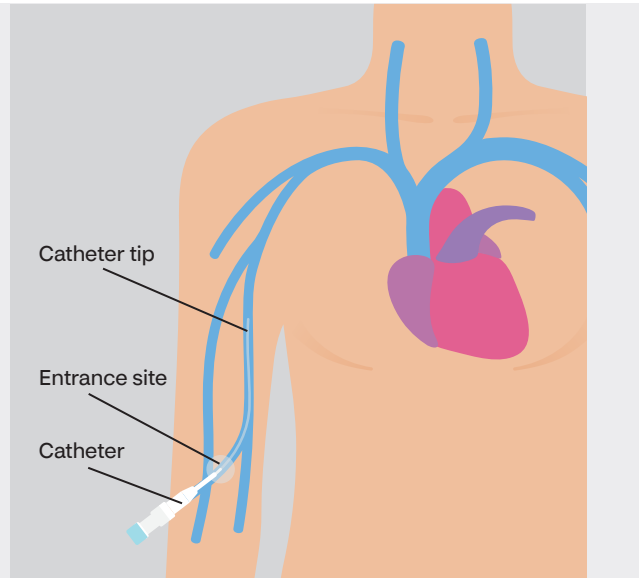


Caring for your Midline Catheter

A midline catheter is a catheter that is made of soft, flexible material. It is inserted into your arm vein. This is often done just above or below the inner bend of your elbow. It is then guided several inches into the vein in your upper arm. A midline allows you to receive medications that could cause damage if given through one of the smaller veins in your lower arms or hands. A midline cannot be used for all types of medications. A midline catheter is typically used for therapies lasting less than one month.



How is the midline placed?

A doctor or a specially trained nurse will place the midline into your arm. This will happen in the hospital, in an outpatient clinic, your doctor's office or in your home. Using a needle and a guidewire, the doctor or nurse inserts the midline into a vein in your arm. From there, the line is guided several inches into the vein where it ends in your upper arm below your arm pit.

Once the catheter is in the correct position, the guide wire is removed, and the midline is left in place. This procedure, while slightly uncomfortable, will not take long to perform. You should not feel pain after the insertion is completed. The catheter site is secured by tape or sutures. Then a sterile dressing is placed over the site to protect it.

How long can my midline stay in place?

Your midline can stay in place for as long as it keeps working as it should. Your nurse will teach you about signs and symptoms of a catheter infection, how to prevent midline problems and when to call your doctor or nurse.

How do I care for my midline?

The midline dressing change is a sterile procedure. Your nurse will change the dressing at least weekly and watch for any problems at the site. In some cases, the nurse may teach you or your caregiver how to change this dressing. The injection cap(s) at the end of your catheter will be changed at least weekly. This may be done more often depending on your medication and whether your midline is being used to get blood for lab tests. Depending on your doctor's orders and the type of midline you have, your nurse will let you know if lab tests can be drawn from the midline. Your nurse will teach you and your caregiver how to flush your midline after each use and when it's not in use. This helps to keep your midline open and able to receive medications.

What precautions should I take with my midline?

You will need to check your catheter site and upper arm before every dose of medication. Some medications are more likely than others to irritate the vein in your arm when given through your midline. The symptoms may not happen right away; you may notice them after several days or weeks of taking the medication. Your Coram^{®*} team will teach you to take extra steps if you are taking one of these medications.

You'll also look daily for signs of infection or vein problems such as pain, tenderness, redness or swelling. Because the tip of the catheter is near your upper arm, you may feel these symptoms there or you may feel them closer to the catheter dressing. **Contact your Coram team right away if you notice any pain, tenderness, redness or swelling.**

NEVER use scissors to remove tape or dressing from around your catheter or exit site. Always secure your midline at the catheter exit site to help prevent the tubing from snagging objects and possibly tearing or pulling out.

Bathing

The catheter site on your arm must be kept dry. You may bathe or shower as long as you protect the site with a water-resistant cover. Never submerge your catheter site in water. Keeping your midline dressing clean and dry helps prevent infections. If the midline dressing gets wet, call your nurse for help with a dressing change. If you have been taught how to change your midline dressing, change it right away after it gets wet. Make sure you notify Coram if you use an extra dressing kit. We'll replace any dressing kits you have used. If you need more midline supplies, contact your Coram team.

Using plastic wrap to keep the midline dry

- Cover the midline dressing with a sock or other absorbent material.
- Wrap the arm with a plastic wrap (preferably a self-sealing one). Cover the entire dressing and line.
- Make sure water does not run down the arm beneath the plastic wrap while you bathe or shower.
- Remove the plastic wrap and absorbent material right after bathing or showering. Check that the midline dressing is dry.

What problems can I have with my midline?

You likely won't have any problems with your midline while at home. But if you do, most issues can be resolved safely and easily at home. Below are some common problems and tips to help you manage them.

How to Manage Problems with Your Midline

Problem	Signs to Watch For	Actions to Take
Air embolism (air in midline)	<ul style="list-style-type: none">• Trouble breathing all of a sudden• Cough or pain in your chest, neck or shoulder that doesn't go away• Feeling dizzy or confused	<p>THIS IS AN EMERGENCY – CALL 911</p> <ul style="list-style-type: none">• Clamp the catheter right away near where it enters your arm• If possible, lie down with your head lower than your hips and feet, and remain calm and quiet• Avoid air in the midline:<ul style="list-style-type: none">- Secure the injection cap on your catheter- Never remove the cap unless your catheter is clamped- Never use force to flush the catheter

How to Manage Problems with Your Midline

Problem	Signs to Watch For	Actions to Take
Infection	<ul style="list-style-type: none"> • Fever (100.4°F or higher), with or without chills • Pain, warmth, swelling, drainage with or without an odor at the site • General muscle aches and soreness • Decrease in your activity level due to fatigue 	<ul style="list-style-type: none"> • Call your doctor or nurse right away • Avoid infections by: <ul style="list-style-type: none"> - Taking steps to avoid contaminating the catheter and the supplies you use - Washing your hands before starting any procedure
Migration (movement) of the catheter out of the vein	<ul style="list-style-type: none"> • A change in the length of your catheter from where it enters your body (looks longer or shorter) 	<ul style="list-style-type: none"> • Call your doctor or nurse right away • NEVER push the catheter back into your vein; the catheter may need to be repositioned or replaced • Apply pressure to the exit site using a gauze dressing if the catheter falls out completely
Break in catheter, accidental cut	<ul style="list-style-type: none"> • Fluid or blood leaking from the catheter site • Visible cut or tear in the catheter material 	<ul style="list-style-type: none"> • Call your nurse right away; your catheter will need to be repaired or replaced • Clamp catheter between where the midline line enters your arm, and where the cut or tear is located • Avoid a break in the catheter by: <ul style="list-style-type: none"> - Never using scissors near your midline - Never using force to flush your midline
Phlebitis (swelling of the vein)	<ul style="list-style-type: none"> • Redness, warmth and tenderness along the vein above the insertion site • Occurs usually within 3-5 days after the catheter was inserted 	<ul style="list-style-type: none"> • Call your nurse right away • Elevate your arm on pillows • Apply warm moist compress, only if instructed by your nurse

How to Manage Problems with Your Midline

Problem	Signs to Watch For	Actions to Take
Occluded (blocked) catheter	<ul style="list-style-type: none"> • Having trouble flushing your catheter with saline or heparin using normal pressure 	<p>Call your nurse to report any trouble with flushing your catheter. To avoid an occluded catheter:</p> <ul style="list-style-type: none"> • Flush your midline regularly as you have been taught • Make sure that all clamps are open and there are no kinks in the catheter when you try to flush • DO NOT use extra pressure when flushing your catheter • Flush your midline anytime you see blood backing up, as instructed by your infusion nurse
Loose or disconnected cap	<ul style="list-style-type: none"> • A cap that fits loosely or comes off the catheter; air or bacteria can enter the catheter (see “Infection” and “Air embolism” sections) • Fluid or blood that leaks out near the cap 	<ul style="list-style-type: none"> • Report any problems or disconnections with your end cap to your nurse right away • Securely tighten the cap; be careful not to over-tighten, which may crack the cap • If your end cap becomes disconnected: <ul style="list-style-type: none"> - Make sure the catheter is clamped - Clean the end of the catheter with an alcohol pad for 15 seconds and replace with a new sterile cap, as shown by your nurse - Discard the old cap. Do not re-use

Please refer to your **SASH Teaching Mat** for more tips on how to avoid catheter problems.

What can I expect when my midline is removed?

Your nurse will tell you when the doctor has asked to remove the midline. The catheter may be removed at your doctor's office, in the ambulatory infusion suite or at your home. The dressing will be removed, and the catheter will be gently and slowly pulled out. Most patients feel little or slight discomfort or pressure when their catheter is removed. After your midline has been removed, a gauze dressing will be placed over the exit site. You may remove this dressing after 24 hours.

To help your catheter exit site heal:

- Avoid heavy lifting or vigorous activities for 24 hours
- Keep the exit site dry for 24 hours

Will I experience any symptoms after my midline catheter is removed?

Call your doctor after your midline has been removed if you have any of these symptoms:

- Fever of 100.4°F or greater
- Chills
- Drainage from the exit site
- Redness, warmth, swelling or a pink/red streak going up your arm
- A "knot" at the exit site or anywhere in the arm
- Swelling under your armpit or anywhere in the arm from where the midline was removed

*Coram® CVS Specialty® Infusion Services.

SASH (S: Saline; A: Administration of Medication; S: Saline; H: Heparin).

This information is not a substitute for medical advice or treatment. Talk to your doctor or health care provider about this information and any health related questions you have. Coram assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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