

## Midline IV Catheter Education Plan

### Getting Ready to Learn About a Midline Catheter

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review the following information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once. We will be giving you information in small bits over several days. If there is something you don't understand, "It's OK to Ask" us to explain.

### What I Need to Learn About Midline IV Catheters

By the time I leave the hospital; I will be able to tell the staff:

1. Why I need a midline catheter.
2. Things I should do differently because I have a midline catheter.
3. The purpose of the midline catheter dressing, the caps and the flushing of my midline catheter.
4. What I need to look for if there is something wrong with my midline catheter and what to do about it.
5. Who will be caring for my midline catheter at home.

**The staff will use three questions and answers to teach me about my midline catheter:**

- What is my main problem?
- What do I need to do?
- Why is this important to me?

The staff will ask me to repeat back important points in my own words, or ask me to show them what I have learned. They want to make sure that I know about my midline and what to do if I have problems.

### **What is my main problem?**

I need to have a way to receive medicines through an IV at home. I have a midline catheter and will be going home with it in place. I need to know what a midline is, how to care for my midline and what complications to watch for.

### **What do I need to do?**

I will be able to tell the staff why I need a midline and what a midline is.

- A midline is used to give the medicine that I need to receive through a vein.
- A midline is a small tube put into a vein in my arm. The midline is around 6-8 inches long. The tip of the midline lies inside a vein at or below my armpit.
- The midline can stay in place for up to 29 days.
- The midline can sometimes be used to draw blood.

I will be able to tell the staff what I need to do differently because I have a midline.

#### General care

- Always wash my hands with soap and water or use a hand sanitizer before doing anything with my midline. The area where I store my midline supplies and do my midline care should be free from dirt and dust.

#### Bathing

- I will be able to take a bath or shower with my midline in. I need to cover the midline dressing with plastic wrap then tape the top and bottom edges of the wrap. This should keep the dressing from getting wet. If the dressing does get wet, I should call my nurse to have the dressing changed as soon as possible.

### Using the arm with the midline

- Normal arm use is fine. I shouldn't do activities that will stress my arm such as playing sports. I should avoid activities that require repetitive motion of my arm. I should not lift more than 10 pounds.

I will be able to tell the staff the purpose of the midline dressing, the caps and the flushing of my midline.

### Dressings

- A dressing must always cover the area where the midline goes into my skin. The dressing should be changed weekly. The dressing should be changed if the edges or parts of the dressing are no longer tightly sticking to my skin. The dressing should be changed if it becomes wet.
- I should never touch the area where the midline enters my skin if the dressing is off.
- A nurse will change the dressing in the hospital, at my doctor's office, an infusion center or at home. I should call my nurse, infusion center or doctor's office if the dressing needs to be changed early because it is no longer tightly sticking to my skin or if it is wet.

### Changing the cap

- There is a cap at the end of the midline. The caps may be different colors depending on what brand is used. The cap is changed once a week. The nurse will change the cap when they do the dressing change.
- The cap keeps air and bacteria from entering my midline.

### Flushing my midline

- The inside of my midline has to be kept open so that the medicines or fluid can flow into the vein. The midline is kept open by filling it (called flushing) with normal saline when the midline is not being used. The nurse will do this in the beginning. Later the nurse may teach me, or someone in my home, to flush the midline.

I will be able to tell the staff what I need to look for if there is something wrong with my midline and what to do about it.

### Bleeding

- It is normal to have a small amount of bleeding right after the midline is put in.
- I may be more prone to bleeding from my midline site if I am taking blood thinning medicine.
- What should I watch for? Visible blood under the dressing bigger than the size of a quarter after the first dressing change. Pain or swelling in the elbow area could mean there is bleeding inside (under the skin).
- What should I do? I should press firmly with my fingertips, over the dressing, at the site, for 10-15 minutes. If the bleeding does not stop, I should call my nurse or doctor. I should also call if I notice pain or swelling in my elbow.

### Midline movement

- The midline could pull out part way or all of the way.
- What should I watch for? If my midline seems to be longer than it was when it was put in or has come out all the way.
- What should I do? I should make sure the dressing is stuck to my skin well. I should avoid activities that need more than normal arm movement. I should never push the midline back into my skin. I should cover the site with a gauze or bandage and call my nurse or doctor if the midline has come out.

### Infection

- This is when germs get into the skin around my midline or into my blood stream.
- What should I watch for? If there is an infection where the midline goes into the skin I might see redness, swelling or drainage. It may also become painful or tender. If germs get into my bloodstream I could have chills, a fever or feel tired.
- What should I do to prevent infection? I should:
  - Always wash my hands or use hand sanitizer before doing anything with my midline. Anyone who uses my midline should always wash their hands.
  - Follow the plan for dressing and cap changes.

- Call my nurse or doctor if the dressing needs to be changed early because it is no longer tightly sticking to my skin or if it gets wet.
- Clean the end of the midline with an antiseptic pad for at least 30 seconds before putting anything into it.
- Never touch the bare skin where my midline goes in.
- Never push the midline back into my skin.
- Not allow pets near my midline.
- I will call my nurse or doctor if I have any signs of infection.

#### Clogged midline

- A blood clot or a clump of the medicine that is running into the midline can cause the midline to clog.
- What should I watch for? If my midline is clogged I may find it is hard to flush. My medicine may drip very slowly.
- What should I do? I should never push hard when trying to flush my midline. I don't want to push too hard because it can make the clog go into my body or cause the midline to break. I should call my nurse or doctor if I think the midline is clogged.

#### Blood clot

- Sometimes a blood clot can block the flow of blood in the vein.
- What should I watch for? A blood clot can cause pain or swelling in my hand, arm, shoulder, chest, or back.
- What should I do? Call my nurse or doctor if I have any signs of a clot.

#### Tears or breaks in the midline

- The midline is soft and stretches easily. Stretching the midline or pushing too hard to get the fluid in can cause tears or breaks in the midline.
- What should I watch for? I should watch for fluid leaking from the midline or under the midline dressing when I flush it.
- What should I do? If the midline tears or breaks, I should clamp the midline between the break and my skin. I should call my nurse or doctor right away.
- To keep the midline from getting a tear or break I need to make sure the midline dressing is stuck on well. I should never push hard to flush the midline. I should never use scissors or sharp

things near the midline. I should not allow pets near my midline.

#### Skin irritation

- My skin may become irritated from the dressing or tape.
- What should I watch for? Redness, tenderness or blisters under the dressing.
- What should I do? Call my nurse or doctor.

Fluid leaking from the midline site where it enters my skin.

- Fluid may leak while I am getting my IV medicine.
- What should I watch for? Fluid under the dressing or leaking out of the dressing.
- What should I do? Stop my IV medicine and call my nurse or doctor.

I will be able to tell the staff who will be caring for my midline at home.

Care may be provided by:

- A home health care nurse.
- My primary care doctor.
- An infusion center.

#### **Why is this important to me?**

- To keep midline complications from happening.
- To know what to do if a complication is seen.

As part of my care and to help me understand my midline, I have received:

- Midline Education Plan

## Personal Midline Information

I have a \_\_\_\_\_ brand midline line inserted by

\_\_\_\_\_.

My midline has been trimmed at the \_\_\_\_\_cm mark.

The mark at my skin is \_\_\_\_\_cm.

My midline is in the \_\_\_\_\_ vein.

If I have any questions or problems, I may call the following:

\_\_\_\_\_ My home-care agency: \_\_\_\_\_

\_\_\_\_\_ My doctor: \_\_\_\_\_

\_\_\_\_\_ My infusion center: \_\_\_\_\_

\_\_\_\_\_ Vascular Access Specialist Team (VAST) at Bronson,  
call the hospital operator at (269) 341-7654 and ask them to  
page the VAST nurse. VAST is available 24 hours a day, 7  
days a week.

Post this page in an easy to remember place such as on your refrigerator.

## **Midline IV Catheter Education Plan**

### **Resources for Staff**

- INS (Intravenous Nurse Society) Manual

### **Teaching Tools**

- Midline IV Education Plan

### **References**

- INS (Intravenous Nurse Society) Manual

Always close each teaching session with the question, “What questions do you have for me?”

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