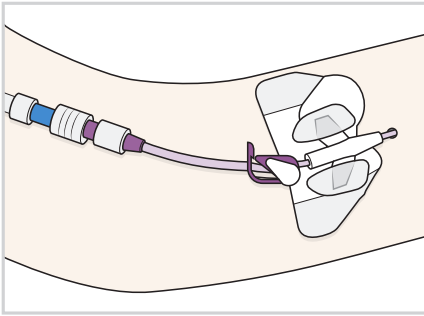


WHY YOU ARE GETTING A MIDLINE



An order has been placed to give medication directly into your blood. Some medications work better if they do not have to go through your stomach like with a pill. We will place a tube called a midline catheter.

What will happen and permission to place device

In order to do this, the nurse will place a small plastic tube through your skin into a vein and give the medication into your blood. This is a sterile procedure that can be performed right in your room. The nurse will need your permission to do this.

Where it should go and how the procedure is performed

The nurse will decide with you if the midline will be placed on your right or left arm. The midline will go in a large vein in your upper arm, above the bend of the elbow. The tip will be in your arm below your armpit. Medicine will be given in the large vein in your upper arm. If you have kidney disease or if you have had surgery with lymph nodes taken out, please tell the nurse placing your midline, as these require special precautions.

Numbing medicine will be used when a midline is inserted. The midline will be placed with a needle, and then the needle is taken out. When the procedure is finished, a small tube will be left in

place. The midline will have a dressing protecting it. The nurse will add something to hold the midline in place and a dressing will cover all of it. There might also be something added to help prevent infection where the midline goes through the skin. Make sure the nurse in your room washes their hands and wears a mask when your midline is inserted. The nurse will need to clean off the table then set up a sterile field to hold supplies for placing your midline.

What you can do to help prevent infection

We do not want you to get an infection from the midline, so we have to be extra careful to take care of it. Anytime a nurse uses your midline, they should wash their hands. Before anything is attached to the midline or the tubing, the place where it connects will need to be cleaned very well.

Your midline will need to be flushed before medicine is given through it, and again when the medicine is finished. The nurse can do this with a syringe of fluids called a “flush syringe”. It will need to be flushed at least once every day and every night even if no

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medications are given through the midline. You might taste or smell something salty or like metal when your midline is flushed. This is normal and does not cause a problem.

The dressing protects your midline and helps hold the midline in place. The dressing should be clean and stay on your skin all the way around. If the dressing is loose or wet, it needs to be changed. The dressing will need to be changed every seven days. When the dressing is changed, everyone in the room should wear a mask, the table will need to be cleaned in order to set up a sterile field. This sterile field will hold supplies to replace your dressing.

It is important for the dressing to stay in place. If it comes off your skin, the nurse should not add more tape, the dressing needs to be replaced.

What you should inform your nurses of

If the pump is alarming, the medicine is not going into your blood in the vein, as it should. The nurse might not hear the pump alarming. Use your call light for someone to fix the alarm.

Sometimes connections are loose and your midline might leak. Sometimes, a midline will leak where it goes into the skin. If your midline is leaking, tell the nurse so it can be fixed.

If you see blood in the tubing, this is not a problem at all, but it will need to be flushed back into the vein with a flush syringe. If your midline does not flush or the nurse cannot pull blood from your vein, the midline is not working correctly and may need to be fixed. You may need a new one.

Midlines should not be painful. Pain is the very first sign your midline is starting to have problems. If you have pain at the insertion site or in your upper arm, it needs to be checked immediately. An ultrasound can be used to look inside your arm for any problems. Your arm may need to be measured around to see if it is swollen. If it is red, swollen, or warm to the touch or if the skin is tight, your midline may need to be removed. If your midline needs to be removed, it is okay to ask if the medication can be taken in by mouth, sometimes it is fine to switch after the first doses are given through a midline.

After the midline is out, here's how to care for the site, what to watch for and report

When the last of the medicine is finished, the midline should be taken out. There is no reason to keep it "just in case" because it can still become infected if left in place. After the midline is out, there might be a little soreness at the site. A warm compress applied on and off for 20 minutes at a time may feel good. If the pain is severe, the site is hard, or if you begin to have a fever, it is important for you to tell the nurse or your doctor.

Where to find accurate information

If you have any questions or concerns it's best to ask your doctor. We want to be certain the information you have is accurate. On the internet, there are places for good information and some incorrect information, be careful to check what you read and hear.