

Patient Information

Central Line Catheter

What is a central line catheter?

A central line catheter, or “central line,” is a special kind of IV. It goes into 1 of your large veins, most often in the neck or chest (*figure 1*). Sample brand names for central line catheters include Broviac, Hickman, Groshong, and Hohn. You might also hear the central line called a “central venous catheter” (“CVC”). A central line can stay in place for weeks or months.

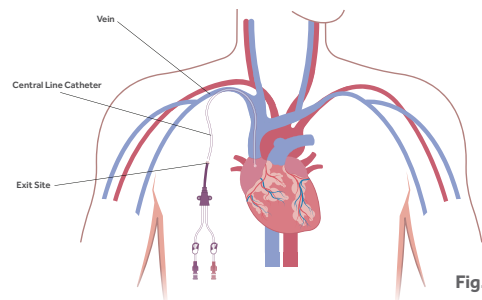


Fig. 1

How do I take care of a central line catheter?

Your nurse will provide training on how you should care for your central line. Make sure that you understand exactly what you need to do to care for it yourself. Ask questions if there is anything you do not understand.

Your nurse will assist with your central line care by providing dressing changes at a frequency required for your type of central line. Be sure to keep all appointments and follow instructions provided by your nurse. Call your nurse if the dressing is wet, loose, or dirty. Having a central line may increase your risk of infection if not properly cared for. This is why it's so important to take care of it.

How do I flush the central line catheter?

Flush all of the lumens every day, or as instructed, with a sterile fluid. You should also flush a lumen after it is used to give medicine. This helps keep the central line from getting blocked. Your doctor will order heparin, normal saline, or another solution for you to use when you flush the central line.

- Gather your supplies, and place them on a clean workspace. You need alcohol wipes and a 10-mL syringe filled with the fluid to flush the central line. (If you are flushing a child's central line, the doctor might tell you to use a smaller amount of fluid.) If you are flushing more than 1 lumen, you will need an additional set of supplies for each lumen.
- Wash your hands thoroughly with soap and water.
- Scrub the top and sides of the cap for at least 15 seconds with an alcohol wipe. Let dry.
- Remove the end cap from the syringe, and check for air bubbles. Slowly push the syringe plunger forward until all of the air is out of the syringe.
- Screw the syringe onto the end of the cap on the central line.
- Unclamp the central line (if you have a clamp), and inject the fluid into the central line. The doctor or nurse will tell you which method of flushing is best for your central line. You might be told to:
 - Flush slowly and steadily until the syringe is empty, then clamp (if the central line has a clamp).
 - Flush slowly until the syringe is at the 7 mL mark, then pause for a second. Next, flush slowly until the syringe is at the 4 mL mark, then pause for a second. Finally, flush slowly to the 1 mL mark. As you reach the 1 mL mark, hold pressure on the syringe and clamp the central line before you get to the very bottom of the syringe. This example is using 10mL of flush. The amount you give might be different.
- Remove the syringe from the central line.
 - If your central line does not have a clamp, or you were told not to clamp the line, remove the syringe just before the black stopper reaches the bottom of the syringe.
- Repeat these steps for each lumen of the central line.
- Use new supplies for each lumen. Do not reuse the same syringe.
- Throw out any used swabs, wipes, or other supplies. Throw away syringes into a “biohazard” container designed for used syringes. Do not throw away syringes in the trash.
- Wash your hands with soap and water.

What else should I know?

While your central line is in place, you should:

- Avoid contact sports or rough play.
- Keep sharp objects (such as scissors) away from the central line.
- Avoid swimming.
- Keep the dressing covered when showering. Call your nurse to change the dressing if the dressing becomes wet, loose, or dirty.
- Make sure that the central line is secured with special central line holders or tape.
- If your central line has a clamp, keep the central line clamped when it is exposed to air. For example, it should be clamped when connecting an IV or when the cap is being changed. The doctor or nurse will teach you when and how to clamp the central line correctly.
- Check every day for signs of infection, including: redness, warmth, swelling, pain or fever.

When should I call the doctor?

- If you have symptoms of infection. These include a fever of 100.4°F (38°C) or higher, chills, and redness, drainage, warmth, stinging, or pain where the central line goes into your skin.
- **There are problems with the central line, like:**
 - The central line falls out all of the way or part of the way.
 - There are breaks, cracks, or leaks in the central line.
 - You are not able to get the medicine or flush solution through the central line.
 - You are not able to get a blood return from your central line.
 - You have any concerns about your central line.
- You have sudden shortness of breath or chest pain.
- You notice swelling on the face, neck, or chest on the side of the line, or swelling or bulging veins around where it enters your skin.