

Vascular Access Team

My child needs a Midline

Information for parents and carers

What is a Midline?

It is a long thin tube inserted into your child's hand, arm or leg; it is longer than a normal drip / cannula. The end of the tube sits in a larger part of the blood vessel, closer to the centre of the body. The other end of the tube has small white wings and a clear tube. This is what you will see coming out of the skin at the exit site.

Why does my child need a Midline?

A midline is needed when it is expected that the treatment your child requires through their veins (intravenously) could continue for approximately five days to two weeks. This could include blood products, medications or fluids.

Do I have to give my permission for it to be put in?

Yes, permission is usually obtained and the reason why a midline is needed will have been explained before it is inserted. However, if treatment must start straight away a midline can be inserted without consent.

How can my child be prepared?

A play specialist can be present before and during the procedure to provide preparation and distraction therapies.

How long will it take to put in?

This can vary from child to child and the team inserting the line will discuss this with you when the reasons it is needed are explained.

Will it hurt?

Needles can hurt however the 'magic cream' helps to minimise pain and discomfort during the procedure. The cream may be applied to several areas to give the doctor or nurse a choice of the best vein to use.

Are there any complications?

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For babies up to 6-8 weeks of age, sucrose (a sugar-based liquid) an alternative is used, it is dripped onto the dummy or your babies tongue before and during the procedure. It helps to distract your baby from the procedure.



Side effects and complications

The area where the 'magic cream' has been applied can sometimes become red. This usually settles within a short space of time. An alternative local anaesthetic cream called emla is available, if required.

The site where the midline enters the vein and along the vein the midline is in will be checked regularly by your child's nurse so any potential complications will be picked up early. These can include redness, swelling or tenderness.

If you are concerned please speak to a member of the nursing staff.

What are the benefits?

This procedure can usually be carried out in the ward, in your child's bed space where they are comfortable, and you can be present. A general anaesthetic is not generally required for this procedure. Your child will be able to receive the medication and fluid they need quickly.

A midline has the potential to last longer than a normal drip/cannula therefore reducing the number of times your child may need to have a needle.

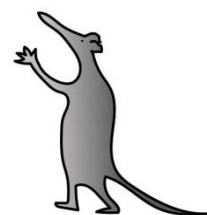
Is there any other treatment my child could have?

Your child needs to have a midline put in because it is expected that they need to have medication or fluids. If a midline is not put in, then your child could need a number of cannula depending on their treatment plan. Also, a cannula may not be a suitable line to be used for their treatment. A midline will make treatment easier and more comfortable for your child.

What will it look like?

Once the midline is in, it will be secured with a 'teddy bear dressing'.

The picture below shows what it will look like.



It may also be covered with an extra covering called tubifast, which is a soft cotton covering (alternative to a bandage).

Can my child go home with a midline?

Your child could go home with the midline still in, if the medical team responsible for your child's care feel it is appropriate and safe for them to continue their treatment at home.

What support will I get at home?

The community nursing team will support you at home.

Aseptic Non-Touch Technique (ANTT)

Your child's midline will be accessed in order to deliver medication, blood products or fluids via a trained nurse or doctor. The technique used to access your child's midline is called ANTT (Aseptic Non-Touch Technique). This is an evidence based clinical practice for preparation and administration of intravenous therapy. Research shows that using ANTT is best clinical practice for accessing intravenous lines and reducing risk of infection.

You should see:

- The nurse / doctor cleans their hands with soap and water or alcohol gel.
- Put on a pair of gloves prior to accessing your child's line.
- Scrub the end of the intravenous line device for 20 seconds with a large wipe and allow it to dry for 20 seconds.
- Gather all equipment safely and remove it from your child's bed space once the medication has been administered

This leaflet only gives general information. You must always discuss the individual treatment of your child with the appropriate member of staff. Do not rely on this leaflet alone for information about your child's treatment.

This information can be made available in other languages and formats if requested.

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