

Midline Catheter Policy

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Purpose

To guide staff in safe management of the Midline Catheter.

Scope

Level one endorsed staff (exclusions EN's and IV Technicians).

Associated documents

[Peripheral IV policy](#)

Definition

A peripheral catheter which is between 7.5cm and 20cm in length. Midline catheters are not centrally placed so are therefore not treated as Central Venous Access Devices. They will be differentiated from peripherally inserted central catheter (PICC) with the addition of an orange midline catheter label.

Criteria

- For the infusion of isotonic or near isotonic solutions that are required for longer than 4 days and up to 1-4 weeks.

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- Level 1 endorsement is required to manage Midline catheters (i.e. Level two endorsement is not required).
- Midline catheters must be labelled with a new orange midline label at dressing change. Radiology will supply additional labels for areas use.

Insertion

Midline catheters are inserted in radiology department by the PICC nurse Inserter team.

Contraindications

- Therapies not appropriate include continuous vesicant chemotherapy, parenteral nutrition medications /solutions with pH less than 5 or greater than 9.
- Must not be used for blood sampling, as not reliable.
- Tourniquets or blood pressure cuffs must not be used on the arm where the Midline is indwelling.

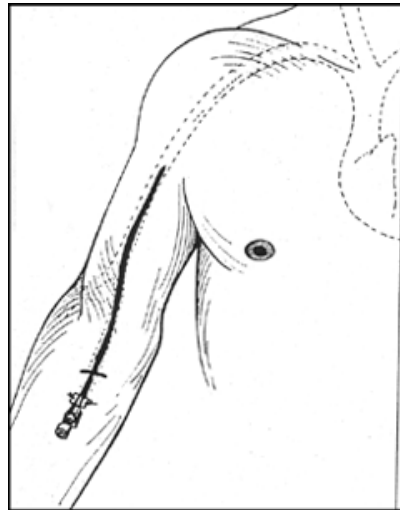
Documentation and maintenance

- Positive displacement devices **must be used** to maintain patency.
- Documentation is as per the CVAD management form management – add insertion into Patient track as promptly as possible.
- Midlines must be flushed at least once per shift with a pre-filled 0.9% Sodium Chloride 10 mL syringe.
- Visual Infusion Phlebitis (VIP) scoring will be performed on each occasion prior to accessing the midline catheter.
- Phlebitis scoring and documentation is required as per peripheral cannulae.
- Midline catheters dressing requirements are as per the PICC dressing procedure.

Removal

- Removal is determined by the patient's condition, completion of change in therapy, presence of inflammatory process or catheter dysfunction.
- Removal is determined by the VIP score of greater than 2, by a Registered Nurse.
- A Midline catheter must be removed if the tip location is no longer appropriate for the prescribed therapy.
- Where the patient reports discomfort or pain related to the midline then removal must be considered.

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Measurement/Evaluation

IV Clinical Practice Observation Audits - Peripheral IV audits
Incident management review

References

- Intravenous Nursing New Zealand Inc. Infusion Therapy Standards of Practice (2016)
- Infusion Nurses Society. (2010). Infusion Nursing: An Evidence – Based Approach. 3rd Edition. Saunders: Massachusetts, USA
- RNAO - Royal Nursing Association of Ottawa International Affairs and best practice Guidelines
- Centres for Disease Control. (2011). Guidelines for the prevention of intravascular catheter-related infections. *Morbidity & Mortality Weekly Report*, 51(RR10):1-32.

Policy Owner	Nurse Consultant Vascular Access
Policy Authoriser	Chief Medical Officer & Executive Director of Nursing
Date of Authorisation	

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