Patient Information to be retained by patient

NHS
Royal Cornwall Hospitals
NHS Trust

Midline insertion

affix patient label

What is a midline and why is it used?

A midline is a fine plastic tube, measuring between 7.5cm and 20cm in length, that is inserted into one of the large veins of your arm. It is used to give you treatments into your vein over a long period of time. These treatments include blood, medication and fluid. It can also be used for taking blood samples. The midline can stay in place for up to eight weeks if necessary.

What are the benefits?

Because the midline can stay in for longer, it means that a needle won't have to be inserted into your veins every three days. It also may allow you to have your treatment at home or as an outpatient.

What will happen?

Before the procedure, the healthcare practitioner will discuss with you what the procedure involves, the reasons for having it and the potential risks. You will then be asked to sign the consent form overleaf. Blood tests may be taken to ensure that the procedure is as safe as possible.

Your skin will be thoroughly cleaned with an antiseptic liquid and local anaesthetic may be used to numb a small area of skin. A sterile sheet will be placed over the area to keep the procedure as clean as possible. A bedside ultrasound scan will be carried out to identify the vein and associated structures. The midline tube will be inserted using a needle in the skin, then will be fixed in place with a transparent dressing.

The whole procedure will take around thirty minutes to complete. Once the midline is in place, it can be used straightaway.

What are the possible risks or complications?

Midline insertion is a safe procedure. As with any procedure, there are a small number of risks:

- **Pain or bruising** at the site of insertion of the midline.
- **Infection** – this could be a local infection of the skin or a bloodstream infection. If this is the case, the infection will be treated with antibiotics. Occasionally, the midline would have to be removed.
- **Incorrect position of the midline** – if this is the case, the midline would have to be removed and reinserted or an alternative option would have to be considered.
- **Damage to other surrounding structures** – this risk is reduced by using an ultrasound scanner.
- **Blood clot in the arm** – having a midline sitting in the vein means there is a risk of a blood clot in this area
- **Procedure failure** – in some cases, the veins can be too small to allow for insertion of the tube. If this is the case, alternative options will be discussed with you.
- **Movement of the midline** – in rare cases, it may become displaced either partially or fully.
- **Air in the midline** – air should not get into the midline. The clamps on the line should always be closed when the midline is not in use.

What should I look out for?

If you have any concerns or experience any of the following symptoms:

- swelling, redness, leakage or pain around the midline insertion site
- any fevers
- the midline falls out partially or completely

seek medical advice through the department where the procedure was undertaken or via your GP.

How is the midline removed?

When the midline is no longer needed, it will be removed. A nurse will be able to do this for you. It is a painless procedure where it is gently pulled out. A pressure dressing will then be put over the site to prevent the wound from bleeding.

Contact us

If you have any questions, worries or concerns, please phone SDMA on 01872 253277.

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690

CONSENT FORM 1
PROCEDURE SPECIFIC PATIENT AGREEMENT

NHS
Royal Cornwall Hospitals
NHS Trust

NHS number: .....
Name of patient: .....
Address: .....
Date of birth: .....
CR number: .....

AFFIX PATIENT LABEL

Midline insertion

A procedure to insert a tube into a vein in your arm, which can be used to give medication and take blood samples for testing

STATEMENT OF HEALTH PROFESSIONAL (to be filled in by health professional with appropriate knowledge of proposed procedure, as specified in consent policy)

I have explained the procedure to the patient. In particular, I have explained the intended benefits:

- *Longer term intravenous access*
- *Access for blood sampling.*

Significant, unavoidable or frequently occurring risks:

- *Infection*
- *Pain or bruising at the site of infection*
- *Incorrect position of the midline*
- *Damage to the surrounding structures*
- *Procedure failure*
- *Movement of the midline.*

Uncommon, rare or serious risks:

- *Blood clot in the arm*
- *Air embolism.*

Any extra procedures which may become necessary during the procedure:

- *Other procedure (please specify):*

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient.

I have given and discussed the Trust's approved patient information leaflet for this procedure: Midline insertion (CHA4554) which forms part of this document.

I am satisfied that this patient has the capacity to consent to the procedure.

This procedure will involve: ☐ General and/or regional anaesthesia ☐ Local anaesthesia ☐ Sedation

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

STATEMENT OF INTERPRETER (where appropriate)

I have interpreted the information above to the patient to the best of my ability and in a way in which I believe he/she can understand.

Interpreter signature: ..... Name (PRINT): ..... Date: .....

CHA4554 V1
Printed 04/2021 Review due 04/2024

affix patient label

STATEMENT OF PATIENT

Please read this form carefully. If your treatment has been planned in advance, you should already have a copy of the patient information leaflet which describes the benefits and risks of the proposed treatment. If not, you will be given a copy now. If you have any further questions, do ask - we are here to help you. You have the right to change your mind at any time, including after you have signed this form.

I agree to the procedure or course of treatment described on this form.

I understand that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.

I understand that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia).

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I understand that tissue samples will only be taken in relation to the procedure explained to me. No samples will be taken for quality control, clinical education or research purposes.

I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion.

.....

I have received a copy of the Consent Form and Patient Information leaflet: Midline insertion (CHA4554) which forms part of this document.

Patient signature: ..... Name (PRINT): ..... Date: .....

A **witness** should sign below if this patient is unable to sign but has indicated his or her consent.
Young people / children may also like a parent to sign here (see guidance notes).

Witness signature: ..... Name (PRINT): ..... Date: .....

CONFIRMATION OF CONSENT (to be completed by health professional when the patient is admitted for the procedure, if the patient has signed the form in advance).

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wish the procedure to go ahead.

Health Professional signature: ..... Date: .....

Name (PRINT): ..... Job title: .....

Important notes (tick if applicable):

☐ See advance decision to refuse treatment ☐ Patient has withdrawn consent (ask patient to sign/date here)

Patient signature: ..... Name (PRINT): ..... Date: .....

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