



Vascular Access Team My child needs a Long Line

Information for parents and carers

What is a Long Line?

It is a long thin tube inserted into your child's hand, arm or leg, it is longer than a normal drip. 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 long line?

A long line 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, intravenous feeding, 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 long line is needed will have been explained before it is inserted. However if treatment has to start straight away a long line 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?

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. For pre-term neonates sucrose, a sugar based liquid will be used as an alternative and applied to the child's dummy prior to and during long line insertion.

You may see swelling, redness, some oozing at the site. The site will be checked regularly by your child's nurse so any complications will be picked up early. If you are concerned please speak to a member of the nursing staff.

Side effects

These are the unwanted but mostly temporary effects of a successful procedure. Your child may feel sore and have some swelling and bruising around the exit site.

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 usually required for this procedure. Your child will be able to receive the medication and fluid they need quickly.

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

Can my child go home with a long line?

Your child could go home with the long line 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 long line 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 long line 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. Department of Health and the Royal College of Nursing (2010). You should see:

- The nurse / doctor clean 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.

Alder Hey Children's NHS Foundation Trust

Eaton Road, Liverpool. L12 2AP

Tel: 0151 228 4811

www.alderhey.nhs.uk