

Removal of the long line:

When a long line is no longer needed a Nurse can remove this. They will remove dressing from around the site and the line can just be removed by pulling it from the vein, this is the same removal process as a cannula.

The nurse will then apply pressure after to ensure any bleeding has stopped, before covering with a plaster.



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**Mersey and West Lancashire
Teaching Hospitals**
NHS Trust

Long Lines for treatment

Patient advice leaflet

If you need this leaflet in a different language or accessible format
please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotowuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What are long lines?

Some very sick children have serious medical problems that require very complex management. One of the problems is that babies often require a special line (drip) into one of their veins through which important intravenous (into the vein) medications and fluids can be given because they are too sick to take medicines by mouth.

There are several types of lines that can be used. The most common access we use for long term use is:

- **A long line** - This is a very thin flexible tube made out of a special material that can be inserted into a vein in the arm or leg similar to a normal drip.



However, it has extra length and is made of a stronger material (special type of rubber) to allow it to be inserted far enough to reach larger veins whose walls are strong enough to allow for the special medications and fluids to be given to the baby. The veins in a baby's limbs, especially a sick baby, are not as strong as the bigger central veins nearer the heart and are prone to problems.

Why are long lines needed?

Normal 'drips' cannot cope with the special medications that these very sick babies need. Often the special fluids would block the usual small drips and therefore many repeated drips will be needed. Inserting a 'normal' drip into a limb vein on a baby involves inserting a needle surrounded by a small short plastic tube, (a cannula) into a tiny vein and removing the needle, leaving the cannula in place to administer drugs, and fluids into the vein. These 'normal' drips as well as blocking can pass through the fragile vein wall into the baby's surrounding tissues, causing bruising, swelling and pain.

How are long lines inserted?

The procedure for inserting a long line is relatively straight forward and will be carried out by an experienced doctor under sterile conditions. Once the line is in place an x-ray of the line will be taken to check it is in the correct place within the vein. If the line is too far into the vein, or not far enough; then adjustments can be made prior to its continued use. They can be difficult to secure and at risk of coming out of the vein as the baby moves around and will be covered with more dressings than a cannula normally would be.

How long can the long line last?

The long line can stay in the baby's vein as long as it is not causing any problems and continues to work well.

The benefits of having a long line are:

- Aids accurate monitoring of baby's vital signs.
- Allows medical/nursing staff to give special intravenous fluids.
- Allows medical/nursing staff to give intravenous medications.
- Allows for blood samples to be taken without pricking the baby.
- Prevents continued normal drip insertion procedures as it is a more substantial intravenous device that lasts longer than a normal drip.
- Allows accurate fluid intake measurement.

The risks of having a long line are:

- Infection (this can be treated with antibiotics).
- Tissue injury.
- Displacement of the line (deeper inside the vein or further away from the ideal position).
- Impairment of or restricted blood supply to the arm or leg.

The most serious but extremely rare complication is the accumulation (a collection) of fluid around the heart (cardiac tamponade) causing pressure on the heart. This rare condition may be avoided by the accurate positioning and fixation of the line and good assessment of the position of the line after an x-ray.