Pan Birmingham NHS
Cancer Network

Guidelines for the Care of Venous Catheters for the Administration of Anti-cancer Medication

Date Approved by Network Governance	**May 2012**

Date for Review	**May 2015**

1. Scope of the Guideline

This guideline has been produced to support the patient selection and principals of insertion of Central Venous Catheters in patients undergoing intravenous (IV) anti-cancer medication. For the management and care of lines once inserted the Royal Marsden Hospital Guidelines (2011) are recommended.

2. Guideline background

There is a need to ensure standardised practice across the Network and for patients to be assured of equity of access.

Guideline statements

3. General principles

3.1 Once the decision to treat a patient with IV anti-cancer drugs has been made all patients should be assessed for the most appropriate form of IV access. This should form part of the initial patient assessment carried out by a member of the oncology or haematology team; and includes practical and psychosocial issues.

3.2 Options for IV access should include:

- peripheral sites (not covered within this guideline)
- peripherally inserted central venous catheters (PICC Lines)
- skin tunnelled catheters
- implantable sub-cutaneous ports (as they become available)

3.3 The type of catheter used will depend on:

- patient issues (preferences and lifestyle as well as the likely ease of IV accessibility)
- the drug types and regimens used

3.4 All options should be discussed with the patients and the attached algorithm (appendix 1) used to determine the access device most likely to be appropriate.

3.5 Patients should receive clear and comprehensive verbal and written information explaining the risks, benefits and care of the catheter. Signed consent should be obtained prior to catheter insertion.

3.6 The use of central access devices should be considered prior to the commencement of treatment and again as soon as venous access difficulties or irritation to the veins is noted. The need to use a different venous access device should be proactively reviewed at each cycle of chemotherapy.

3.7 All Trusts delivering chemotherapy services should offer services that include both PICC and skin tunnelled catheter insertion.

3.8 Chemotherapy Units / Oncology Departments should audit the complications arising from central venous access devices.

3.9 Once inserted PICCs, ports and skin tunnelled catheters can all be treated as central lines with regard to the drugs administered through them.

4. Principles of insertion and care

4.1 The Chemotherapy Network Group has agreed that the guidelines for practice contained in The Royal Marsden Hospital Manual of Clinical Nursing Procedures 8th Edition; Blackwell Publishing (2011) www.royalmarsdenmanual.com/SpringboardWebApp/userfiles/rmm8e/file/c03_Web.pdf should be followed by all staff inserting and caring for central venous catheters.

4.2 The Chemotherapy Network Group has agreed that the guidelines for practice contained in The Royal Marsden Hospital Manual of Clinical Nursing Procedures 8th Edition; Blackwell Publishing (2011) should be followed by all staff dealing with the complications of the use of central venous catheters.

4.3 Local (Trust) policies should be available for the training and competencies required as well as the operational arrangements that enable the insertion of lines to take place without adding unnecessary delays in treatment.

5. Skin tunnelled catheters – additional points

5.1 Each Trust should allocate a designated team for the insertion of skin tunnelled catheters. This may be a radiological, surgical or anaesthetic team.

5.2 Insertion of a skin tunnelled catheter is a surgical procedure and should be carried out under aseptic conditions by appropriately trained and competent staff and within the radiology department or in theatre.

5.3 Ultrasound guided insertion is recommended and should be used where possible. Additional imaging facilities should be available to support practitioners in line insertion where required.

5.4 Both local and general anaesthetic should be available to all patients. Patients opting for a local anaesthetic should be offered oral sedation (if it is practical to take it 2 hours before the procedure) or IV sedation if preferred.

5.5 All patients should be fully informed of their choices with regard to anaesthesia and sedation.

5.6 The number of lumina and diameter of the catheter should be kept to a minimum.

6. Peripherally Inserted Central Catheters (PICC) – additional points

6.1 Each Trust should have local policies/protocols and training competencies that are reviewed each year.

6.2 Each Trust should have an area designated for PICC insertion.

6.3 Insertion should be ultrasound guided if the vein is not palpable or visible.

6.4 PICCs are not recommended for routine use in inpatient haematology patients as there may be an increase in the risk of thrombosis. In haematology in-patients with a history of thrombosis, or those being treated with drugs that may increase thrombolytic tendency PICC lines should be avoided.

7. Subcutaneous ports – additional points

7.1 Should not be used for patients with haematological malignancies, or when frequent access or intensive treatment is expected to be required.

7.2 Can be placed in the subclavian, internal or external jugular, cephalic or femoral veins.

7.3 Should be inserted by a named team with responsibility for the insertion of ports – preferably a vascular radiologist.

Monitoring of the guideline

Adherence to the Network guidelines may from time to time be formally monitored.

References

1. Pan Birmingham Cancer Network Policy for the central venous catheters (2005) Authors: Elaine Spellman and the Chemotherapy NSSG.
2. Dougherty L, Lister S, 2011. The Royal Marsden Manual of Clinical Nursing Procedures 8th edition. Blackwell Science, London.
3. BSCH Guidelines on the insertion and management of central venous access devices (2006).
4. Pan Birmingham Cancer Network (2007) Competencies for the Administration of drugs via a Central Venous Access Device (CVAD)

Authors of Version 1

Elaine Spellman	Chemotherapy Sister
Lara Barnish	Deputy Nurse Director
Rachel Hodges	Chemotherapy Nurse

Authors of Version 2

Frances Shaw	Pharmacist
Rebecca Pitt	Chemotherapy Nurse

Approval Signatures

Pan Birmingham Cancer Network Governance Committee

Name: Karen Deeny

Signature  Date May 2012

Pan Birmingham Cancer Network Manager

Name: Karen Metcalf

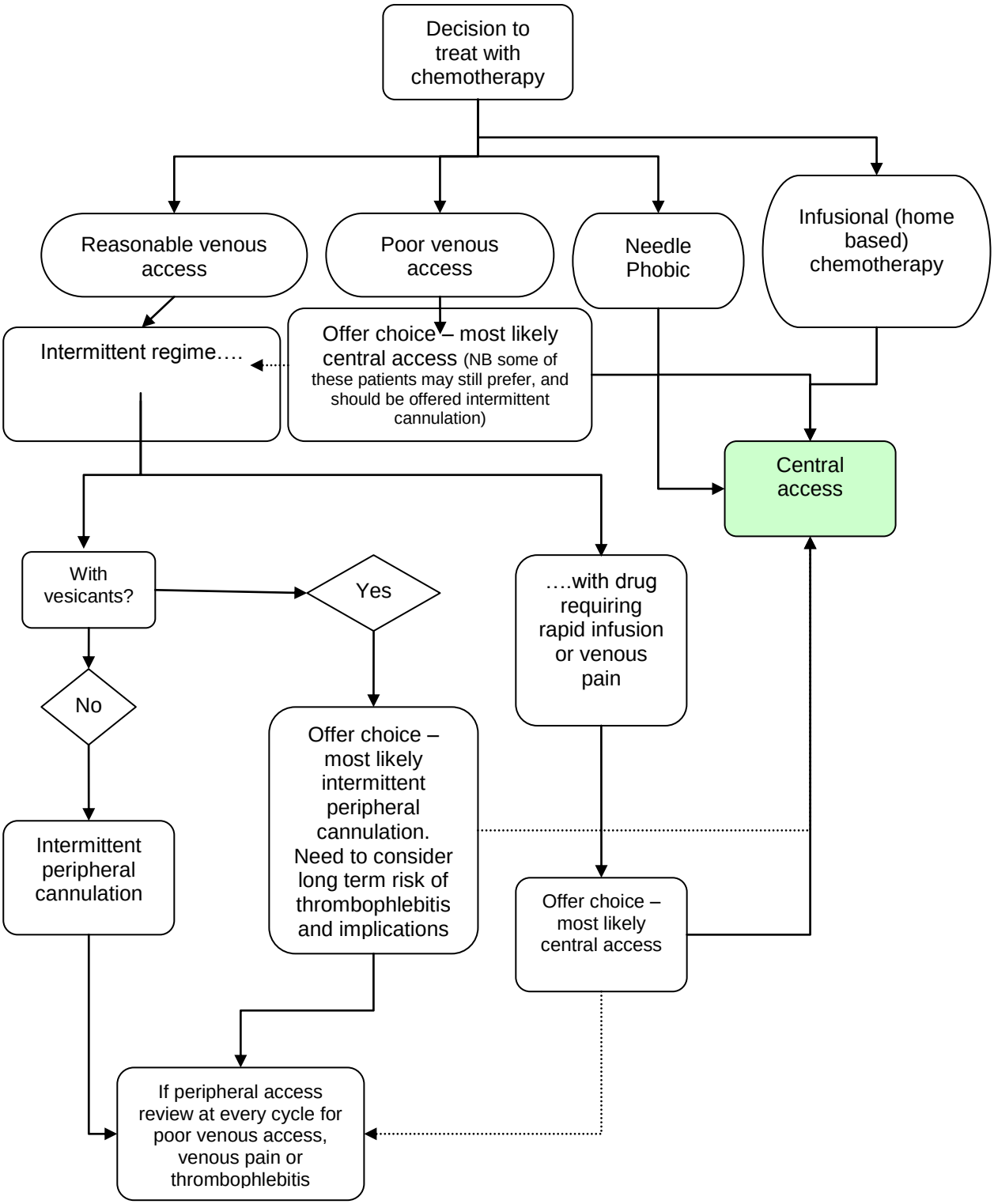
Signature  Date May 2012

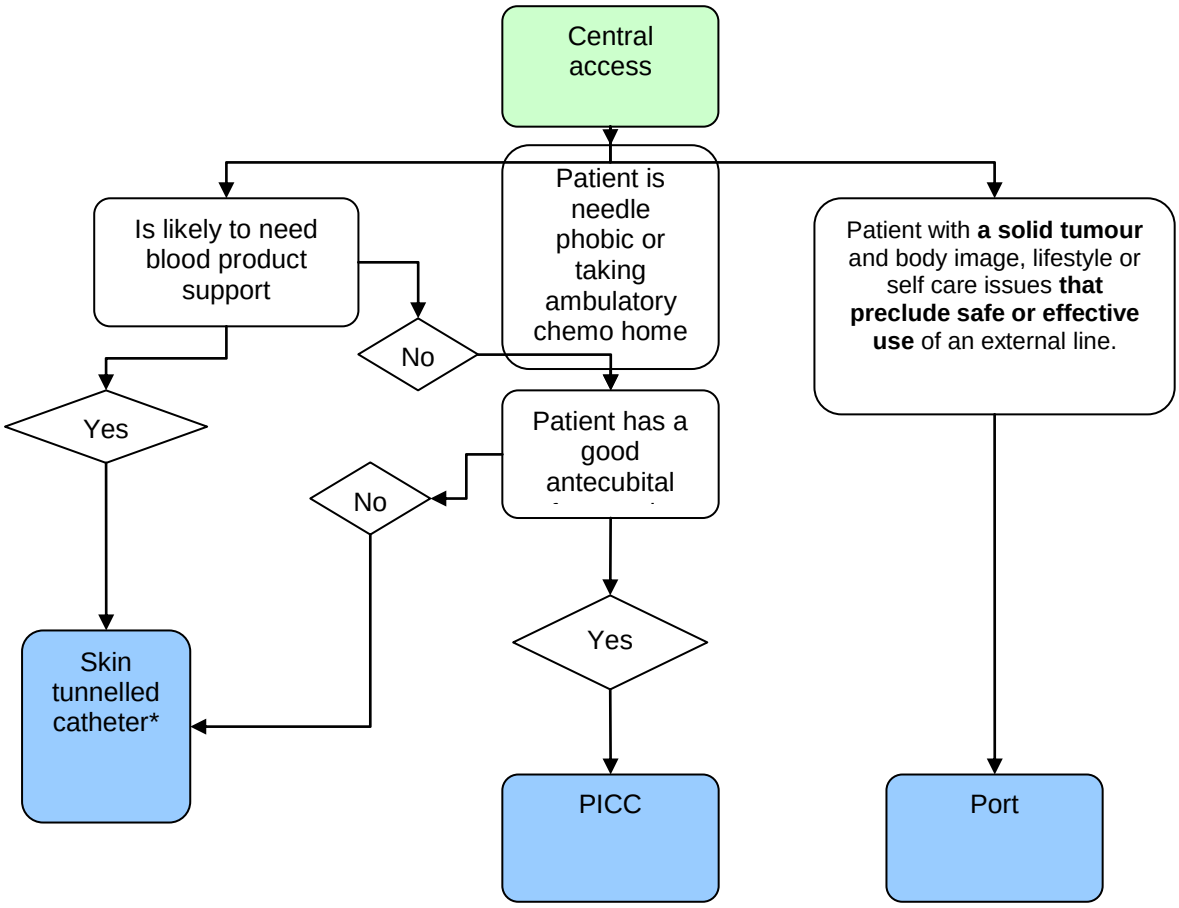
Network Site Specific Group Clinical Chair

Name: Frances Shaw

Signature  Date May 2012

Appendix 1


Decision to treat with chemotherapy
Reasonable venous access
Poor venous access
Needle Phobic
Infusional (home based) chemotherapy
Intermittent regime….
Offer choice – most likely central access (NB some of these patients may still prefer, and should be offered intermittent cannulation)
Central access
With vesicants?
Yes
No
….with drug requiring rapid infusion or venous pain
Offer choice – most likely intermittent peripheral cannulation. Need to consider long term risk of thrombophlebitis and implications
Intermittent peripheral cannulation
Offer choice – most likely central access
If peripheral access review at every cycle for poor venous access, venous pain or thrombophlebitis



* Not recommended if treatment is expected to continue for less than 30 days.