History
- Central Venous Catheter Type
  - Tunneled Catheter (Broviac / Hickman)
  - PICC (peripherally inserted central catheter)
  - Implanted catheter (Mediport / Hickman)
- Occlusion of line
- Complete or partial dislodge
- Complete or partial disruption

Signs and Symptoms
- External catheter dislodgement
- Complete catheter dislodgement
- Damaged catheter
- Bleeding at catheter site
- Internal bleeding
- Blood clot
- Air embolus
- Erythema, warmth or drainage about catheter site indicating infection

Differential
- Fever
- Hemorrhage
- Reactions from home nutrient or medication
- Respiratory distress
- Shock

Pearls
- Always talk to family / caregivers as they have specific knowledge and skills.
- Use strict sterile technique when accessing / manipulating an indwelling catheter.
- Cardiac arrest: May access central catheter and utilize if functioning properly.
- Do not attempt to force catheter open if occlusion evident.
- Some infusions may be detrimental to stop. Ask family or caregiver if it is appropriate to stop or change infusion.
- Hyperalimentation infusions (IV nutrition): If stopped for any reason monitor for hypoglycemia.

Circulation Problem
- YES → Exit to Age Appropriate Protocol(s)

Suspect Air Embolus
- Tachypnea, Dyspnea, Chest Pain
- YES → Place on left side in head down position
  - Stop infusion if ongoing
  - Clamp catheter
  - Age Appropriate Airway Protocol(s) AR 1, 2, 3, 5, 6 as indicated

Hemorrhage at catheter site
- YES → Apply direct pressure around catheter

Damage to catheter
- YES → Clamp catheter proximal to disruption
  - May use hemostat wrapped in gauze
  - Stop infusion if ongoing

Catheter completely or partially dislodged
- YES → Apply direct pressure around catheter
  - Stop infusion if ongoing

Ongoing infusion
- YES → Continue infusion
  - Do not exceed 20 mL/kg

Notify Destination or Contact Medical Control