



The Portland Hospital  
for Women and Children

# Discharge Advice for the Care of Hickman/Groshong Line

This leaflet is to act as a source of reference. Prior to discharge your nurse will explain the following important care points with you:

- Care of the Hickman/Groshong line
- Signs of infection, anaemia (low haemoglobin) and thrombocytopenia (low platelets)

You will also be supplied with the following:

- Four blue clamps
- One packet of gauze
- Small IV3000 (clear dressing 1.5cm x 4cm)
- Contact numbers for the hospital and ward
- Patient information booklet

## Home care of the Hickman/Groshong line

It is very important that your child's Hickman/Groshong line is observed for signs of possible complications such as infection, accidental removal, blood in the line and breakage. All require immediate attention and assessment by a nurse.

## Infection

An infection of the exit site can occur at any time. However, your child is more at risk of developing an infection around the exit site (where the line comes out of the body, usually on the chest) when their blood count is low and they are neutropenic (low white cell count). The exit site should be observed at least daily for the following signs of infection:

- Swelling / inflammation
- Redness
- Discharge (blood or pus)
- Your child may also complain of pain around the exit site.

If any of the above signs or symptoms are noticed or your child develops a temperature please contact the ward immediately, as it will be necessary for your child to be seen on the ward. If your child has a temperature of 38°C or above for one hour, contact the ward. Do not give paracetamol/Ibuprofen until discussed with the ward. It is important to treat the infection as soon as possible as it could potentially develop into a line infection.

On the ward a nurse and or the RMO will assess the exit site, take a swab (to identify any infection and the type of infection) may take blood cultures (to see if the infection is in the line too). Antibiotics (either oral or intravenously) may be given to your child. It may be necessary that your child be admitted for treatment of the infection.

## Steps to avoid infection

1. Never let the end(s) of the line hang in the nappy or groin area.
2. Only touch the line with clean hands.
3. Keep the line and exit site dry. Bacteria thrive in damp, warm conditions.
4. If the dressing is soiled, dirty, loose, bloodstained, wet underneath, please arrange for the dressing to be changed as soon as possible.
5. Keep your appointments for weekly dressing and cap changes. If the exit site has an infection the dressing will need to be changed more frequently. If you have been shown how to do the dressing change and feel confident in doing so please ensure that it is done weekly, unless there are signs of infection, in which case contact the ward.
6. If visible dirt is seen on the caps connectors they will need changing.

## **Breakage**

If you notice a hole in the line or it breaks don't panic! Usually the line can be repaired.

First use one of the clamps you will have been given. Place gauze (or a clean handkerchief) between the break and the exit site. Then apply the blue clamp. Apply a second blue clamp below the first.

If you don't have a clamp available bend the line over and hold secure with an elastic band or your fingers. Bring your child to the ward where we will assess the break/hole and arrange for its repair. On discharge we will give you a clear dressing so that should a break occur the dressing can be used to cover the break/hole to keep it clean.

It is a good idea to keep two blue clamps with you at all times and give two to teacher, childminder or nanny. We can supply you with more clamps if necessary.

## **Accidental Removal**

If the line accidentally is removed apply pressure immediately for five minutes with a clean piece of cloth/gauze. There is unlikely to be a lot of bleeding. Inform the ward and bring your child and the line to the ward. Do not throw the line away.

To prevent the line accidentally being pulled out, the line should be securely looped and taped to the chest. Keep the free part of the line tucked away or also taped to the chest, as you will have been shown in hospital.

## **Blood in the Line (applies to Goshongs only)**

You may notice blood in the line. If you do, please phone for advice and to be given a time to come to the ward for the line to be flushed. Sometimes the line can be difficult to unblock and a special medicine is used to dissolve the clot and restore patency.

## **Bathing / Swimming**

While your child has a Hickman/Groshong line they cannot go swimming.

Your child may have a bath after seven days of the entry site stitches, usually on neck, are removed. We arrange for you to come back to the ward for this. Sometimes the stitches used are dissolvable and do not need to be removed.

The bath water must be below the exit site dressing and the ends should be in a plastic bag taped higher up on the chest. If preferred your child may have a shower. Ends do not need to go in a plastic bag and it does not matter if the IV3000 dressing gets wet. It is recommended to use liquid, unperfumed soap in a dispenser, as this is cleaner than a bar of soap.

## **Hickman line clamps**

The clamps on the Hickman line should be kept closed when not in use. If you notice that the clamps have opened accidentally, please close the clamps and arrange for the line to be flushed to check that the line has not blocked.

## **Disclaimer**

Whilst this leaflet aims to provide you with useful advice and information it must be noted that it should only act as a guideline. Should you have any further concerns about this procedure, it is advisable that you discuss it with your Consultant.

## **Contact**

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