

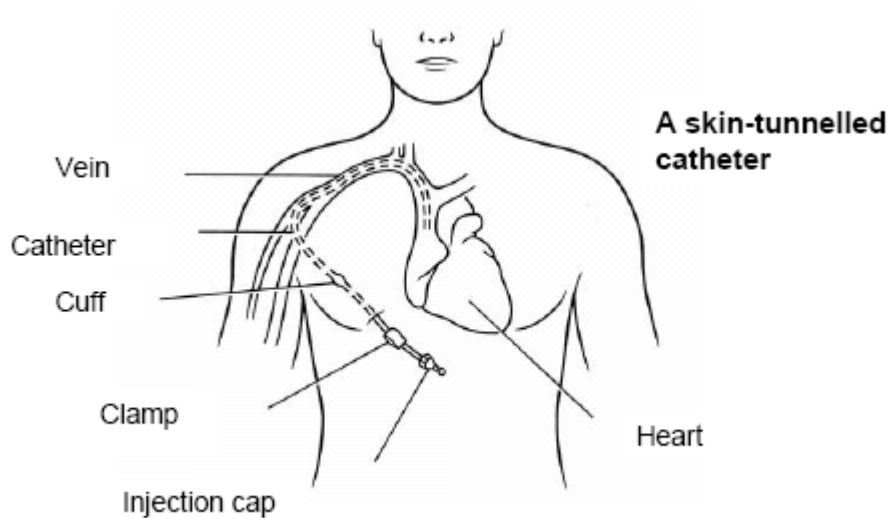
Skin tunnelled catheter (STC) - Information for schools and colleges

What is a skin-tunnelled catheter (STC)?

A skin-tunnelled catheter (also sometimes called a Hickman line) is a flexible silicone rubber tube that is put in through a vein in the neck and fed along the vein to the heart. It is then tunnelled underneath the skin from the neck to an exit point on the chest wall. At the exit point, the tubing will divide in to two or three channels depending on the type of treatment the child is receiving.

Why is a skin-tunnelled catheter necessary?

There are many reasons why a child may have a STC. It allows long term access in to the blood stream which reduces the number of needle pricks the child will receive. It can be used to take blood, give chemotherapy and blood products, and also to give antibiotics. The STC can be left in for many months. Children are encouraged to take part in normal activities but swimming and contact sports are discouraged.



Care of the skin-tunnelled catheter

Routine care of the child's STC will take place either in hospital or at home by the local community children's nursing (CCN) team. It will be covered by a clear dressing which will be changed weekly. The end of the tubing will be covered by an injection cap which will also be changed weekly. Occasionally the child and their family may wish for this care to be carried out in school - the local CCN team will contact you if this is the case and will provide the child with an emergency pack.

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Problems that may occur in school

Problems would not be expected to occur in school as the tube is secured under a child's clothing and should not be played with.

Although problems with the STC are very rare, there is a very small risk of:

- the line breaking
- the injection cap coming off
- the clear dressing covering the exit site on the chest wall coming off the line being pulled out.

The line breaking

If the line breaks or is cut, you will need to apply the blue clamp in the emergency pack above the break (the side nearest the body). This will prevent blood loss from the line and will also prevent air entering the blood stream through the break. If you cannot find the clamp, you can bend the line and squeeze. The child's parents will need to be contacted as the hospital may be able to repair the line.

The injection cap coming off

Make sure the white clamp on the line is shut. Wash your hands and clean the end of the line with an alcohol wipe from the pack. Apply a clean cap from the pack. Inform the child's parents.

The dressing comes off

Wash your hands and apply a clean dressing from the pack. Inform the child's parents.

The line is pulled out

Use the gauze from the safety pack to apply pressure to the exit site on the child's chest and the scar on their shoulder. Apply pressure for five minutes or until any bleeding has stopped and contact the child's parents. Blood loss is usually minimal.

If you are unable to contact the child's parents and any of the above issues have occurred, please follow your school's policy for medical emergencies.

