

Insertion and Removal of Tunneled Hemodialysis Catheters

GUIDELINE AT A GLANCE



The full version of this guideline is located on the BC Renal Agency website. “Guideline at a Glance” summarizes the highlights.

RECOMMENDATION		HA/ HD CENTRE
1	A tunneled, cuffed hemodialysis catheter is the access of choice for temporary hemodialysis of greater than <u>two to three weeks</u> duration (evidence).	<input type="checkbox"/>
2	The preferred site for tunneled cuffed hemodialysis catheters is the right internal jugular vein (evidence). ➤ Do not place on the same side as a maturing or planned permanent access.	<input type="checkbox"/>
3	Tunneled, cuffed hemodialysis catheters are inserted by, or under the supervision of, trained personnel under fluoroscopy. Exception: Femoral catheters are inserted under ultrasound (evidence). ➤ If fluoroscopy is not available, then insert under ultrasound guidance and perform chest x-ray prior to line use.	<input type="checkbox"/>
4	Using fluoroscopy, the catheter tip is adjusted so the tip is in the mid right atrium when the patient is supine (proximal right atrium when the patient is sitting) (evidence).	<input type="checkbox"/>
5	Prophylactic antibiotic coverage is not recommended prior to line insertion. ➤ There is no evidence to support the use of prophylactic antibiotics.	<input type="checkbox"/>
6	Removal of tunneled cuffed hemodialysis catheters may be performed using venous cutdown or traction, depending upon how the catheter was inserted (evidence).	<input type="checkbox"/>