

Recommendation for the safe removal of a temporary femoral dialysis line

Produced by the patient safety committee of The Renal Association and The British Renal Society, in collaboration with The Intensive Care Society

1. Prior to the procedure

1.1 Procedure should be carried out by an appropriately trained and competent health care professional. Level of supervision post-procedure and increased frequency of observations should be taken into account when planning the procedure.

1.2 Appropriate timing of procedure

- This is a semi-elective procedure. As such, the responsible clinical team should ensure adequate staffing levels and appropriate competencies exist to monitor the exit site and the patient during and after the procedure.
- The patient's ability to comply with post-procedural monitoring should be considered.
- The patient should be approached for their consent according to local policy.

1.3 Possibility of coagulopathy

- Basic coagulation studies and platelet count should be available in advance of catheter removal.
- Confirm absence of high-level anticoagulation.
- Consider the impact of heparin use on coagulation status.

2. After the procedure

2.1 Actions should be documented comprehensively in the clinical record, including

- Timing of femoral catheter removal
- Length of time pressure applied to exit site
- Dressing
- Frequency of observations

2.2 Pressure and dressing

- Apply pressure for a defined period of time. We suggest for 5 minutes beyond haemostasis.
- Select appropriate dressing according to local procedure.
- Ensure that the exit site can be observed and assessed easily.

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2.3 Bed rest and supervision

- We suggest supine bedrest for at least 2 hours after the procedure.
- Consider level of risk in each individual case.
- Patients at high risk of bleeding would include those with
 - coagulopathy or anticoagulation or antiplatelet treatments,
 - confusion or lack of capacity
 - difficulty complying with bedrest (back problems, chest disease)
 - severe uraemia

2.4 Patient Information

- Patient and carer education and information about the procedure and subsequent risks should be provided verbally and in writing (translated if required)
- A generic patient information leaflet is available at www.renal.org and www.britishrenal.org.

2.5 Discharge

- Recent removal of temporary catheter should be taken into account when considering hospital discharge.
- Patients should be informed how to manage a bleed from the exit site should this occur post discharge

In the case of significant bleeding, the Trust's local major haemorrhage procedure should be activated.

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