



Patient consent for midline catheter insertion

A doctor/health care professional responsible for your care has requested the placement of a midline catheter. A vascular access specialist nurse will perform this procedure using ultrasound, either in the vascular access area in Radiology or at the bedside. The catheter is placed in a vein in your upper arm, with the catheter tip just below the axillary vein. A midline is recommended for longer term intravenous (IV) therapy treatment and can stay in place for up to 28 days.

What are the intended benefits of having a midline catheter?

- Successful placement of a midline avoids repeat venepuncture to maintain intravenous (IV) access and deliver prescribed therapy (medication).
- Prevents complications associated with peripheral IVs (cannulas), such as vein inflammation.
- Blood samples can be taken from the midline, preventing further needle use. Although Midline is 60% reliable in terms of blood taking, the main reason for inserting it is due to the IV treatment.

What are the potential risks of having a midline catheter?

- Infection or phlebitis – pain, redness or fever and site swelling
- Bleeding or clotting of the vein (thrombosis) – arm swelling, constant pain, and heavy arm
- Inability to insert catheter due to size, condition or anatomy of vein.
- Inadvertent puncture of an artery.
- Nerve damage (temporary).

What are the possible alternatives to a midline catheter?

- Smaller peripheral device, e.g. cannula in lower arm, depending upon your treatment.
- Decision not to have IV treatment.

Patient name:	_____	
Patient agreement signature:	_____	Date: _____
Vascular Access Professional:	_____	Date: _____
Witness name:	_____	Date: _____
Relation to patient:	_____	
Patient <i>refusal</i> signature:	_____	Date: _____

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