

Patient information

Intravenous Lines ('drips') –Information for Patients and Relatives

Critical Care Department – Royal Liverpool Hospital

Most patients in the Intensive Critical Care Unit at some point will have to have intravenous "lines" put in. When we say "lines", we mean the "drips" that are put into the patient's neck, groin or arm.

There are different types of drips. Some tell us the patient's blood pressure, others allow the CCU staff to give a patient fluids and CCU drugs. There are also lines that allow us to record measurements of how the patient's heart is working.

For these drips to be put in, the doctors have to keep to very strict sterile conditions. You will be asked to leave if the doctors decide that they are going to put a drip into the patient.

The time it takes to put the drips in can vary from patient to patient. It can take half an hour, sometimes maybe two hours if they are putting more than one drip in. We understand that this can be a very stressful time for you. If you have to wait in the waiting room for this length of time, we will keep you informed.

If a drip has been put in around the neck area, it is normal that a chest X-ray is performed. The nurse will also clean the patient before you will be able to come back in to visit.

Are there any risks involved?

The risks involved with putting the drips in are:

- **Bleeding**

When the skin and tissues of the body are cut it is normal for a small amount of bleeding to happen. Sometimes for a variety of reasons this bleeding may be more than normal or may take longer to stop.

- **Punctured lung**

Sometimes when putting a drip into a patient's neck, chest or shoulder area, it may go into the lung lining which then lets air in between the lung and its lining, causing the lung to collapse.

- **Infection**

Usually, patients that need drips are already sick and maybe already have some infection in their body. Any procedure that includes putting a foreign body – such as a drip - into a person provides an opportunity for infection. This is the reason why the drip is put in under sterile conditions.

Patients on the CCU are monitored at all times and the nurses and doctors looking after the patient are aware of these risks and are ready to deal with them.

The doctors will decide to put these drips in only if it is necessary for the patient's treatment. The drips will be removed when they are no longer necessary to treat the patient.

If you decide not to have lines inserted, certain therapies cannot be performed, we will be unable to administer important medications and monitoring of your condition may be reduced.

The nurse at the bedside is available to answer any questions or worries that you might have and will keep you up to date with the patient's condition. The doctors on the Unit are also available to speak with you as required.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

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