Protocol for Placing Tunneled Hemodialysis Catheters in Critical Care Patients

These guidelines for the placement of tunneled HD lines by Interventional Radiology (IR) were formulated by the Critical Care Service (CCS), the Section of Infectious Diseases, and IR. These guidelines are intended to designate patients and clinical conditions in whom and in which a tunneled HD catheter would NOT be appropriate.

Tunneled HD lines should NOT be placed in patients who meet any one of the following conditions:

1) Emergent or urgent HD (or plasma exchange) is required. Temporary non-tunneled central line catheters should be used in this scenario.
2) The need for a tunneled catheter is expected to last ≤2 weeks.
3) The patient is not expected to live ≥2 weeks.
4) An acute infection is being worked-up (i.e. cultures being sent, unexplained fever.)
5) The patient has uncontrolled infection or an ongoing bloodstream infection.
6) The patient has hemodynamic or respiratory instability such that the procedure or transportation to the IR suite is contraindicated.

If a disagreement arises regarding the appropriateness of placing an HD line, the CCS and IR attending physician should discuss the patient’s current clinical status to resolve the conflict.