

## Caring For Your Central Catheter at Home

### Common Terms

- **Catheter:** A long, soft plastic tube that is inserted into a vein.
- **Clave:** The special end piece put on the end of your catheter; the syringe fits onto the clave.
- **Insertion Site:** The place on your chest or arm where your catheter goes into your skin.
- **Biopatch®:** A disc that is placed under the dressing, around the catheter site to help prevent infection.
- **Tegaderm®:** A clear peel and stick dressing used to cover your catheter insertion site.
- **Covaderm®:** A dressing that is used to cover your catheter insertion site.
- **Lumen:** Refers to the “inside” of the catheter. Central catheters have one to three lumens which are used for different medicines or blood products.
- **Flushing:** To use a syringe filled with heparin or saline to clean the inside of catheter.
- **Saline for flushing:** A sterile, salt-water solution that is used to flush the catheter only when medicines are given or blood is drawn.
- **Heparin for flushing:** A clear liquid medicine is used as a last flush preventing blood from clotting inside the catheter.
- **Sterile:** To clean or keep completely free of germs.

### About Your Catheter

- You and your doctor have agreed to have a **catheter** put in one of your veins. The catheter is inserted through your chest, into a large vein. It may have one, two or three **lumens**. The catheter tube has a clamp so it can be opened and closed when needed. A plastic cap called a **clave** is placed on the end.
- This catheter can be used for medicine that cannot be taken by mouth. It can also be used for blood tests. Usually you will not have to have extra needle sticks in your arms and hands.
- Your catheter will need some care to keep it clean and working. Care will include changing the dressing, flushing it with fluids and changing the clave at the end of the

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catheter. A nurse or other healthcare provider will teach you and your family what you need to do.

### Call your healthcare provider for:

- **Leaking** (cut or cracked) catheter. Clamp between the leak and where the catheter enters your skin if possible.
- **Pulled Out** (Catheter came out of vein) Apply pressure right away using a sterile gauze pad.
- **Redness, swelling, or pain** of your face, neck, chest or arm.

### General Information

- **Bathing:** Never allow your catheter site to fall below the water level in the tub. Cover the catheter site with plastic wrap before showering, place claves and lumens under the plastic wrap. Check with your doctor about swimming.
- **Store supplies:** in clean dry place – like a closet or dresser drawer; away from children and pets.
- **Clamped:** Keep your catheter clamped when not in use.
- **Temperature:** Take your temperature, preferably at the same time each day, or as recommended by your health care team.
- **Look:** At your catheter site for redness, swelling, drainage or pain.
- **Pain:** Call your doctor with pain at the catheter site.

### Goals of Caring For Your Catheter

- Our main goal in teaching you to care for your catheter at home is to keep it free of infection and in good working order.
- **We will ask you to take an active part in your care so speak up if you have questions or concerns.**
- An infection can occur inside your catheter, the skin surrounding your catheter insertion site or spread to your bloodstream. If an infection develops you will need antibiotics and

the catheter *may* have to be removed. We try to avoid this, because we want to continue your medical treatment.

- There are several germs or bacteria that naturally live on our skin, but our skin keeps it from entering our bodies where the germs can cause infection. By following some very important steps, an infection can be avoided.

### Flushing Your Catheter

- To keep blood from backing up into the catheter and making a clot, it will need to be flushed with heparin when not in use.
- Occasionally, a clot still forms in the catheter so another medicine will be used by the nurse to clean the clot out.
- This is why it is important that you never force flush your catheter.
- If it cannot be flushed, stop and call your home health nurse.



### Infection Control

- Always **wash your hands** for 30 seconds in warm water with soap; dry with paper towels. Hand towels have many germs on them that will only be put back on your hands. If you prefer, you may use rinse free hand gel or cleaner.
- Set up a clean work area for your supplies by washing the tabletop with a disinfectant cleaner and dry with paper towels.
- Keep small children and pets away from area.
- **Gather Your Supplies**
  - Clean paper towel to cover your work surface
  - Pre-filled heparin syringe
  - Alcohol wipes
  - Disposable gloves



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- Remove the cap on the pre-filled syringe.



Pre-filled syringes

- Hold the syringe straight up and with one hand pull down gently on the plunger. This releases the seal and allows you to push the air bubble out by pushing the up slightly.
- Wipe the end of the catheter clamp with an alcohol wipe. Scrub for 15 seconds and dry for 15 seconds. Be sure to clean thoroughly, cleaning the sides and getting into the grooves. Many germs are on the end of the catheter clamp from lying next to your skin. Un-clamp the pinch clamp on the catheter.



- Attach the heparin syringe by screwing in securely onto the end of the catheter clamp.
- Flush the catheter by pushing on the end of the plunger, remember if you cannot flush easily – STOP and call. Flush in a “push/ pause ”manner. Flush quickly as this will clean the catheter of any blood or small clots sticking to the inside of the catheter.
- Clamp your catheter and remove this syringe. Repeat this process with all lumens.
- Remove the syringe and discard in the sharps container that has been provided to you by your home care provider.
- **If a container has not been provided to you, a laundry detergent jug may be used. Be sure to keep out of children’s reach. Mark on the container “SHARPS”. This can be given to your home care provider, pharmacy or clinic: visit <http://www.ocrra.org> for more information.**

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- The special ends that are on your catheter are called claws. These claws act as a barrier at the end of your catheter and also help to prevent blood from backing up inside your catheter. The claws need to be changed once per week.



### Dressing Change

- The nurse at the hospital or clinic where you get treatment will initially change your dressing and Biopatch®. These will be changed at least weekly or whenever soiled, loose or wet. This usually will be done either by your home care nurse or the clinic you go to.
- Occasionally, patients or their caretakers are taught by the nurse to change these dressings at home. This can be discussed with your doctor or nurse.

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- Dressings are done in a sterile manner, using a clear plastic dressing (Tegaderm®) that enables you to see the insertion site of the catheter or a Covaderm® barrier dressing along with the Biopatch®.
- After washing your hands, put on gloves. Carefully peel off the old dressing and Biopatch®. Inspect the site for redness, irritation or drainage which could indicate an infection. Call your home care nurse or doctor if the site looks infected.



- A sponge applicator with a special cleaning solution is used to clean the skin after the old dressing is removed. Cleanse in a back and forth motion around the site, cleanse for 30 seconds, dry for 60 seconds. The used dressing and supplies can be discarded in the regular trash.

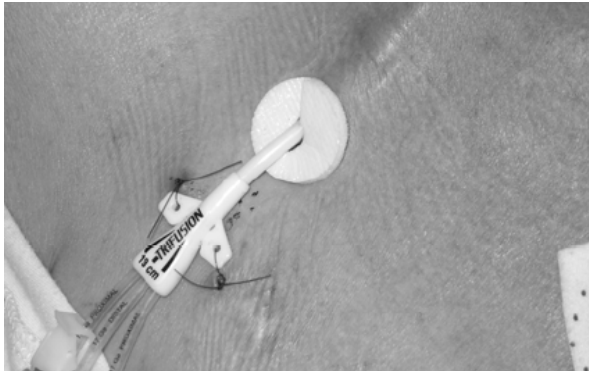
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- After cleansing the skin, a Biopatch® will be placed at the insertion site with the grid side up. This is a round disc with a solution that will continue to kill germs.



- Use skin barrier film. Peel the backing off of the Tegaderm® or Covaderm® dressing and apply over the catheter insertion site. Peel off the paper around the edge, write date on dressing.

