THE PATIENT RECEIVING A HICKMAN CATHETER

Thank you for choosing MCG Health System for your health care needs. This information is to help answer some of the questions you may have and to give you instructions to follow. If you have additional questions, please ask your doctor or nurse.

What is a Hickman Catheter?
Your Hickman Catheter is a special device that can be used to give some types of medicines directly into your bloodstream. It can also be used to draw blood. The catheter is a soft plastic tube and is usually placed in the chest area. A portion is tunneled beneath the skin and placed in a large vein in your chest. The rest of the tube lies on top of the skin and ends with one or more openings or “lumens.” This information sheet will teach you how to care for your catheter at home.

What Supplies Will I Need?
You will need the following supplies to care for your catheter at home:

• 20cc vials of normal saline: (30/per lumen/month)
• 12cc syringes (one box/per lumen/month)
• 18g. (Or smaller) needles (one box)
• Injection caps (one/per lumen/week)
• Transparent dressing (eight/month)
• Povidone Iodine Swabs (10/month)
• Alcohol pads (one box)
• Heparin flush – 10 units/cc vials (three vials per lumen per month)
• Peroxide (one bottle)
• Cotton swabs (one box)

How Will I Care for My Catheter at Home?
Caring for your catheter will require three different tasks:

1. Changing the dressing
2. Flushing the catheter*
3. Changing the injection cap
4. The nurse will tell you which of the following flushing procedure(s) to follow for your catheter.

Changing the Dressing
The dressing is changed weekly and whenever it comes loose. Before you begin, wash your hands with soap and water. Next:

1. Open the bottle of peroxide and pour into small, clean bowl.
2. Open box of cotton swabs.
3. Remove old dressing. Wash hands again.
4. Look at site where the catheter enters the skin. Check for increased redness, soreness, swelling, and/or pus. \textit{(If you see any of these, call the doctor as soon as you finish changing the dressing.)}

5. Lift the catheter up and away from skin.

6. Dip cotton swab into the peroxide. Starting at the site where the catheter exits the skin (e.g. “exit site”), use circular motion to clean outward for approximately three inches. Carefully clean away any dried blood, medicine, or “crusts”. Repeat this step with two other swabs.

7. Open package of povidone iodine swabs. Take one swab and clean skin, starting at the exit site and moving outward. Again, use a circular motion to clean outward, approximately three inches. Repeat this step with two other swabs. Allow povidone iodine to dry three to five minutes after last swab.

8. Place small gauze pad at exit site, underneath catheter.

9. Tape catheter and small dressing to skin.

10. Place transparent dressing over catheter site. Loop remaining catheter tubing over dressing. Tape catheter to dressing.

\textbf{Flushing the Catheter}

Sometimes, catheters are used at home for infusions of antibiotics, TPN, pain medication, and/or IV fluids. If you have IV fluids running at all times AND have one or more medications to be infused over a certain period of time, you will need to flush your catheter after each infusion of medication. Before you begin, \textbf{wash} your hands with \textbf{soap} and \textbf{water}. Next:

1. Select two syringes/needles. Twist one covered needle onto each syringe.
2. Remove the cap from the vial of saline. Wipe top of vial with alcohol swab.
3. Remove the cover from the needle and insert needle into the vial.
4. Turn the vial upside down and withdraw 10 cc of normal saline. Withdraw needle from vial.
5. Remove any air bubbles from syringe. (Push plunger into syringe until small amount of normal saline comes out the tip of the needle and air bubbles disappear).
6. Replace needle cover.
7. Repeat steps three to six with second needle and syringe.
8. Clean top of injection cap with alcohol pad. Allow to dry for one minute.
9. Remove cover from needle and insert needle into center of cap.
10. Unclamp catheter.
11. Using plunger, push the 10 cc of normal saline through needle.
13. Remove needle and syringe from cap.
14. Repeat steps nine to 13 with second needle and syringe.
15. Reconnect IV fluids, if they have been turned off.
16. Dispose of used needles/syringes in a non-recyclable plastic bottle (such as a soft drink bottle). When full, screw cap on the bottle and secure cap with mailing tape.
17. Dispose of the bottle in the trash.

If you do not have an IV running at all times, you will need to flush your catheter after each infusion of medication, TPN, pain medication, etc. Before you begin, \textbf{wash} your hands with \textbf{soap} and \textbf{water}. Next:

1. Select three syringes/needles. Twist one covered needle onto each syringe.
2. Remove the cap from the vial of normal saline. Wipe top of vial with alcohol pad.
3. Remove the cover from the needle and insert needle into the vial of normal saline.
4. Turn the vial upside down and withdraw 10 cc of normal saline. Withdraw needle from vial.
5. Remove any air bubbles from syringe. (Push plunger in syringe until small amount of normal saline comes out of tip of needle and air bubbles disappear.)
6. Replace needle cover.
7. Repeat steps three to six with second needle and syringe.
8. Clean top of injection cap with alcohol pad. Allow to dry one minute.
9. Take cover from needle and insert needle into center of cap.
10. Unclamp catheter.
11. Using plunger, push the 10 cc of normal saline through needle.
13. Remove needle and syringe from cap.
14. Repeat steps nine to 13 with second needle and syringe.
15. Remove cap from vial of heparin flush. Wipe top of vial with alcohol swab.
16. Take the cover from the third needle/syringe and insert needle into the vial of heparin flush.
17. Turn the vial upside down and withdraw three cc of heparin flush. Withdraw needle.
18. Clean top of injection cap with alcohol pad. Let dry one minute.
19. Remove any air bubbles, as described above. Replace cover on needle.
20. Remove cover from needle and insert needle into top of cap.
21. Unclamp catheter.
22. Using plunger, push the three cc of heparin flush through the needle.
23. Close clamp.
24. Remove needle and syringe from cap.
25. Dispose of used needles/syringes in a non-recyclable plastic bottle (such as a soft drink bottle). When full, screw cap on the bottle and secure cap with mailing tape.
26. Dispose of the bottle in the trash.

If you go home without an IV or you no longer need an IV at home, you will need to flush the catheter daily for as long as you have the catheter. Before you begin, wash your hands with soap and water. Next:
1. Remove cap from vial of heparin flush. Wipe top of vial with alcohol swab.
2. Take the cover from the needle/syringe and insert needle into the vial of heparin flush.
3. Turn the vial upside down and withdraw three cc of heparin flush. Withdraw needle from vial.
4. Remove any air bubbles, as described above. Replace cover on needle.
5. Clean top of injection cap with alcohol pad. Let dry one minute.
6. Remove cover from needle and insert needle into top of cap.
7. Unclamp catheter.
8. Using plunger, push the three cc of heparin flush through the needle, into catheter.
10. Remove needle and syringe from cap.
11. Dispose of used needles/syringes in a non-recyclable plastic bottle (such as a soft drink bottle). When full, screw cap on the bottle and secure cap with mailing tape.
12. Dispose of the bottle in the trash.

Changing the Injection Cap:
The injection cap is changed once a week. Before you begin, wash your hands with soap and water. Next:
1. Using alcohol pads, wipe clean connection of old injection cap and catheter.
2. Open package with new cap.
3. Unscrew old cap and throw away.
4. Screw on new cap to catheter hub.
Are There any Activities I Should Avoid Because of my Catheter?
Do not allow anyone to pull or tug on the catheter. If, by chance, it should fall out:
1. Hold clean bandage to catheter site.
2. Take catheter and go to doctor or local hospital immediately.

Should I Watch for Anything Special?
You should have no problems at all with your catheter. However, it is important that you watch for:
1. Increased redness, swelling or soreness at the exit site.
2. Pus-like drainage from the exit site.
3. Fever and/or chills (especially after you hook up your IV medicine or flush your catheter).
4. Inability to push saline or heparin into lumen.

Follow-up:
We will give you an appointment to return to the clinic. It is important that you keep this appointment so that your doctor can arrange any further care you might need. If you need to talk to your doctor, you can call:
___________________ and ask to speak to your physician or the
___________________ on call.