

Level 1 Therapies

Central Line Dressing Changes

Central Line Blood Draws

Central Line Flushing

Portacath Deaccess

Hydration Administration (dial a flo)

Antibiotic administration (Elastomeric ball)

Some general high points for IV Therapy

Wash hands and surface before care

Teach patient/caregiver to wash hands and

Proper technique for IV care

Use alcohol on cap for 15 seconds and allow to dry

The drying time after disinfection solutions is the time when they do their work

LPNs cannot do any care on central IV lines in New Hampshire

LPNs cannot insert or remove picc line in Massachusetts and per our policy cannot do chemotherapy in the home.

Doctor's orders supercede all IV protocols

You need a doctor's order to draw labs off a central line

- **May be inserted at bedside**
- **Dwell time 7-30 days**
- **Frequently place in emergencies**
- **May be removed in the home, we send them to MD for removal**
- **May be single to triple lumen**
- **This are accepted on a case by case bases only for short time**

PICC Peripherally Inserted Central Catheter- Cook, Clinicath, L-Cath

- **May be inserted at bedside or interventional radiology**
- **Dwell time 6 – 12 months**
- **Indicated for long term therapy**
- **May be removed in the home if we have length**
- **May be single or double lumen**
- **May be valved or non valved**

Midline Catheters

- **Not centrally located – considered a peripheral catheter**
- **Inserted at bedside with sterile technique**
- **Dwell time 4-6 weeks**

No heparin needed

Valved Catheters

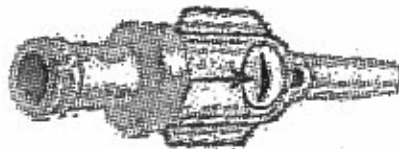
Groshong Catheter



FIG. 15-12 Valve-tipped catheter. The three-way Groshong valve opens inward for aspiration, opens outward for infusion, and remains closed when not in use. (Courtesy Bard Access Systems.)

PASV Catheter

Infusion



Closed



Aspiration



LifeValve Catheter

LifeValve™ in closed position



LifeValve™ in flow forward (infusion) position



Midline-

- **Daily flush with 3-5 cc 10unit/cc heparin**

Peripheral-

- **Daily flush with 1-3 cc 10unit/cc heparin**

Blood Draws

For all central catheters no midlines (need doctor's order)

- **Saline flush check for blood return**
- **Use large blood tube for a discard**
- **Draw labs agitate tubes 5-10 times**
- **Flush with 10 cc saline for all line except port use 20cc of saline for port**
- **Flush with 5 cc heparin as ordered**
- **Non-valved catheters flush with 20cc saline after labs no heparin**

Dressing Changes and Cap Changes

Tunneled, Non Tunneled Catheters, Midlines and PICCs

- **Weekly dressing and cap change**

- **Many of the antibiotics come in elastomeric pumps and are attached to cap and clamp is opened and med will flow. It is based on a balloon concept and when empty is thrown in the trash**

Picc Removal

- **Using a picc dressing kit don gloves, clean area around picc Place 2x2 over site do not press down and pull picc out**
- **Check for bleeding after 2 minutes and then place a 2x2 with bacitracin on pad and tape or tegaderm**
- **If resistance is met (vasoconstriction) stop pulling have patient lie down and take several deep breaths. Wait 10 minutes and try again if still unable to remove call MD**
- **MD may have patient come in office or order Valium 5 mg and have patient call when they have med for return visit**
- **Document length and condition of site**
- **Instruct patient to keep dressing intact for 48 hours and do not lift more than 5 pounds**

Complications

- **Phlebitis- scale is 0-4 in your handouts**

Phlebitis Scale-Infusion Nursing Society

GRADE	CLINICAL CRITERIA
0	-No Symptoms
1	-Erythema at access site with or without pain
2	-Pain at access site with erythema and/or edema
3	-Pain at access site with erythema and/or edema -Streak formation -Palpable venous cord
4	-Pain at site with erythema and/or edema -Streak formation -Palpable venous cord >1 inch in length -Purulent drainage

Source: *Infusion nursing standards of practice. J Intravenous Nursing 2000; 23(6S):556-569*

Infiltration Scale-Infusion Nurses Society

GRADE	CLINICAL CRITERIA
0	-No Symptoms
1	Skin blanched Edema <1 inch in any direction
2	Cool to touch With or without pain Skin Blanched Edema 1-6 inches in any direction
3	Cool to touch With or without pain Skin Blanched, translucent Gross edema > 6 inches in any direction
4	All of above PLUS: Possible numbness Deep pitting tissue edema Circulatory impairment Moderate-severe pain Infiltration of any amount of blood product, irritant or vesicant.

Source: *Infusion nursing standards of practice. J Intravenous Nursing 2000; 23(6S):556-569*

- **If no securement device use chevron with tape from kit Do not place tape over catheter itself**

Insurance

- **Medicare- Only pays for drug no supplies patient will have to pay daily supply fee \$75- \$100/day**
- **Medicaid- pays for most therapies including Cath-Flo**
- **Private insurance- Let UR know if extra visits needed**
- **Hospice- Pays for all meds related to DX on hospice for Some insurance will negotiate for extra coverage for say TPN but usually only for very limited time**

Will now demonstrate Picc dressing change and blood draw

Then we will do competencies with each clinician