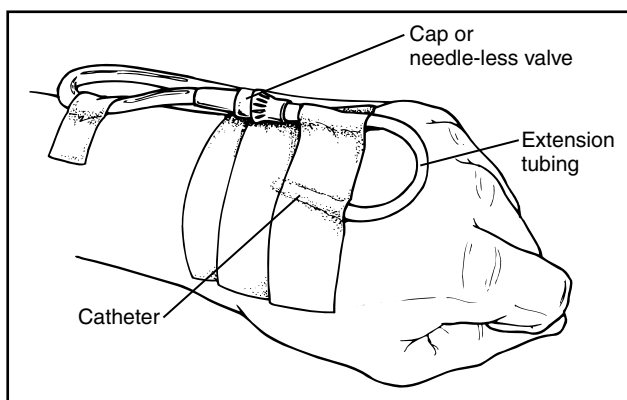


How to Care for Your Heparin Lock (intravenous catheter less than 1.5 inches)

A heparin lock has been placed in your arm so you can receive intravenous (IV) medications and fluids. Three basic pieces are connected to make up the heparin lock:



1. The catheter that is in your vein and comes out through the skin is a soft plastic-like material covered by a dressing. You could compare the catheter to a straw. The placement of the catheter will be changed every 2 to 3 days by the nurse.
2. The extension tubing is a length of tubing hooked to the catheter. This piece makes it easier for you or your care giver to use the IV catheter without accidentally pulling it out of the vein. This tubing will have a clamp attached that helps keep the blood from backing up.
3. A cap or needleless valve is attached to the end of the extension. This is where the medication or fluid enters.

PREVENTING PROBLEMS

Because the catheter is in your bloodstream, you must be careful that an infection does not enter your body through that opening. A dressing must be used to keep the catheter insertion site clean and dry. Tape is used outside the dressing to secure the catheter and prevent it from being accidentally pulled out. Saline and heparin solution are flushed through the heparin lock to keep the catheter from becoming blocked.

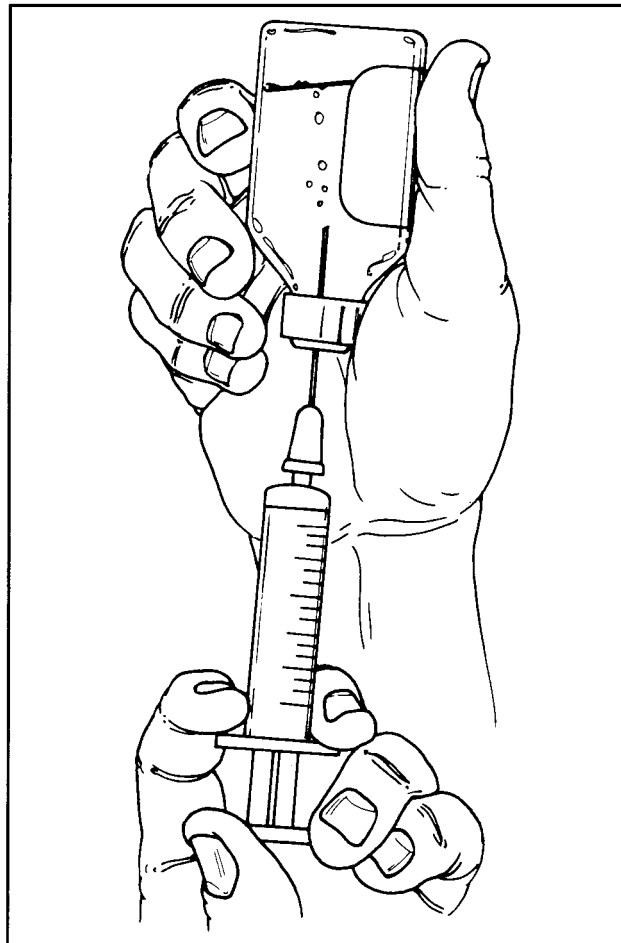
GUIDELINES

Use the following guidelines to help you decrease your risk for infection and to keep the heparin lock in place and working properly.

1. Always wash your hands with antibacterial soap and running water before touching any part of the heparin lock system.
2. Keep the heparin lock and dressing dry. Cover by wrapping plastic kitchen wrap around your arm, and taping at both ends, before bathing or showering.
3. Make sure all pieces stay connected together tightly and the clamp is in place when the heparin lock is not in use.
4. Check the catheter insertion site frequently before, during, and after use.
 - a. Do not remove the clear dressing to check the site. Look through the dressing for signs of redness, swelling, or drainage.
 - b. If you have a gauze dressing you cannot see through, gently touch the site to check for swelling or tenderness.
 - c. If you have a fever or the site is tender, swollen, or draining, call the nurse immediately.
 - d. If the dressing starts to peel off, call the nurse for further instruction. You may have to tape it down until the nurse can arrange a visit.
5. Flushing your catheter will help keep it from becoming blocked.
 - a. Flush with _____ milliliters (ml) of sodium chloride (saline solution) before administration of medications or fluids.
 - b. Flush again with the same amount of saline, after the medication or fluid is completed.
 - c. Finally flush with _____ ml of heparinized solution (heparin lock flush).
 - d. You may remember this process as SASH: Saline-Administration-Saline-Heparin.
 - e. If medication is given less than every 8 hours, flush with heparin lock flush _____ times a day to prevent blockage.
6. Prepare for syringe flushing as follows:
 - a. Prepare a work surface by cleaning the selected area with soap/water or alcohol, and allowing the area to air-dry.

How to Care for Your PICC or Midline Catheter

- b. Wash your hands.
 - c. Gather your equipment
 - 0.9% sodium chloride (saline)
 - Heparinized solution (heparin lock flush) _____ units/ml
 - Sterile 10-ml syringes with needle attached
 - Alcohol prep pads
 - d. Repeat steps e through j to prepare the saline and heparin syringes needed. Tag the heparin syringe with a label or piece of tape so you know the heparin is the last flush to be given.
 - e. Pop the cap off the solution bottle, open an alcohol wipe, and use it to clean the rubber top of the bottle.
 - f. Remove the cap from the needle and pull the plunger back to the _____ ml mark. *(Do not touch the needle or the cleaned bottle top with your fingers. If you accidentally touch the needle, get a fresh one and start again.)*
 - g. Insert the needle into the bottle's rubber top.
 - h. Turn the bottle, needle, and syringe upside down. Inject the air and withdraw _____ ml of solution.
 - i. Remove the needle and syringe from the bottle. If air bubbles remain in the syringe, hold the syringe with the needle up. Draw the plunger back slightly and gently tap the barrel of the syringe, until the bubbles rise to the top. Push the plunger slightly to get the air out.
 - j. Carefully re-cap the needle and lay the syringe down on your clean work surface.
7. Flushing your heparin lock
- a. Make sure the extension clamp is open.
 - b. Clean the cap or needleless valve with alcohol, scrubbing briskly. Allow it to air-dry.
 - c. Leaving the needle on the syringe, puncture the extension cap or remove the needle from the syringe for direct connection of the syringe to the valve.
 - d. Inject fluid by pushing the plunger, until the full amount is used. If resistance is met, DO NOT force the fluid in. Stop and call your home care nurse.
 - e. After flushing, close the extension clamp.
 - f. Remove the syringe.
 - g. Discard all used needles/syringes in a puncture-proof container with a lid. Dispose of full receptacle according to your town's requirements.



SPOTTING PROBLEMS

Call your home health nurse immediately if you experience any of the following:

Signs of Infection

- Swelling, pain, or drainage around the insertion site.
- Chills or fever over 101°F.

Signs of Dislodged Catheter

- Inability to flush the catheter.
- Pain or swelling when you attempt to flush or during fluid administration.
- Clear fluid or blood leaking from insertion site.

OTHER INSTRUCTIONS