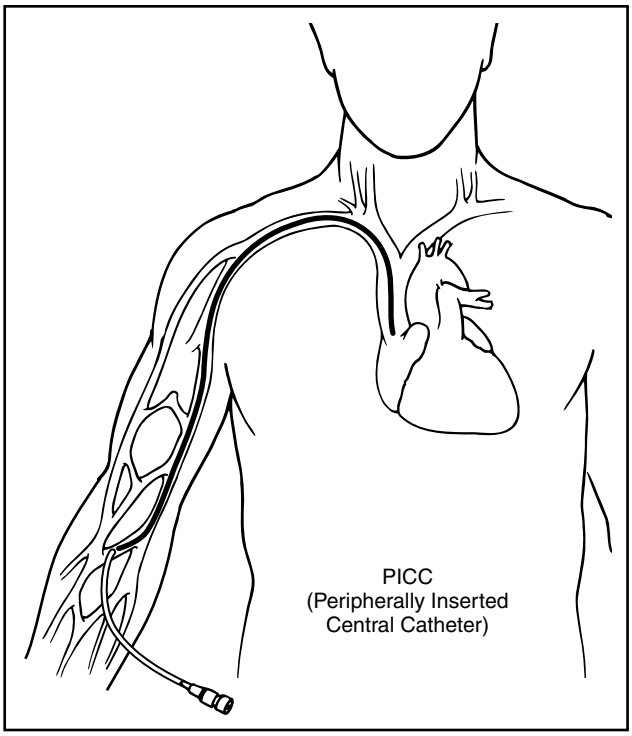
# How to Care for Your PICC or Midline Catheter (intravenous catheter greater than 1.5 inches)

The PICC (peripherally inserted central catheter) and midline catheters are special intravenous (IV) catheters. A very soft flexible tube is inserted near the bend of your arm and threaded deeper into the vein. The PICC ends in the vein just outside your heart, and the shorter midline catheter ends near your armpit. The type of catheter you have is a _____ (brand) _____ _____ (PICC or midline). The catheter in your vein is _____ inches long, with _____ inches remaining outside the insertion site beneath the transparent dressing material. It has been placed in your arm so you can receive IV medications and fluids. If properly cared for, this catheter should stay in place until your therapy is complete. The part of the catheter outside the dressing should always have a cap or needleless valve at the end. If a clamp is present, it should be closed when the catheter is not in use. Tape may be used outside the dressing to secure the catheter extension for your comfort and help prevent the catheter from being accidentally pulled out. Saline and heparin solutions are flushed through the IV line to keep the catheter from becoming blocked.




## PREVENTING PROBLEMS

Because the catheter is in your bloodstream, you must be careful that an infection does not enter your body through that opening. The clear dressing over the insertion site must be occlusive. This means the dressing sticks tightly to the skin, catheter, and insertion site, with no air pockets, moisture, or peeling edges.

This dressing should be changed

- 24 hours after catheter insertion,
- Whenever it becomes wet, soiled, or starts to peel,
- Any time you note the catheter beneath the dressing is pulling out of the vein,
- Every _____ days.

## GUIDELINES

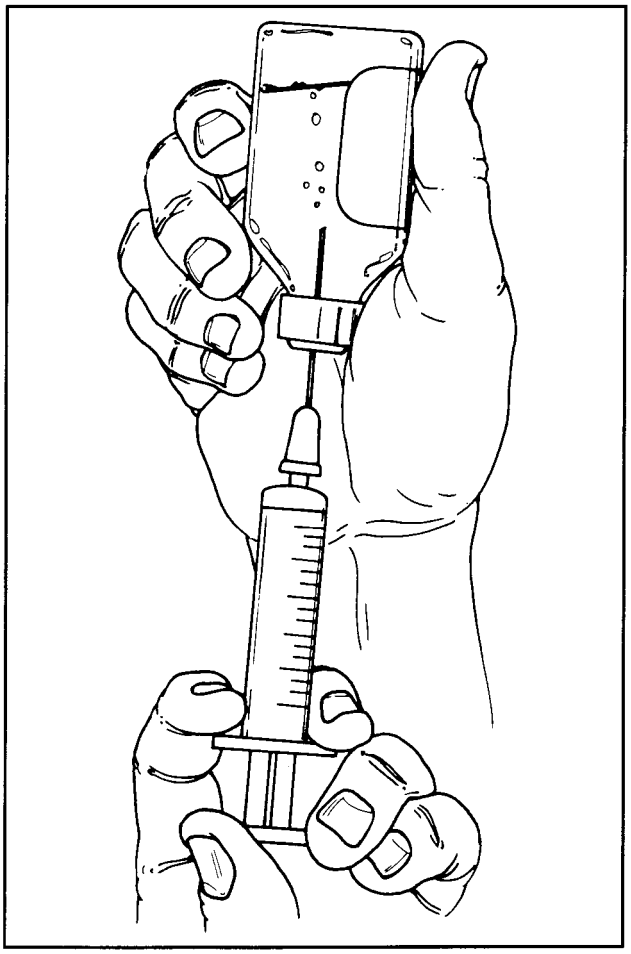
Use the following guidelines to help you decrease your risk for infection, and to keep the IV line in place and working properly.

1. Always wash your hands with antibacterial soap and running water before touching any part of the catheter.
2. Keep the dressing dry. Cover it by wrapping plastic kitchen wrap around your arm and taping at both ends before bathing or showering.
3. Make sure the cap, needleless valve, and extensions stay tightly connected and the clamp is closed when the IV line is not in use.
4. Check the catheter insertion site frequently before, during, and after use.
   a. Do not remove the clear dressing without assistance of a nurse or trained care giver.
   b. If you have a fever or the site is tender, swollen, or draining, *call the nurse immediately.*
   c. If the dressing starts to peel off, *call the nurse immediately.*
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 as SASH: *S*aline–*A*dministration–*S*aline–*H*eparin.
e. If medication is given less than every 8 hours, flush with heparin lock flush _____ times a day to prevent blockage.

6. Prepare the syringe for flushing as follows:
   a. Prepare a work surface by cleaning the selected area with soap/water or alcohol and allowing it to air-dry.
   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 rubber top of the bottle.
   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 the cleaned surface.

7. Flush your PICC or midline catheter.
   a. Make sure any clamp on the external catheter is open.
   b. Clean the cap or needleless valve with alcohol, scrubbing briskly.
   c. Allow it to air-dry.
   d. Leaving the needle on the syringe, puncture the cap or remove the needle from the syringe for direct connection of the syringe to the valve.
   e. Inject the 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. *Never flush with a syringe smaller than 5 to 10 ml and do not allow a nurse or care giver to do this, either. Small syringes exert more pressure that could break the catheter.*
   f. After flushing, close the extension clamp.
   g. Remove the syringe.
   h. 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 insertion site, or in the upper arm.
- Chills or fever over 101°F.

### *Signs of Damaged or Blocked Catheter*

- Inability to flush the catheter.
- Pain or swelling in your arm when you attempt to flush the catheter.
- Clear fluid or blood at the insertion site.
- Fluid leaking from any part of catheter during infusion or flushing.

### *Signs Your PICC or Midline Dressing Is No Longer Occlusive*

- Air pockets,
- Moisture,
- Loose or peeling edges,
- Catheter pulling out of the vein, beneath the dressing.

## *OTHER INSTRUCTIONS*