

Leamington Mennonite Home
Long Term Care

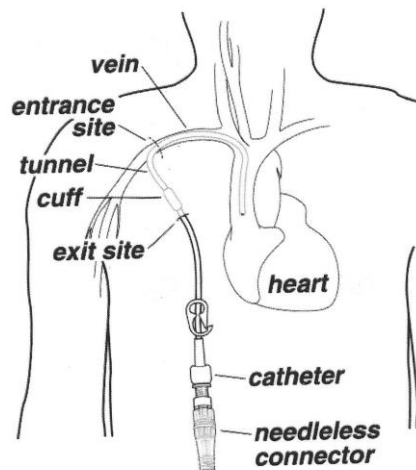
POLICY AND PROCEDURE

CATEGORY: Nursing	SUBJECT: Central Line Catheter Care– Hickman Catheter	SECTION: C
DATE: April 2019	Administrator: <u>J. M.</u>	POLICY: 5
REVISION DATES:	Director of Care: <u>Cheryl Allick</u>	

CENTRAL LINE CATHETER CARE – HICKMAN CATHETER

POLICY:

A HICKMAN® catheter is tunneled under the skin on the chest wall and into the superior vena cava just above the heart. A Hickman catheter may have 1, 2 or 3 lines. Leamington Mennonite home will maintain a Hickman Catheter Patency but will not administer medication via the catheter – if this is required the resident would be referred for care in an acute care facility. Unless otherwise directed by the Physician the patency will be maintained with weekly flushes and dressing changes. The Physician will be notified if the RN is unable to flush a lumen or unable to aspirate for blood return.



PURPOSE:

- to maintain the patency of the Hickman catheter
- to minimize the risk of infection, damage, displacement and other complications associated with the care of the Hickman Catheter

PROCEDURE:

Bathing: Resident is able to shower in 24 – 48 hours after the insertion of the Hickman Catheter. Tap water contains small numbers of germs. You must protect your HICKMAN®

catheter and hub from water. It will need to be kept covered with a waterproof type of dressing such as a tegaderm.

Dressing Change/ Tubing/Adapter change and Flush: to be done by an RN trained in the Hickman Catheter care.

Site Assessment: to be done q 12 hours (0800 / 2000) unless nursing assessments indicates a need for more frequent observation.

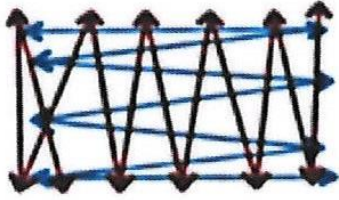
- Signs of inflammation
- Infection
- Bleeding
- Leakage at insertion site

Weekly Dressing Change, Change of Adapters, and Flushing the Hickman Catheter:

PROIR to accessing the catheter for any reason the nurse must perform appropriate hand washing.

- If the resident has a cough or cold, they are to wear a mask when care is given to the Hickman line.
 - Staff are to use the prepackaged Hickman Catheter Care Kit for care.
 - 2 -10 ml syringe prefilled with 0.9% sodium chloride
 - 2 - Needleless connectors
 - 3 - Chlorhexidine swabs
 - Sterile 2x2
 - Sterile drape
 - 2 - Surgical masks
 - Sterile gloves
 - Tegaderm 10X12 – for Hickman catheter
 - Alcohol swabs
 - Lumens will be capped with a sterile needless adapter at all times.
 - Needless adapters will be changed every 7 days
1. Set up sterile field using sterile drape, open up and place all required supplies on sterile drape, avoid contaminating supplies.
 2. Perform hand hygiene and don clean gloves
 3. Remove dressing
 4. Discard gloves and dressing
 5. Perform hand hygiene
 6. Inspect site integrity
 7. Perform hand hygiene, don sterile gloves
 8. Prime adapters (needleless connectors) that are to be attach to the Hickman Catheter. Leave 10 ml syringe prefilled with 0.9% sodium chloride attached to adapters. Place back on sterile field

9. Disinfect skin with the Chlorhexidine swabs. The 1st swab , using friction, clean around the exit site of catheter and area where dressing is to be placed using a back and forth motion for 15 seconds. Flip the swab and moving in the opposite direction clean site for another 15 seconds.



10. With the 2nd swab cleanse the length of the exposed catheter and Clean needless adapter for 15 seconds using the alcohol swab and friction in a twisting motion. Allow to dry.
11. Allow skin to air dry completely, use sterile 2x2 to ensure skin is dry.
12. Apply transparent semipermeable dressing to cover both the insertion site (and sutures if present). Lay dressing in place and mold it over the catheter with fingertips starting at the insertion site. **DO NOT** stretch dressing over skin surface. Slightly overlap the border tabs under the lumens.
13. Remove gloves and perform hand hygiene.
14. Apply clean gloves
15. Loosen the connection to facilitate rapid change over.
16. Disconnect the adapter
17. Clean end of the catheter line with a new alcohol swab. Allow to dry
18. Maintain aseptic technique while connecting the new primed adapter with attached 10 ml syringe prefilled with 0.9% sodium chloride
19. Gently flush lumen with 1-2 ml of 0.9% sodium chloride
20. Gently aspirate for blood return
21. Flush the lumen with 0.9% sodium chloride using a start / stop flush technique **NOTE: a pulsating flush technique of 10 short boluses (each 1 ml) interrupted by brief pauses may be effective at removing sloid deposits. DO NOT FORCE THE FLUSH.**
22. Perform hand hygiene. Tip for loosening adapter if having difficulty: Use tourniquet (blue band) to wrap around lumen to create extra grip.

Documentation:

1. The dressing change and condition of the insertion site.
2. The adapter change.
3. Any observations arising from the procedure.