

Your Central Catheter for Home IV Therapy

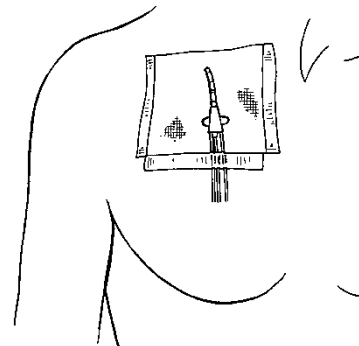
Introduction

Your doctor has recommended **intravenous medications** (IV) as a part of your treatment. To give you these intravenous medications (also called **infusions**) your doctor has inserted a device called a **central venous catheter (CVC)**.

We call these catheters **central** because the tip is placed at a point that is close to the heart.

A CVC is a thin tube made of a very soft and flexible material. It can be different sizes but usually it is about ten inches long.

The central venous catheter is put into a vein that may be in your chest or in your neck. The central venous catheter will go in as far as about one inch above your heart.



Important Points about Your Catheter

- CVCs are typically kept in place for an extended time. If your CVC is maintained properly you may be able to complete your entire therapy using the same catheter, and without complications.
- Your CVC should be treated in a way that will keep it from getting infected or damaged. Your home care nurse will provide you with verbal and written information on how to maintain the catheter. Always feel free to ask questions if you are uncertain about using or maintaining your CV catheter.
- Your CVC must always be covered with a sterile dressing. These dressings can prevent infections. The dressings are typically changed about once a week if dry and adhered to the skin on all four sides. If the dressing becomes moist, wet, or unattached to the skin, it must be changed immediately to prevent an infection.
- In addition to the dressing your CVC should be secured to your skin with a piece of sterile tape and an engineered stabilization device to prevent tugging and pulling. The CVC may have a piece of sterile tape and an engineered stabilization device securing it, especially if you are engaging in strenuous activities.

- Medication is inserted through the CVC by attaching the IV administration tubing to the needleless connector access device placed on the end of the catheter.
- If treated correctly with saline and heparin “flushing” medications, your catheter should not become clotted or clogged. Let your home care nurse or pharmacist know immediately if the catheter is not performing properly.
- While your catheter is in place you can engage in your usual activities, within reason. As long as the dressing is kept dry, secured, and intact, there are no strict limitations. Always consult with your nurse before engaging in any strenuous activities or heavy lifting.

Signs or Symptoms to Report to Your Nurse or Pharmacist

- Pain or tenderness around your catheter
- Pain or tenderness while your infusion is being given
- Puffiness or swelling around your catheter exit site or anywhere on your chest, neck, or arm
- Redness or any drainage around your exit site
- Fever
- Clogging inside your catheter or a suddenly “sluggish” infusion (infusing slower than ordered)
- Bleeding from your catheter
- Leaking of medications from your catheter
- Ringing in your ears or any pain in your ears or neck during your medication
- Heart palpitations
- Lightheadedness, dizziness, or fainting

Notes and Instructions

- Frequent hand washing avoids infections.
- Avoid movement of the catheter at any time.
- Always clean the needleless connector access device with an alcohol pad before attaching the IV administration tubing.
- Avoid getting the catheter or dressing wet.
- Avoid tub baths.
- If your catheter has a clamp, the clamp should remain clamped between infusions.