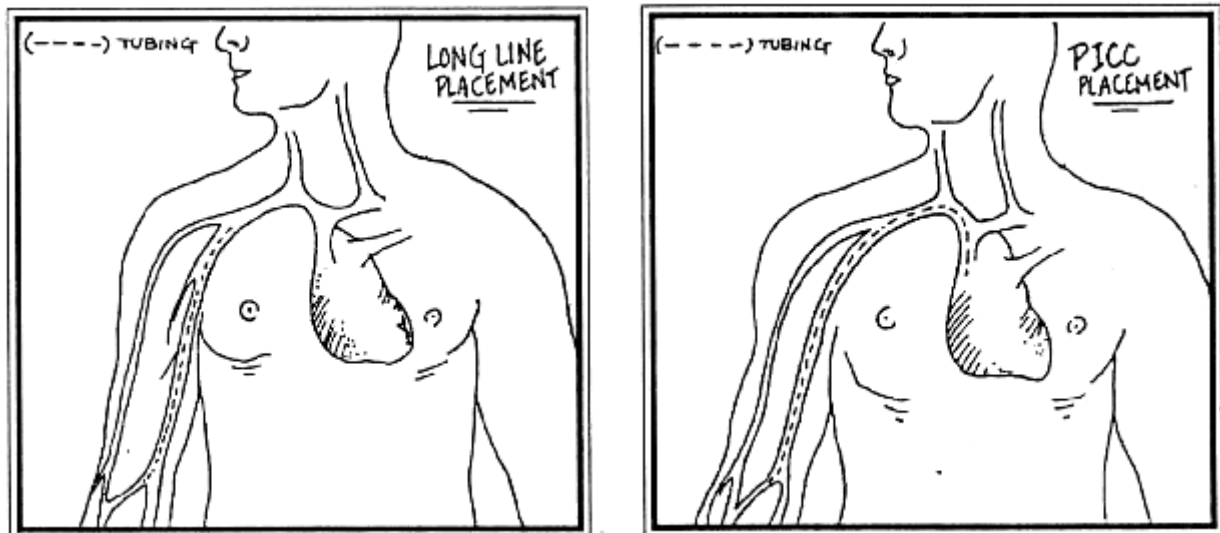


Peripheral Long Line Catheter or “Long Line” Peripherally Inserted Central Catheter or “P.I.C.C.”

A *Peripheral Long Line Catheter* (“Long Line”) and a *Peripherally Inserted Central Catheter* (“P.I.C.C.”) are types of intravenous catheters inserted by certified nurses experienced in placing these catheters.

Because Long Lines and P.I.C.C.’s are softer, more flexible, and their catheter tips rest in larger veins, they can often stay in place throughout your therapy.

When these types of catheters are inserted, your nurse will wear a mask and sterile gloves. Usually you will also wear a mask. Your nurse will arrange a sterile work area for the equipment needed to insert your catheter. Special preparation of the skin around the insertion site is necessary to prevent infection. Your nurse will take a measurement to determine the correct catheter length necessary for you.



As shown in the diagram, P.I.C.C.’s are longer than Long Lines; the tip of the P.I.C.C. lies close to the heart. Therefore, when a P.I.C.C. is inserted, an x-ray is taken to confirm the exact location of the catheter tip. Your nurse will tell you what type of catheter you have.

Flushing Your I.V. Catheter

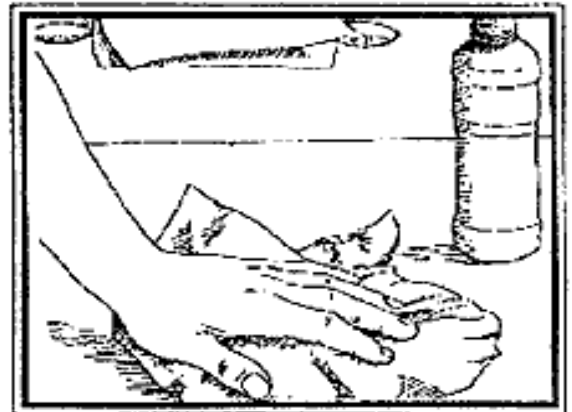
Flushing your catheter means infusing a small amount of solution into the catheter to prevent “clogging”.

Here are the steps for flushing your PICC line:

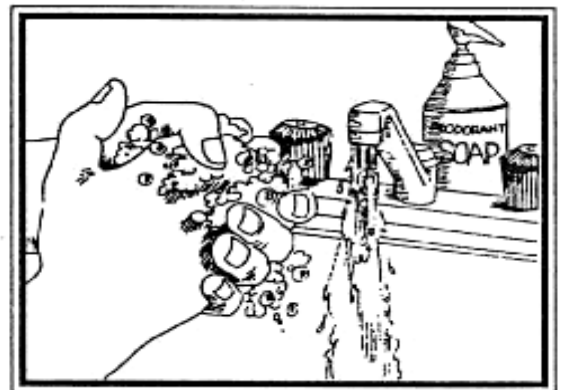
Equipment:

- 1.Prepared Saline Flush syringe/s
- 2.Prepared Heparin Flush syringe
- 3.Alcohol wipes
- 4.Waste Container

1. Clean your work area.



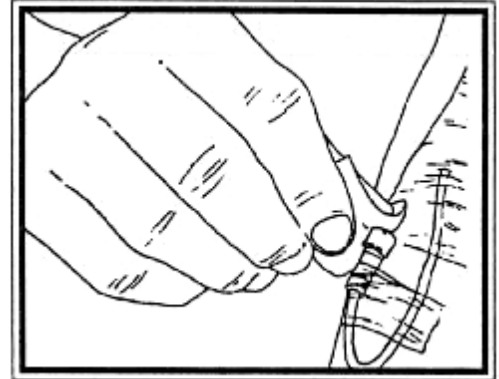
2. Wash your hands thoroughly.



3. Prepare your flushes as instructed by your nurse.

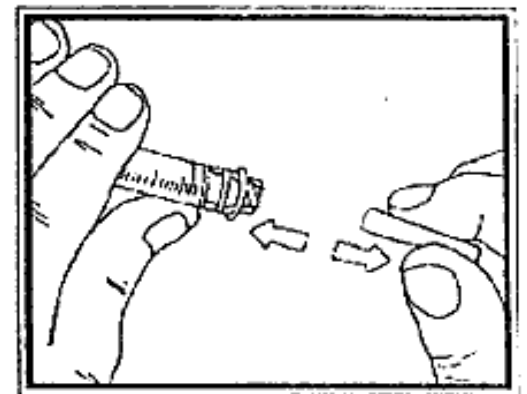
Flushing Your I.V. Catheter (continued)

4. If your catheter damp is dosed, open the damp now.



5. Clean the injection cap thoroughly with an alcohol wipe. Use friction.

6. Pull firmly to remove the protective cap from the syringe.

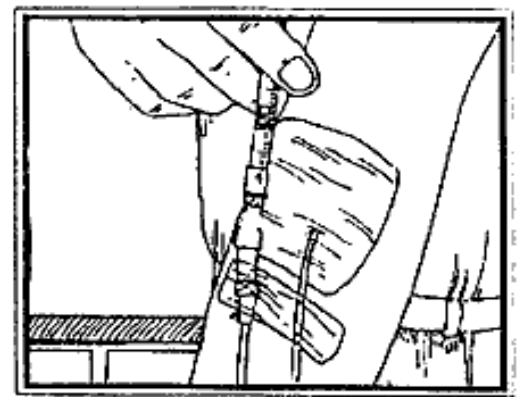


7. Insert the syringe into the injection cap using a slight twisting motion.

Slowly inject all of the solution into the injection cap.

Note: If you feel any resistance, **DO NOT** use force. Refer to the Troubleshooting Guide at the end of this section before proceeding.

8. Withdraw the syringe from your injection cap, and dispose of it as instructed by your nurse.



9. Reclamp your catheter only if you have been instructed to do so.

Changing Your Injection Cap

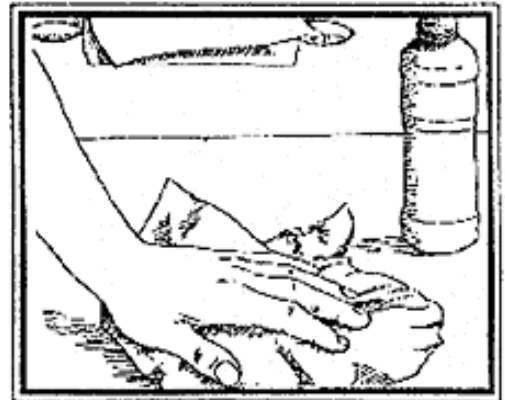
Occasionally it may be necessary for you to change your injection cap. Your nurse will tell you when you need to do this.

Equipment

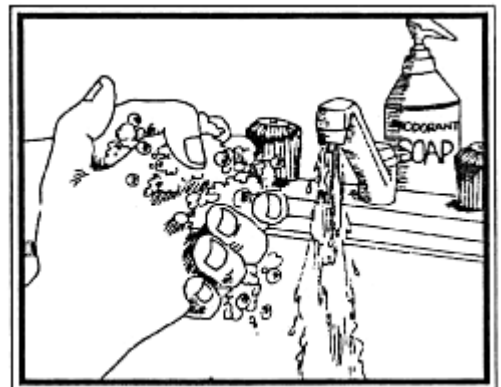
- sterile injection cap
- alcohol wipes
- 1"tape
- Prepared heparin flush

1. Gather your equipment.

2. Clean your work area.



3. Wash your hands thoroughly.



Changing Your Injection Cap (continued)

4. Clamp your catheter.

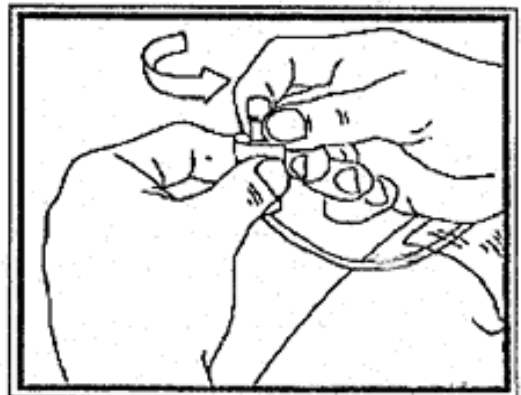
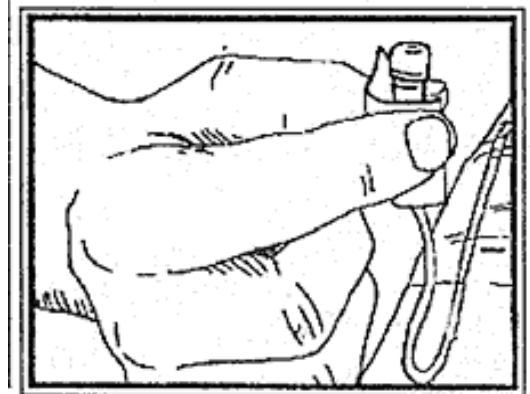
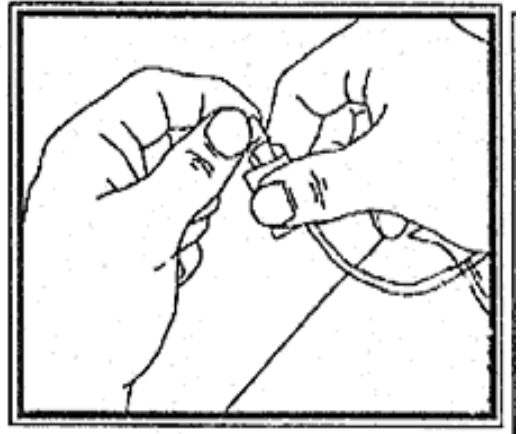
5. To remove your “old” injection cap:

Clean the junction (connection) of the injection cap and catheter tubing thoroughly with an alcohol wipe. Use friction.

*You may need a family member or friend to help you.
He or she should wear nonsterile, disposable gloves.*

- Using a new alcohol wipe, grasp the hub of the catheter tubing.

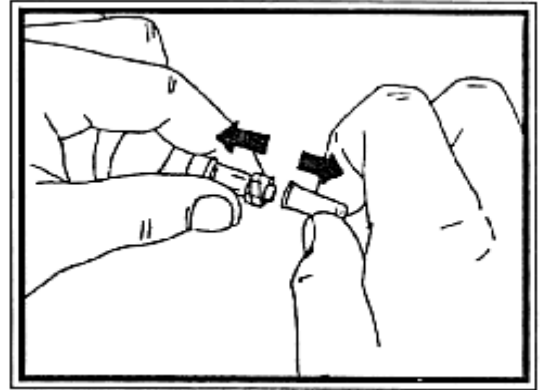
- With a twisting motion, remove the old injection cap.



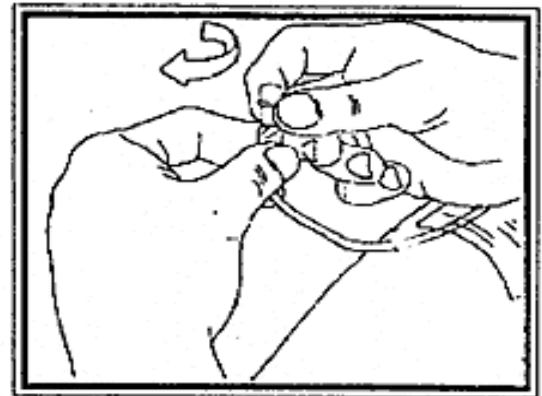
Changing Your Injection Cap -continued

6. To put on the “new” injection cap:

- Remove the protective cover from the new injection cap. DO NOT TOUCH the exposed end. It is STERILE
- Place the new injection cap onto the catheter tubing end. Secure in place with a twist.



- Unclamp the catheter, and use tape to secure the catheter to the skin.



7. To complete your injection cap change:

- clean the end of the injection cap with a new alcohol wipe.
- flush with the heparin solution.
- reclamp the catheter, if you have been instructed to do so.

Long Line Catheters and P.I.C.C.s Care and Maintenance

Changing Your Dressing

Your nurse will change your Long Line or P.I.C.C. catheter dressing regularly. In between your nurse's visits, you will need to observe the dressing. If it becomes wet, loose, or soiled, contact your nurse to arrange for a dressing change. Good consistent care of your catheter dressing will reduce the possibility of infection.

Troubleshooting Long Lines and P.I.C.C.'s

A “Long Line” or “P.I.C.C.” catheter will not interfere with your daily activities if proper care is taken. On occasion, a problem may occur. A list of these problems, the possible causes, and what you should do about them is provided below. Your nurse may provide additional instructions.

Remember:

- **NEVER** use scissors near the catheter or tubing.

Problem	Possible Cause	What to Do
<ul style="list-style-type: none"> • PHLEBITIS <i>(irritation of vein)</i> • redness at insertion site • red line following the course of the vein • pain/feeling of warmth at the insertion site or along the course of the vein. <p><i>* This may occur anywhere between the insertion site and the catheter tip location.</i></p>	<ul style="list-style-type: none"> • Irritating medications given through the catheter. • Irritation from the I.V. catheter • Bacteria/infection 	<p>Call your nurse. She/he may give you instructions or make arrangements to see you.</p> <ul style="list-style-type: none"> • Apply a warm, moist towel for 20 minutes, 4 times a day.
<p>INFILTRATE (fluid running into the tissue rather than the vein)</p> <ul style="list-style-type: none"> • swelling while flushing • swelling while medication is infusing • coolness or blanching of your skin <p><i>* This may occur anywhere between the insertion site and the catheter tip location.)</i></p>	<ul style="list-style-type: none"> • Dislodged I.V. catheter 	<ul style="list-style-type: none"> • Call your nurse. She/he <i>into the tissue rather than</i> may give you telephone <i>the vein</i>) instructions or make arrangements to see you.
<ul style="list-style-type: none"> • INFECTION • fever, chills, sweating • tenderness or redness at exit site • drainage at the exit site 	<ul style="list-style-type: none"> • Possible catheter infection • Possible infection from other causes. 	<ul style="list-style-type: none"> • Call your nurse if you notice any of these symptoms.

<p>LEAKING AND/OR BLOOD VISIBLE IN I.V. CATHETER</p>	<ul style="list-style-type: none"> • Connections are loose or disconnected • Injection cap needs changing • Increased activity or exertion 	<ul style="list-style-type: none"> • Stop the infusion. • Check the injection cap and connections. Tighten and/or change if necessary. • Change the needle on the medication tubing, and flush. • If the problem persists, call your nurse.
<p>RESISTANCE TO CATHETER FLUSHING MEDICATION WILL NOT RUN OR RUNS SLOWLY</p>	<ul style="list-style-type: none"> • Clamped catheter or tubing • Bag is spiked incorrectly • Tubing is kinked • Infiltration (Dislodged catheter) 	<ul style="list-style-type: none"> • Check to see that the I.V. catheter clamp is open. • Check solution bag and spike connection. • Check the height of the bag. • Check to be sure tubing is not damped or kinked. • Try changing the position of your arm. • Stop the infusion. • Flush your I.V. catheter with saline (sterile water if instructed); attempt to restart the infusion. • If the problem persists, call your nurse.
<ul style="list-style-type: none"> • DAMAGED I.V. • leaking • blood backing up • visible catheter damage 	<ul style="list-style-type: none"> • Break or puncture of the I.V. 	<ul style="list-style-type: none"> • Clamp I.V. catheter between the damaged site and your arm. • Call your nurse Immediately.
<ul style="list-style-type: none"> • SUDDEN SHORTNESS OF BREATH, COUGHING, AND CHEST PAIN 	<ul style="list-style-type: none"> • Catheter damage • Improper priming of I.V. tubing • Large amount of air entering the body. (possible Air Embolism) 	<ul style="list-style-type: none"> • Clamp your I.V. • Lie on your left side with your head down. • Phone for emergency assistance - 911 or your local medical emergency number.