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Royal Brompton & Harefield **NHS**
NHS Foundation Trust

Your peripherally inserted central catheter (PICC) or midline catheter





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This leaflet gives general information about using and looking after your peripherally inserted central catheter (PICC) or midline catheter at home. It does not replace the need for personal advice from a qualified healthcare professional. Please ask your doctor or nurse if you have any questions.

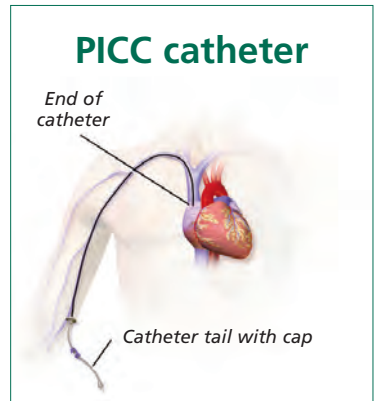
Intravenous (IV) catheters

Your doctors think that an IV catheter is the best way for you to have your medication. The IV catheter may be a peripherally inserted central catheter (PICC) or a midline catheter. The catheter can stay in place during your treatment so you don't need to have lots of different needles inserted.

If you are going home with a PICC or midline catheter in your arm, it is important that you know how to use and look after it. This is to prevent any problems with the catheter so that it can stay in place and continue to work properly for the whole time that you need it.

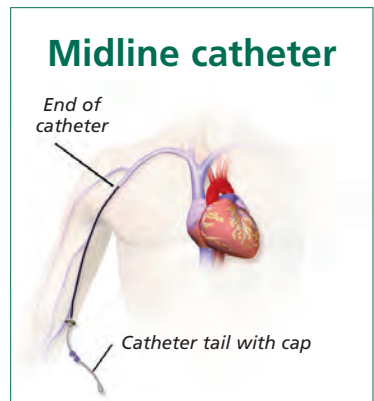
Peripherally inserted central catheters

A peripherally inserted central catheter (PICC) is a long, thin, flexible tube that is inserted into a vein on your upper arm so that medicines can be given intravenously (through the veins). The end of the catheter is positioned in the superior vena cava (SVC). The superior vena cava is the largest vein in the body and is found just above your heart in the middle of your chest.



Midline catheters

A midline catheter is also a thin, flexible tube that is inserted into a vein in your upper arm so that medicines can be given intravenously. The only difference between a midline catheter and a PICC is the length of the catheter. A midline catheter is about half the length of a PICC and so the end of a midline catheter lies within a vein close to your shoulder.





How to deliver your medicines through your PICC/midline

Your doctor or nurse will explain how to use your IV catheter at home. Remember to:

1. Wash and dry your hands thoroughly before you touch the end of your catheter (the 'hub'). If you have disposable gloves, you should use them.
2. Clean the hub with a special wipe or cloth (you will have been given some of these to take home with you). Wait about 10 seconds for it to dry.
3. Draw up 10ml of 0.9% normal saline into a syringe (or use a pre-filled syringe if you have been given one). Attach the syringe to the hub. Release the white clamp.
4. Push the syringe lever down slightly, then pause, then push it down slightly again. Continue this push/pause technique until the syringe is empty. This process is known as 'flushing'.

If it is not possible to flush your catheter, do not use it. Contact the ward where you most recently attended at Harefield or Royal Brompton. See contact details on page 7.

5. Attach the medicine infusion to the hub of the catheter, in the way you have been shown on the ward. The infusion may last for up to 60 minutes. Repeat this process for any additional infusions, but make sure you flush the catheter with 5ml of 0.9% normal saline in between infusions.

After the infusion, it is important that your catheter is flushed out again (see page 5).

Flushing out your PICC/midline

After completing your infusion/s, it is important to flush out your catheter with 20ml of 0.9% normal saline, to stop it getting blocked.

To flush out your catheter, follow steps 1 to 4 opposite. **During the last push of saline, close the white clamp.**

On rare occasions, patients will be given 'heparinised' saline. If you have been given a 5ml syringe of heparinised saline, flush this through the catheter too. To do this, follow steps 1 and 2 again, attach the heparinised saline syringe to the hub, and release the white clamp. During the last push of heparinised saline, close the white clamp.


If you have been given vials of heparinised saline (as opposed to pre-filled syringes), draw these up into the appropriate syringe to flush through the catheter as above.

If you are not using your catheter on a daily basis, you should flush it on alternate days (every other day).

Looking after your catheter

Please do not change your dressing. Your dressing should be changed once a week by somebody trained to do this. Contact your GP or local hospital to arrange for the dressing to be replaced.

It is very important that you do not get your catheter wet. When you have a bath or shower, cover the dressing so it does not get wet. You can buy special products, or use a well-secured plastic bag/sleeve, or cling film. If you want to buy a product, search for 'waterproof catheter cover' online, or ask your doctor or nurse for advice. If you see any water under the dressing, arrange to have the dressing changed as soon as possible to reduce the risk of infection.



If you are not confident that the additional cover you are using is completely waterproof, keep your arm out of the water. Do not go swimming while your catheter is in place.

Possible complications with your catheter

You may have **bruising** around where your catheter is inserted. This is normal. However, if the bruising gets worse or is very painful, contact your GP or the ward where you were treated (see 'Contact details' opposite).

If you have **bleeding** around your catheter, apply gentle pressure to the top of the dressing until the bleeding stops. This can take around 10 minutes. If the bleeding does not stop, contact your GP or local hospital to arrange for the dressing to be replaced. The dressing should only be replaced by someone who is trained to do it.

Contact the ward where you were treated, your GP or local hospital, if you have:

- any **redness, swelling, tenderness, pain or leaking fluid** around your catheter.
- **pain, inflammation or swelling** on the hand or arm where the catheter is, or if the area around the catheter is warm to touch.

Contact details for Royal Brompton Hospital

If you have any questions about your catheter, contact the vascular access team between 9am-5pm, Monday to Friday, by calling **0330 12 88121** and asking for extension **82326** or **82243**.

Alternatively, you can call the ward where you were treated. Call **0330 12 88121** and ask for the extensions listed below:

- Alexandra: **82500**
- Foulis: **84070**
- Lind: **84325**
- Paul Wood: **82500**
- Sir Reginald Wilson: **82474**
- Victoria: **84067**
- York: **82540**

Contact details for Harefield Hospital

If you have any questions about your catheter, contact the vascular access team between 8am-5pm, Monday to Friday, by calling **0330 12 88121** and asking for beep **6338**.

Alternatively, you can call the ward where you were treated. Call **0330 12 88121** and ask for the extensions listed below:

- Acorn: **85723**
- Cedar 1: **85718**
- Cedar 2: **85581**
- Cherry Tree: **85658**
- Fir Tree: **85797**
- Juniper: **85123**
- Oak: **85667**
- Rowan: **85745**

If you have any concerns about any aspect of the service you have received in hospital and feel unable to talk to those people responsible for your care, call the Patient Advice and Liaison Service (PALS) on 020 7349 7715. Alternatively, email pals@rbht.nhs.uk. This is a confidential service.

Royal Brompton Hospital
Sydney Street
London
SW3 6NP
tel: 0330 12 88121

Harefield Hospital
Hill End Road
Harefield
Middlesex
UB9 6JH
tel: 0330 12 88121

Website: www.rbht.nhs.uk

إذا كنت ترغب في الحصول على ترجمة فورية لمضمون هذه الوثيقة إلى اللغة العربية، يرجى منك الاتصال بأحد مستخدمينا بجناح المصلحة التي يتم فيها استشفائك. أحد موظفينا سيسعى لترتيب إجراءات الترجمة وإتمامها في الوقت المناسب لك.

Brosurteki bilginin Türkçe tercumesi için tedavi görüyor olduğunuz bölüme bas vurunuz. Bölüm personeli tercümenin gerçekleşmesini en kısa zamanda ayarlayacaktır.

