

PIVOT CADD - PICC

WELCOME TO OUR PROGRAM

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INTRODUCTION

Welcome to the Pediatric Intravenous Outpatient Therapy (PIVOT) Program at BC Children's Hospital. We are excited to partner with you in your child's care. The PIVOT program gives families the opportunity to stay at home and enjoy their normal activities while still getting the medical treatment they need.

Throughout this book we will explain everything you need to know to safely and confidently give your child's intravenous medication at home. You will not be alone in this process once you have returned home.

The PIVOT team is here to support you through your child's treatment, 7 days a week.

While you are at BC Children's Hospital, the PIVOT team will teach you about your child's treatment, care of their intravenous (IV) catheter site, how to give your child's medicine and what to do if anything goes wrong. Knowing what to expect will help you be more involved in your child's care and better prepare you to give antibiotics at home.



FAMILY & PIVOT PARTNERSHIP

Availability: The PIVOT Clinic may call or text you with updates. They may also check in about how things are going at home. During your child's treatment, please ensure that PIVOT can reach you by cell phone or landline. Please reply to the team within the same business day.

Central line: All medications from the PIVOT Clinic are to be given through a central line (PICC, Implanted Port, or CVC). These medications must not go through a peripheral IV. If the central line comes out, your child must go to a health-care setting for antibiotics. Go to your nearest emergency department or outpatient IV clinic.

Updating your team: Please tell the PIVOT team and your hospital doctor if:

- your child misses a dose of medication;
- the central line comes out or does not work; or
- your child becomes unwell.

We can help you to navigate these issues.



Play and sleep safety (children under 3 years old)

Children under 3 years old who use CADD pumps may become tangled in the tubing. The PIVOT team will work with you to make a safety plan.

It is critical to take the following precautions at home for all children under 3 years of age:

Safe play: Ensure all excess CADD tubing is coiled, secured, and placed in the CADD carry pouch so that the child does not trip or become tangled in the tubing. Your child should be watched closely while playing.

Safe sleep: Feed the CADD tubing through the child's onesie/shirt. Anchor the CADD tubing to the child's pants at the hip using a clamp tie. Place the CADD pump at the foot of the bed/crib, with minimal loose tubing remaining in the child's bed/crib.

YOUR PIVOT CARE TEAM

You and your family: You and your child are essential members of your care team. Please keep us up-to-date about changes in your child's health and other symptoms.

PIVOT nurse clinician: This nurse will visit you in the hospital to explain the program and teach you how to give your child's antibiotics, how to use special devices (bags, tubing, pumps, as needed) and how to care for your child's central line. The PIVOT nurse will arrange your home medications with the community pharmacy and connect you to the rest of your care team.

Vascular Access Team (VAT): These nurses will visit you in the hospital and teach you how to give your child's antibiotics, how to use special devices (bags, tubing, pumps as needed) and how to care for your child's central line.

Doctors: Two teams of doctors will help with your child's care. The PIVOT doctor will plan your child's medication and how the PIVOT Clinic will help. Infectious Disease doctors will review your child's antibiotic medication. They will also check how your child is doing.

Calea Pharmacy: Calea is the community pharmacy that will send medications and supplies to your home each week. They work with you, your PIVOT Nurse and your doctors. They ensure that your child's medications and supplies get to you at the right time.

Outpatient nurses: Once per week, you will be required to attend an appointment with the outpatient nurses who will change your central line dressing, tubing and caps. This appointment may be at a healthcare center in your community or back at BC Children's Hospital.



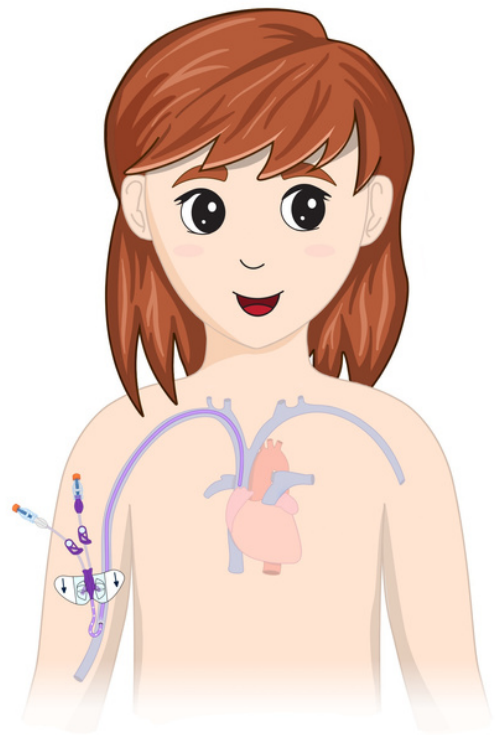
GETTING READY TO GO HOME

All people who care for your child should know your child has a PICC, how to clamp it, and what to do in an emergency. This includes family members, babysitters, day care providers, and teachers.

The PICC line

Your doctor will arrange for your child to have an intravenous catheter placed in their arm before they go home. This line is called a Peripherally Inserted Central Catheter (PICC). A PICC is a type of central line.

Health-care providers can use your child's PICCs to give blood transfusions, fluids, nutrients and IV medications. Sometimes, PICCs are used to take blood samples. If your child has a PICC, some of these procedures can happen at home.



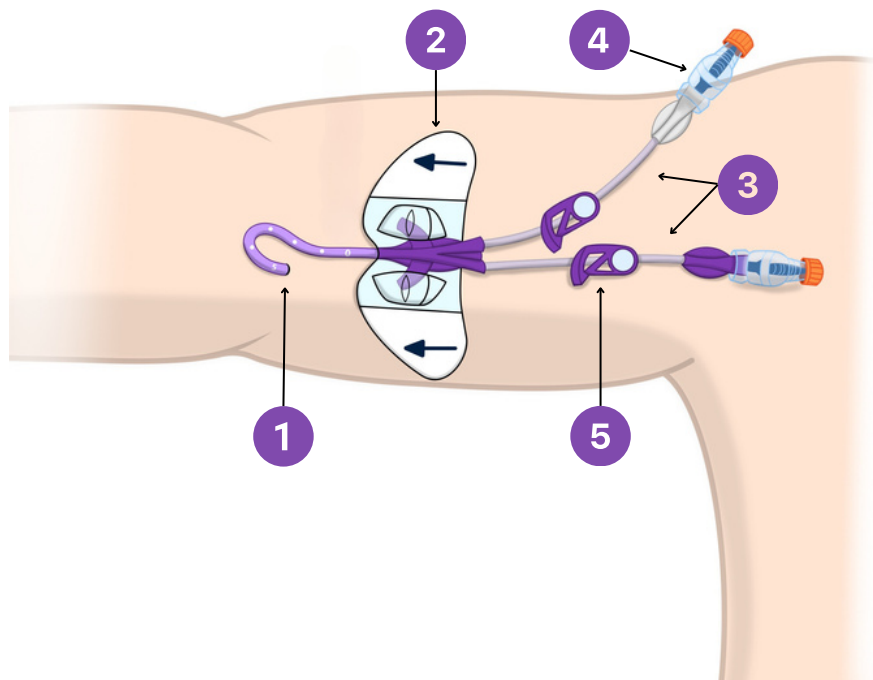
This booklet is about PICCs used with children. If there are any words in this booklet you don't understand, look in the section at the end called **Words to Know (pg. 30-31)**.

Many families find the catheter helps make their child's medical treatment a little easier. You will learn about PICCs from the PIVOT Nurse, the Vascular Access Team, the doctors and your child's nurses. They will answer your questions and watch you practice the skills of taking care of the PICC.

You will not learn everything about PICC care just from reading this booklet. Your health-care team will teach you the details and they will watch you take care of the PICC. Don't try any skill alone until you are sure you can do all the steps. If you have any questions, ask someone on your child's health-care team.

What is a PICC?

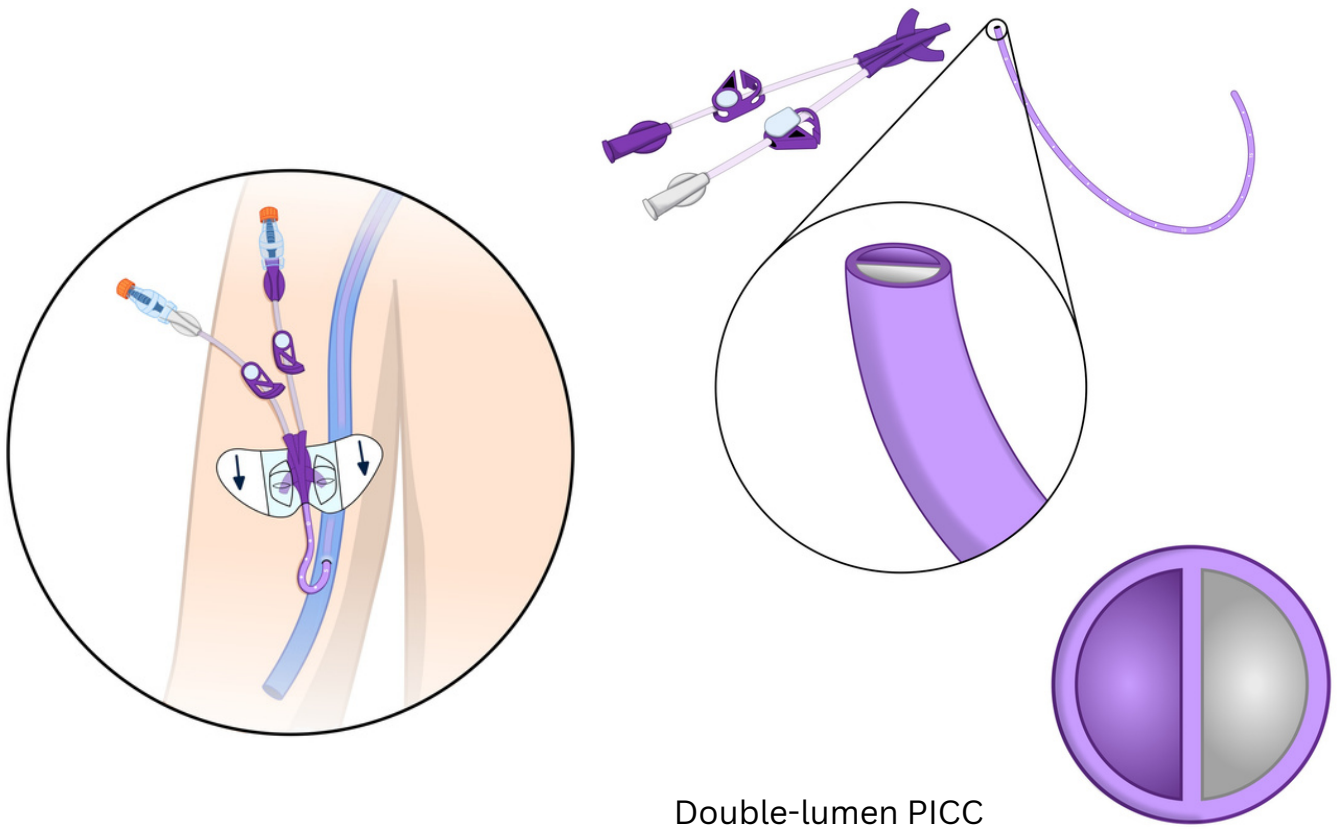
A PICC is a small, thin, flexible tube which is known as a “catheter.” The catheter goes into your child’s arm above the elbow and floats in the vein, until the end of the tube reaches a large vessel near the heart. This type of catheter belongs to a group called “central lines” because the end of the catheter sits centrally in the body.



The **exit site** (1) is where the PICC line comes out of the body. At the exit site, the PICC will be secured to the skin with a special bandage called a **"stat-lock"** (2). A clear dressing is placed over the exit site to keep it clean and dry and free of germs. A specially trained Vascular Access Team nurse or doctor will insert the PICC.

PICCs can have either one or two smaller tubes or openings called **"lumens"** (3).

What is a PICC?



Double-lumen PICC

Your child's health-care team will decide how many lumens your child needs. A catheter with two lumens can give two different IV treatments at the same time, through separate tubes.

The catheter outside your child's body is always capped with a **needleless connector** (4). Your child's outpatient nurse will change the cap every week at your child's appointment.

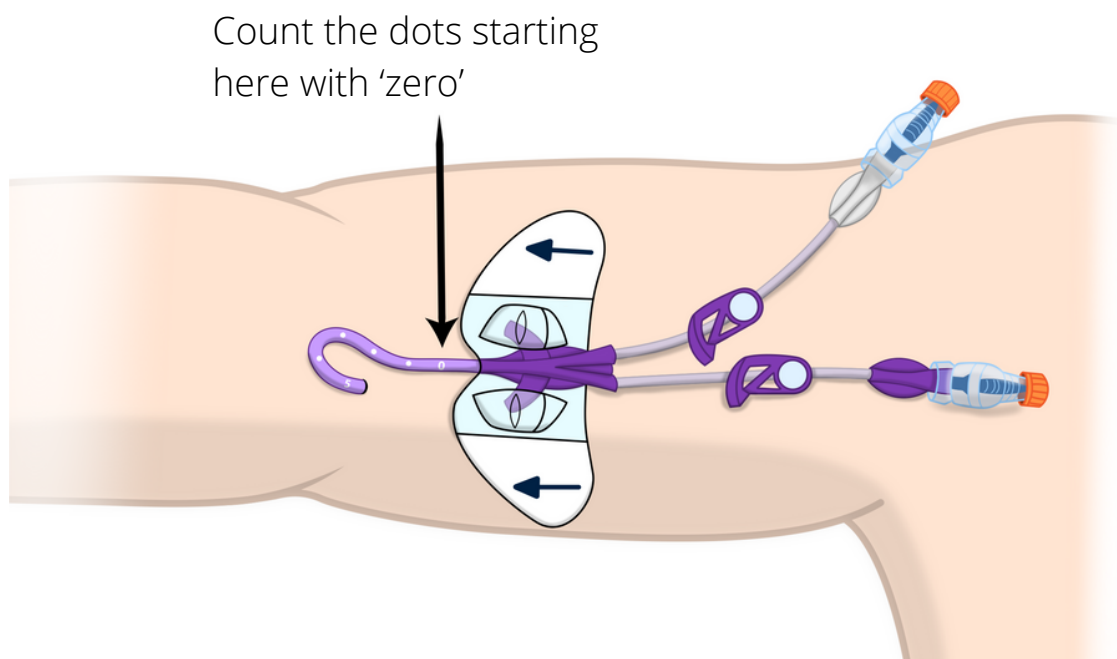
Each lumen on the catheter has an **external clamp** (5). The PIVOT care team will teach you about clamping and unclamping the lumens.

Caring for a PICC line

Check your child's PICC line regularly. Report any problems to the PICC nurse.

Every day:

- Look at the skin around the exit site. Call the PIVOT Clinic if you see redness, swelling or drainage from the exit site.
- Softly press the area around the exit site, with the dressing on. Call the PIVOT Clinic if the area is swollen or sore.
- Count the dots on the line. Check that it has not moved. Do this at least once a day if your child's PICC is **uncuffed**. If the line has moved in or out, call the PIVOT clinic. Your child may need an x-ray to check that their PICC is still safe to use.



Caring for a PICC line

Ensure the dressing is not lifting. If the edges of the dressing start to lift, apply a clear reinforcement dressing over the affected area. If you are unable to keep the dressing stuck down, contact the PIVOT Clinic or your community clinic right away.

The dressing is the best way to hold the line in and keep germs out. Do not try to change the dressing on your own unless it is a **cuffed** PICC and you have been taught to do so.

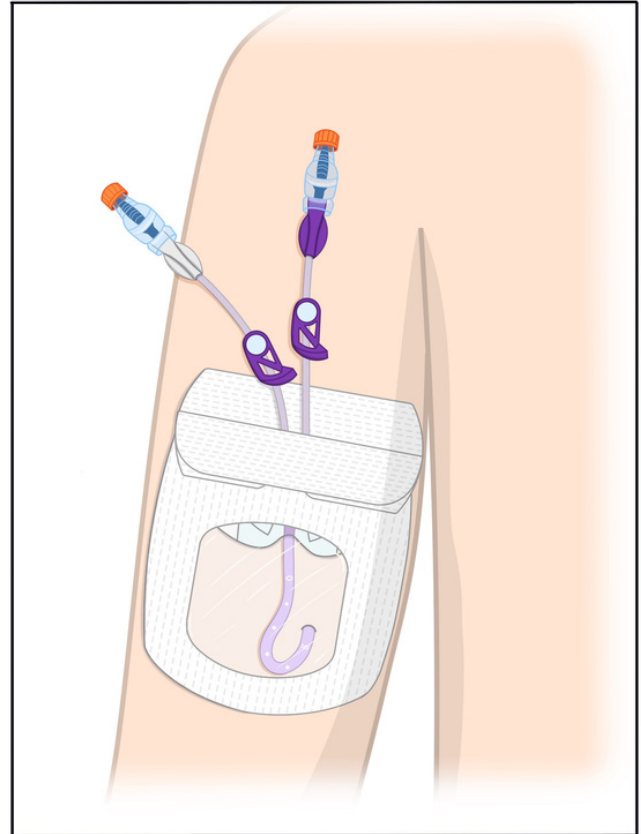
A nurse will change your child's dressing and stat-lock every seven days at your weekly follow-up appointment.

If your child wants to play with the tubing, cut a sock to fit loosely over the arm. This covers the site and keeps your child from touching it. You can also ask the PIVOT Nurse or the Vascular Access Team for something to cover the PICC.

It is important not to pull on the PICC line. Take care when dressing your child. It is best to keep your child's PICC tubing under their clothes. This will protect the tubing.

Your child can use their arm for normal activities. However, they must avoid:

- Strenuous activities
- Activities that cause sweating, as this can make the dressing fall off
- Activities where they use their arm repeatedly (like pushing, pulling or lifting)

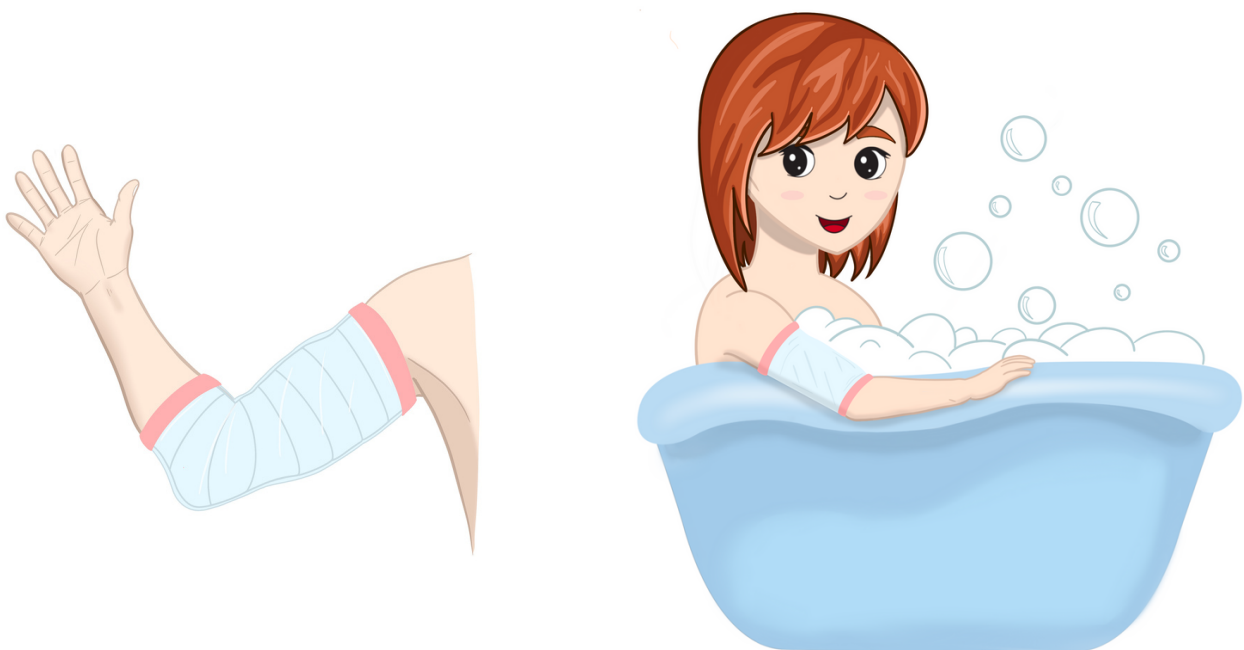


Caring for a PICC line

Keep all sharp objects, like pins and scissors, away from your child and the PICC.

The dressing must stay dry. Your child should not swim or soak their arm in water. This increases the chances of infection, and of the PICC falling out.

When your child bathes, the clear dressing must stay dry. To do this, cover your child's arm with a bag or plastic wrap. Then, secure it with waterproof tape. Tape the edges of the bag or plastic wrap where it meets the skin, to keep the water out. The arm should stay out of the water, even when covered. If the dressing gets wet, it must be changed as soon as possible.



Keep your child clean and dry, especially around the PICC dressing. Germs are on everything that is not sterile. Germs are more likely to grow in dirty, damp areas. To help prevent infections, always use good handwashing techniques before you touch your child's PICC.

Infection and central lines

While your child has a central line in their body, it is very important to check for infection regularly. Infection can enter the body through the central line. Even if you take care of your child's central line, infections can still happen.

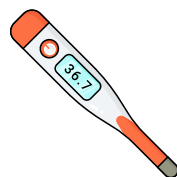
Look for signs of an infection:

- **Fever (temperature $\geq 38^{\circ}\text{C}$ oral or armpit)**
- Sore ear, throat, neck or shoulder on the side where the central line is
- Swelling in the hand, arm, neck or face on the side where the central line is
- The catheter exit site is red, swollen, hot or painful
- The catheter exit site is draining or oozing pus
- There is redness or itching of the skin under the dressing
- Your child reports burning or pain at the catheter exit site
- Your child appears unwell (pain, irritability, chills, sweating, loss of appetite, drowsiness, etc.)

Your child may develop a fever for many reasons. When your child has a central line, your health-care team must ensure that the central line is not the cause. On the day you become aware of the fever, a health-care professional must assess your child and take blood samples.

Contact the PIVOT Nurse, Vascular Access Team or your doctor as soon as you notice a problem. After hours, go to the emergency room.

If your child has a fever while they have a central line they will need to have a blood culture drawn from each lumen of the central line as soon as possible.



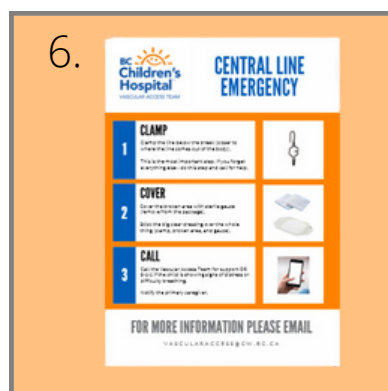
Dealing with problems

Always keep an emergency kit with your child in case there is a break in the PICC line. You will know the catheter is broken if there is fluid leaking from the catheter, or blood is coming from the line. A break in the PICC line is a medical emergency.

The PIVOT team will provide you with an emergency kit and teach you how to use it before you go home.

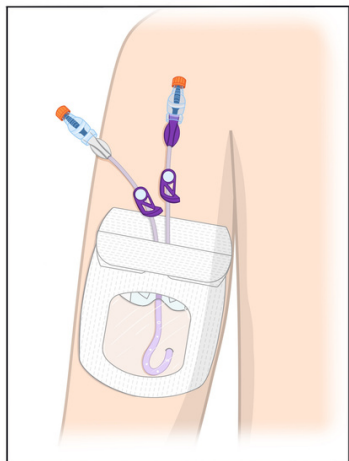
Your emergency kit includes:

1. Bulldog clamp
2. Sterile gauze
3. Transparent dressing
4. Chlorhexidine or alcohol swab
5. Cap
6. Clamp, Cover, Call emergency card

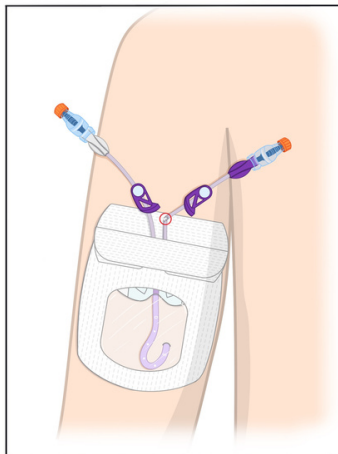


Dealing with problems

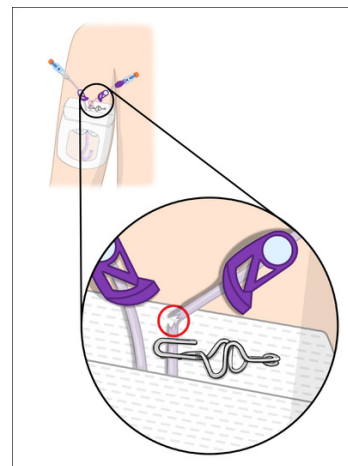
Here's what to do if the PICC line breaks:



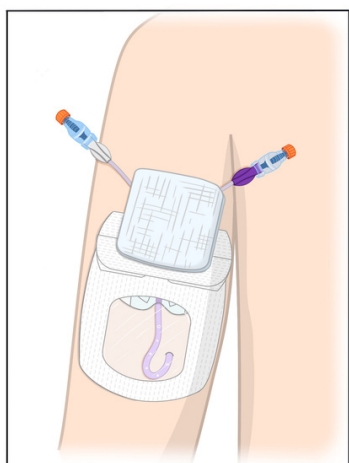
Unbroken PICC.



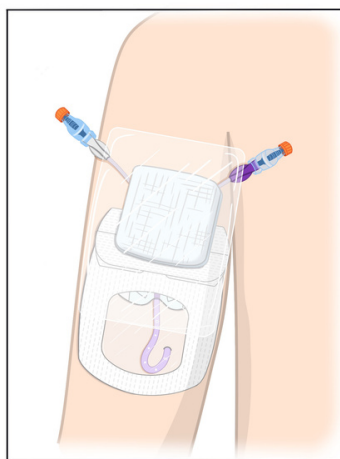
A break in the line occurs.



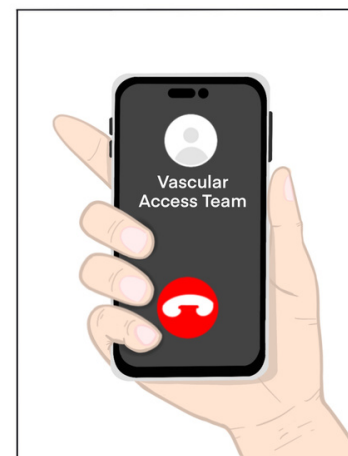
Use the **bulldog clamp** to clamp the line below the break, or closer to where the line comes out of the body.



Cover the break and the clamp with sterile gauze.



Cover everything with a large transparent dressing.



Call the PIVOT Clinic / Vascular Access Team for support or 911 if the child is showing signs of distress or difficulty breathing.

Dealing with problems

The steps to take for emergency management of a broken PICC line can be summarized by the three main actions required: *clamp, cover, call*.

The PIVOT team will give you a “clamp, cover, call” handout” with your emergency supplies and practice this skill with you.

To avoid breaks in the catheter:

- Keep scissors and sharp objects away from the catheter.
- Keep pets away from the catheter.
- Use the plastic clamp (5) on the catheter. Only use the metal bulldog clamp from your emergency kit for emergencies.
- When you clamp the catheter, try to vary where you place the clamp. Move it up or down a couple of millimetres.

The **cap** (4) on the end of the catheter can become loose, cracked or detached. You will know the cap has a problem if fluid or blood leaks from the cap, or the cap is loose or comes off. If the cap is loose, try to tighten it.

If the cap is cracked or disconnected:

- Clamp the catheter.
- If the end of the catheter is exposed, cover it with sterile gauze as quickly as you can.
- Scrub the end of the catheter with a chlorhexidine swab for 30 seconds. Then, let it dry for 1 minute.
- Twist new cap on the PICC.
- Call your health-care team.

It is important to check the PICC line regularly to make sure all the connections are secure.

Dealing with problems

Air in the catheter: EMERGENCY

There may be air in the catheter if:

- your child has trouble breathing or chest pain; or
- there is a break or opening in the catheter.

Here's what to do:

1. Clamp the catheter near the exit site.
2. Lie your child down on their left side with their head down.
3. Phone an ambulance and go to the nearest emergency department.

Plugged catheter

Occasionally, the catheter will get plugged. You will know this is happening if the pump alarms “downstream occlusion – patient side” regularly and you have assessed the line to make sure all clamps are open and the tubing is not kinked anywhere.

If this happens, let your team know as soon as possible. If this happens overnight, call the PIVOT Clinic or Vascular Access Team in the morning. Your health-care team must evaluate your child's PICC. Your child may need medication to clear the blockage.

Catheter comes out: EMERGENCY

If the line is pulled out from the site and there is bleeding from the exit site:

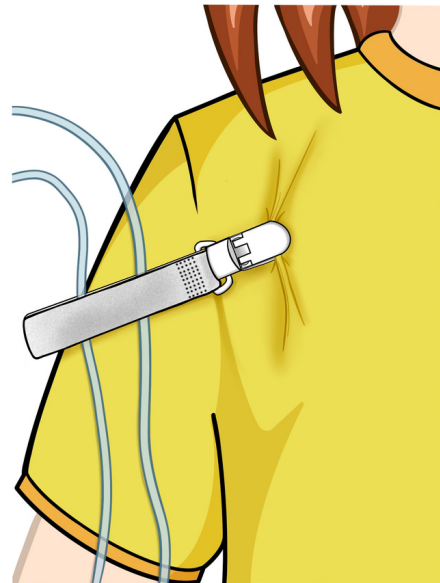
1. Press on the exit site with at least two fingers and firm pressure for 5 minutes to stop the bleeding.
2. Open sterile gauze and tape it over the exit site firmly. Keep applying pressure until the bleeding stops.
3. Go to the nearest emergency department.

Dealing with problems

Check your child's PICC dressing regularly. Reinforce the dressing when it starts to lift. If you cannot keep the dressing stuck to your child's arm, contact the PIVOT Clinic, Vascular Access Team or the centre where your child's dressings are changed.

Preventing problems

Always secure the tubing to your child's clothes with a ClampTie. This reduces pulling on the catheter.



Other caregivers

Tell anyone else who will be looking after your child about the PICC line. This includes, babysitters and teachers. They should know what problems to look for, and what to do. Review the *Returning to the community with a central line* presentation with them.

Leave important phone numbers in a safe place and show other caregivers where you keep the spare clamp and gauze and how to use it.

You are not alone

At first, caring for your child's PICC can feel difficult or scary. Remember you are not alone.

Nurses are here to support you. Call us if you have any questions.

If you need more practice, tell your nurse. They will help you.

What happens when my child no longer needs the PICC?

When your child's treatment is finished, the doctor will decide if the PICC line can be removed. An uncuffed PICC can be removed at your child's weekly follow up appointment. A trained nurse will remove the dressing, cleanse the skin and pull out the PICC. Then, they will press on the exit site, and put on a dressing. Your child must lay down for 30 minutes. The dressing must stay on for 24 hours.

If your child has a cuffed line, and their PICC is ready to come out, the PIVOT doctor will make an appointment with the BCCH's Interventional Radiology department. Before the health-care team removes your child's PICC, they will give your child medicine to put them to sleep.



CADD PUMPS



The CADD pump is a small, portable computerized device. It gives your child IV medications through their PICC. The CADD allows your child to get antibiotic medication safely, at home. The pump will be programmed by the Calea pharmacy. It will give your child's antibiotics at pre-set times.

The PIVOT Nurse will explain how to use the pump before you go home. They will make sure you understand how it works. It is important to only perform those procedures you have been taught. You should feel confident about using the pump before you agree to have antibiotics this way. The following information is given to assist you with learning and act as a reference once you are at home.

How does the CADD pump work?

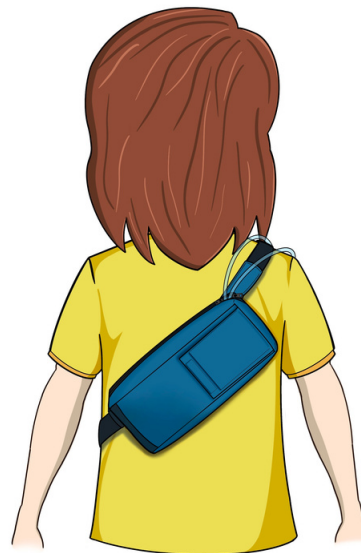
The pump is attached to a medication bag that holds the antibiotics. The pump and medication bag go in a bag or pouch. Your child will be connected to the CADD pump 24 hours a day for the duration of their treatment.

Your child can wear the bag or pouch over their shoulder or around their waist. This depends on how heavy the bag is. Please ask a PIVOT Nurse about how to wear the bag or pouch.

The pharmacy will program the pump to give the antibiotics at the pre-set times. The pump will give the dose that your child's doctor prescribed.

Every 24 hours, your child must have a new medication bag. When you change the medication bag, you must also reset the reservoir volume on the pump. A nurse from the PIVOT Clinic or Vascular Access Team will teach you how to do this.

The pump uses 4 AA batteries. Calea Pharmacy will provide you with the batteries. You must change the batteries every two to three days. A PIVOT nurse will teach you how to do this.



Going home with the CADD pump

Before you leave the hospital, the PIVOT Clinic will make weekly follow-up appointments in your community. Your child must attend these appointments. A nurse will replace the tubing and check that the pump is working.

If there are problems with the pump, contact the PIVOT team, Vascular Access Team or the Calea Pharmacy. (See “Contact information,” pg. 31, for phone numbers and hours). If it is after hours, turn off the pump and contact the PIVOT Clinic or the Vascular Access Team in the morning (See “After-hours planning,” pg. 33).

Do not disconnect the tubing yourself, unless you have been taught to heparin lock your child.

Using the CADD pump

When your child starts using the CADD pump, they will need to make some minor adjustments to their activities.

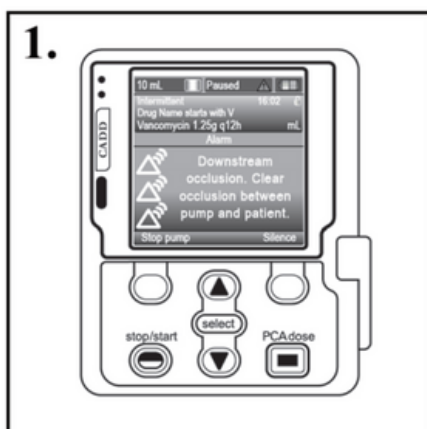
- When your child is bathing, put the pump on a stool or chair next to the bath or shower. It should not get wet, as water can damage the pump.
- When your child is in bed, the pump can go beside them or on a chair next to the bed. If your child is under 3 years old, please refer to “Play and sleep safety” on page 3.
- Your child must not play contact sports while they have a PICC. Contact sports include activities where people could bump into one another, like soccer or hockey.
- If you have animals at home, keep the CADD pump and tubing out of their reach at all times.
- Be careful with your PICC and make sure it does not get pulled or damaged.

How will I know the CADD pump is working?

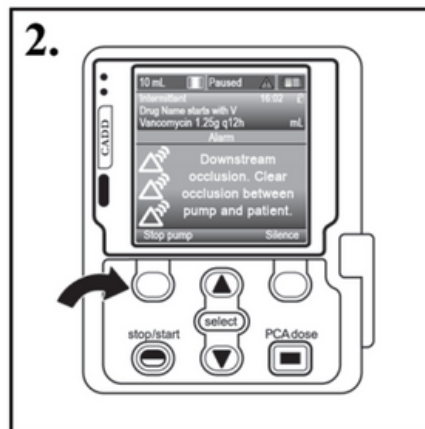
1. On the top of the CADD pump screen there should be a green message that says "Running." If this is red and says "Stopped" then the pump is not running.
2. Your child has an intermittent infusion. This means that the pump will give medicine, then stop, then start again. You can see when the next infusion will start. For example, the screen might say "Delayed start - Infusion starts in 4 hours."
3. During the infusion, you will hear a whirring sound that stops and starts. This sound means the pump is working.
4. The amount of fluid in the medication bag should go down slowly. You can also see how much medication is left in the bag, in the top left of the screen. If your child has an intermittent infusion, this number will only change during the infusion.

Dealing with CADD problems

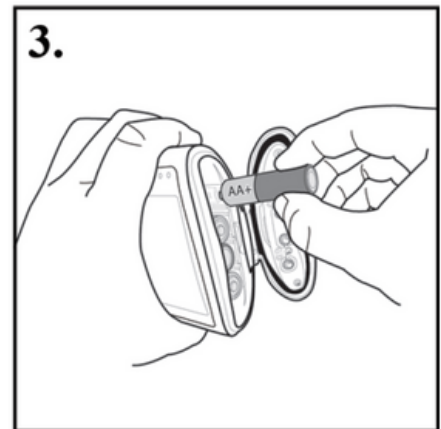
OPTION 1: Turn Off Alarm/Stop Infusion



• Alarm occurs



• Press 'Stop Pump'

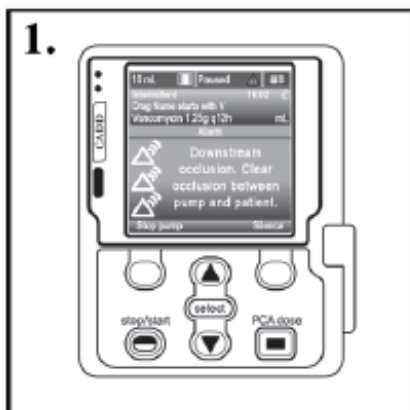


Power down pump:

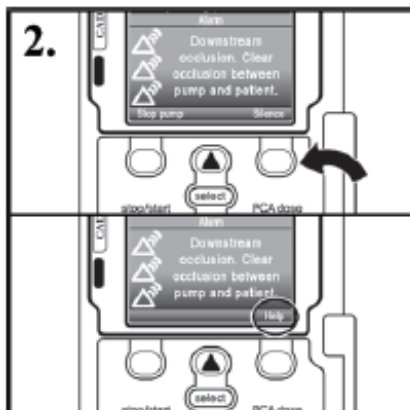
- Pump will be stopped
- Remove batteries
- Call health unit

Dealing with CADD problems

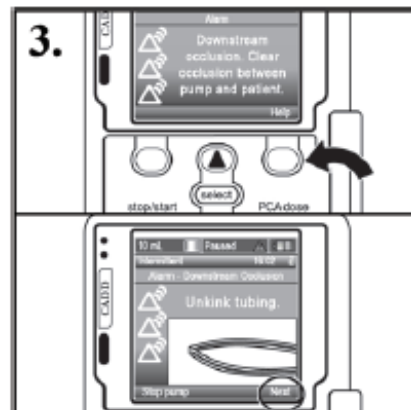
OPTION 2: Solve Alarm/Continue Infusion



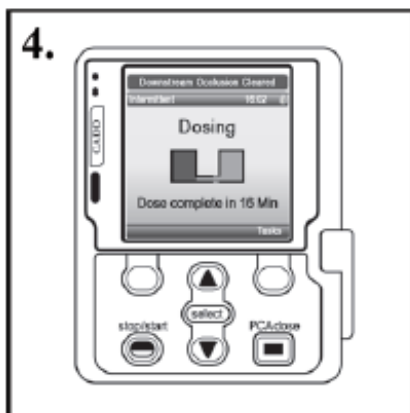
- Alarm occurs



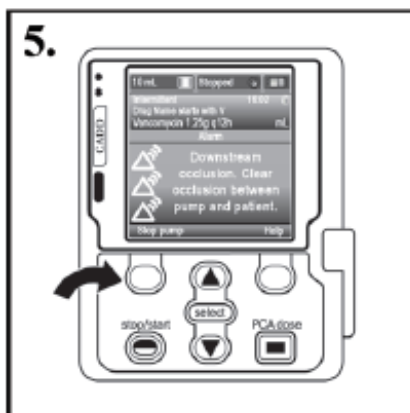
- Press 'Silence'
- Silence becomes 'Help'



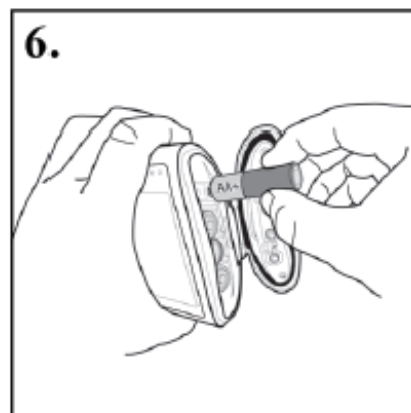
- Press 'Help' button
- Help becomes 'Next'
- Keep pressing 'Next' to get to help screens.
- Try to solve problem (eg. kink, move arm, clamp)



- If blockage is fixed, pump will start running again



- If unable to fix, press 'Stop pump'



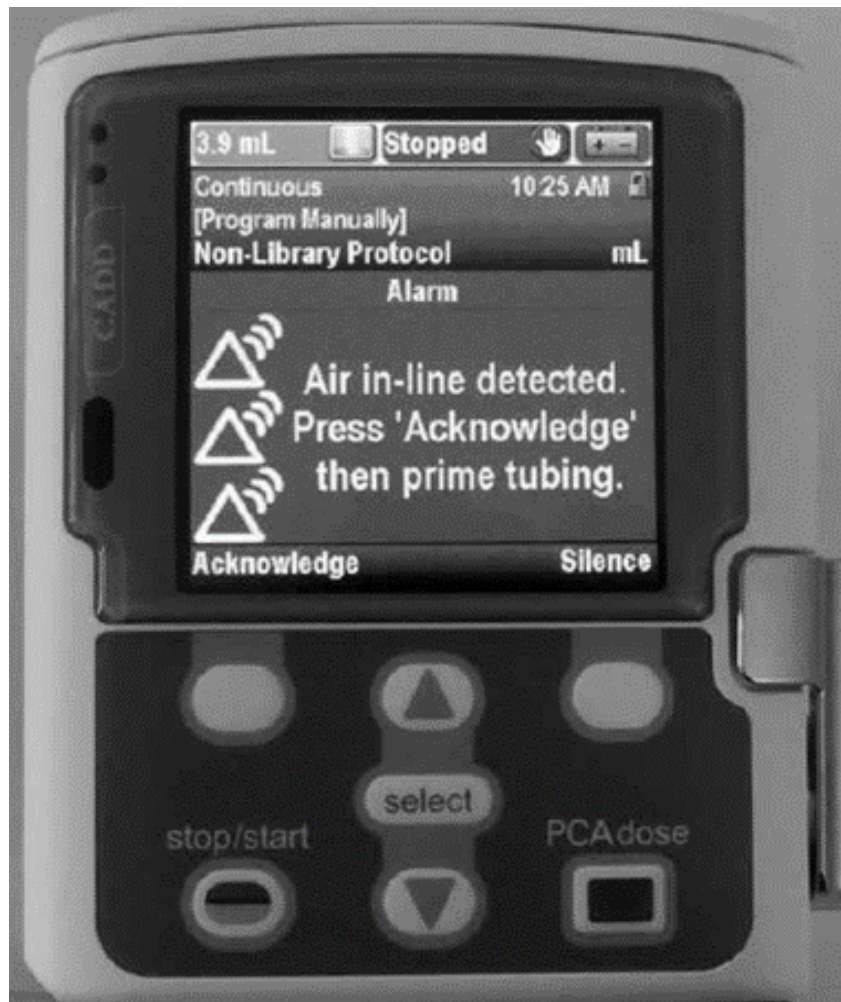
- Power down pump:**
- Pump will be stopped
 - Remove batteries
 - Call health unit

Dealing with CADD problems

If there is air in the line, this is an emergency.

1. Clamp the line.
2. Turn off the pump. **DO NOT** follow instructions to prime the tubing.
3. Call for help. During the day, call the PIVOT Nurse. After hours, call the Vascular Access Team. Tell them what happened.

You will need to go to the hospital so that a nurse can fix this problem. A trained nurse must assess the line. You must not resolve this problem at home.



SKILLS TO KNOW

Aseptic technique

Aseptic technique is a set of steps that keep everything as clean as possible. It is important to keep all your supplies and medications germ-free. Aseptic technique helps to prevent germs from going into your child's body.

Work in a clean and well-lit room.

- Choose a clean work area. This area should be free of dust, a draft, and traffic. Try to avoid coughing, sneezing, or smoking.
- Store your child's supplies in a clean area, away from children and pets.
- Store your child's medication in a clean drawer of your refrigerator away from foods.
- Always throw away supplies that you know or think may no longer be clean.
- Before opening any sterile packages, make sure the seals on the package are firmly closed. Do not use any supplies from wet packages.



The most important part of aseptic technique is washing your hands.

Proper hand hygiene is the single, most important action you can take to reduce the risk of infection. Any bacteria that come in contact with the inside of your child's PICC or CADD system can be a threat to your child's life.

Handwashing

When should you wash your hands?

- Before you touch any PICC and CADD supplies
- Before you touch the PICC and/or PICC dressing
- Before you perform any PICC or CADD procedures
- When your hands are visibly soiled
- After using the toilet, changing a diaper or handling an ostomy



Proper handwashing technique

1. Remove all jewelry from fingers and wrists. Jewelry may trap bacteria and contaminate your equipment.
2. Turn the water on and adjust the temperature to warm.
3. Wet your hands under the running water and leave the water running.
4. Apply antibacterial soap all over your hands.
5. Point your fingers down towards the sink when washing and rinsing
6. Clean under your nails and then wash every part of your hands, including your wrists and the space between your fingers for 30 seconds.
7. Rinse the soap from your hands under the running water, making sure to point your fingers down towards the sink as you rinse
8. Dry your hands, then your arms, with a clean towel or paper towels. Keep your hands above your elbows while drying. The inside of the sink and the taps are considered dirty, avoid touching either when washing your hands.
9. Taps are dirty, so turn them off using a clean towel or paper towel.

Handwashing



The song “Twinkle, twinkle little star” is approximately 30 seconds long.

If there are no clocks in the room, sing it once or twice to ensure proper hand washing time.

Hand care



You'll be washing your hands a lot, so take good care of them!

- Clean your hands before applying lotion.
- Use hand lotion after PICC procedures are completed and regularly during the day to help prevent your skin from getting dry and sore.
- Lotion containers can spread germs. Don't share your hand lotion.

Preparing your work area



1. Prepare your work area:

- Clean the area with an antiseptic solution, such as isopropyl alcohol and paper towels or Cavi wipes.
- Start in the center of your work surface and, in a circular motion, advance outwards toward the edges of your work surface.
- Use friction to clean the work surface.
- Allow the work surface to air dry before gathering your PICC and CADD supplies.

2. Keep your work area clean. Minimize contamination by:

- Selecting a work area in a room that is separate from the high-traffic areas of the house.
- Keeping the room clean and well dusted.
- Don't allow anyone in the room who is not helping with the procedure.
- Anyone helping with a procedure who is not a family member should wear a mask (i.e., home care nurses).
- Family members who have a cold or illness should wear a mask.

3. Make sure sterile equipment stays sterile:

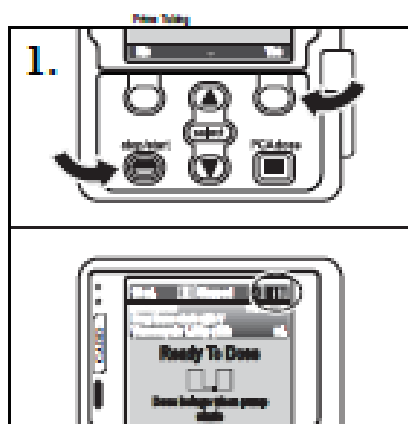
- Always check the expiry date on your medications and equipment. If they're expired, do not use.
- Always check that sealed, sterile packages have no breaks or punctures. This includes tubing, bags, vials and injection caps.
- Don't use any sterile package that has become wet or damp since moisture allows microorganisms to enter sterile packages.
- Don't use medications that are the wrong color or have visible particles when they should be clear.
- Always throw away items that are or *might* have been contaminated.
- When opening, piercing or connecting sterile items, allow only sterile surfaces to touch sterile surfaces.

Changing the batteries and medication bag

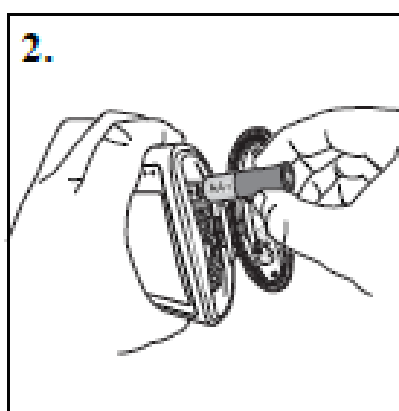
When the batteries need to be changed, the pump display screen will show “Battery Low” or “Battery Depleted” and an alarm will sound. The batteries will need to be changed roughly every 2–3 days. We recommend changing them when you set up your work area to change the medication bag.

Supplies: • 4 x AA batteries • alcohol wipe • new medication bag

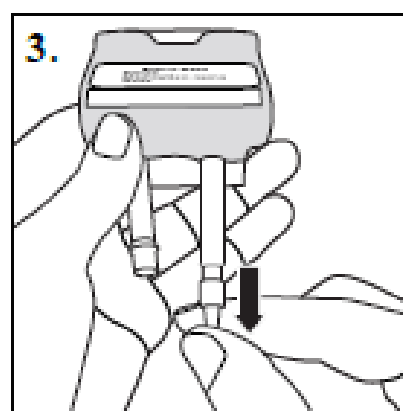
Preparation: Wash hands, clean table surface, and gather supplies.



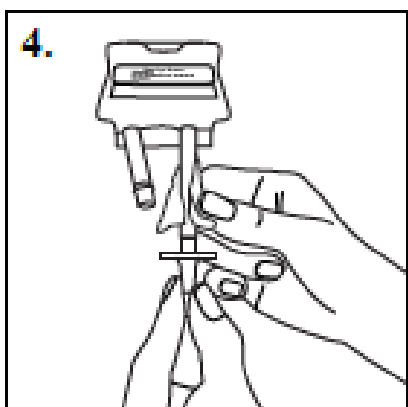
1.
 - Stop pump – press stop/start, press yes to stop.
 - Check battery light.
 - Change batteries when light turns yellow.



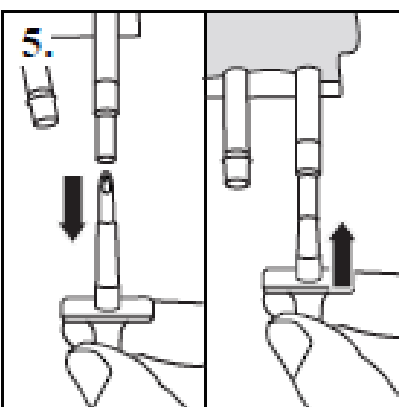
2.
 - To change batteries: open top compartment on pump
 - Replace 4 x AA batteries
 - Press power button on side of pump to turn it back on



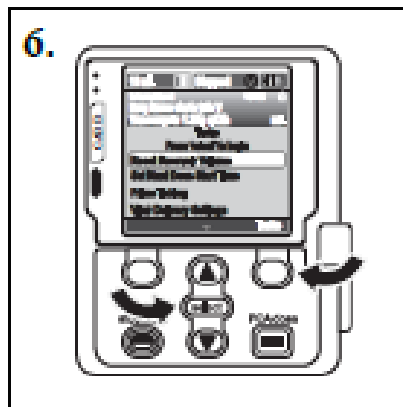
3.
 - To change medication bag: pull tab off new medication bag



4.
 - Clean connection between used medication bag and tubing for 30 seconds.
 - Allow it to dry for 1 minute.

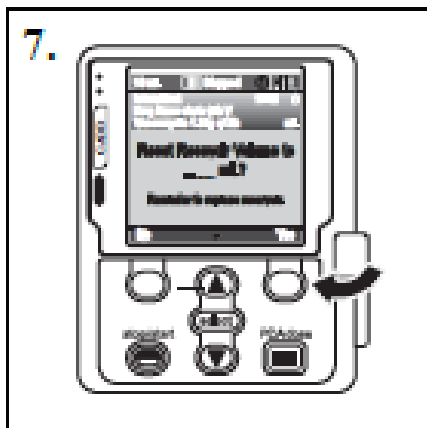


5.
 - Pull out spike from used medication bag. Do not touch spike.
 - Push and twist spike as far as possible into new medication bag.

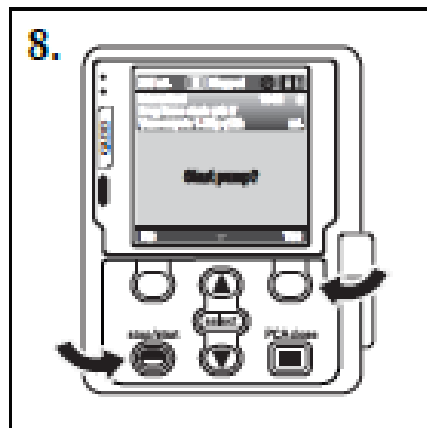


6.
 - Press Tasks button
 - ‘Reset Reservoir Volume’ is listed first
 - Press Select

Changing the batteries and medication bag



- Pump will ask "Reset Reservoir Volume to ___?"
- Press yes



- Start pump – press stop/start, press yes to start.

CADD medication bag change cheat sheet

Set-up:

1. Clean work surface with alcohol and clean paper towel.
2. Gather supplies:
 - 1 alcohol swab
 - new medication bag
3. Wash your hands.
4. Open alcohol swabs.
5. Inspect medication bag.
6. Sanitize your hands.

CADD medication bag change steps:

1. Stop pump.
2. Clamp CADD pump tubing.
3. Un-velcro old medication bag.
4. Scrub medication bag connection for 30 seconds with alcohol swab. Let dry for 1 minute.
5. Remove tab from new medicine bag.
6. Attach new medicine bag to PICC. Then, velcro the medicine bag into the carry bag.
7. Reset reservoir volume.
8. Start pump.

CONTACT INFORMATION



PIVOT Nurse Clinician

Hours: Monday to Friday 8AM to 5PM

☎ Phone: 604-862-6824 (call or text)

✉ Email: pivotclinic@cw.bc.ca

Vascular Access Team

Hours: Monday to Friday 7AM to 10PM, Saturday /
Sunday 8AM to 8PM

☎ Phone: 604-875-2345 x1982 or
604-875-2345 ext. 2445, say "IV Team"

✉ Email: vascularaccess@cw.bc.ca

Calea Pharmacy

Hours: Monday to Friday 8AM to 4PM

☎ Phone: 604-294-1500

CONTACT INFORMATION



Community clinic

Name: _____

Hours: _____

Phone: _____

Community doctor

Name: _____

Hours: _____

Phone: _____

AFTER-HOURS PLANNING

If your pump alarm goes off:

1. Try to fix the problem that is causing the alarm to go off – review the “Troubleshooting alarms” info sheet.
2. If unable to solve – turn off the pump using the power button on the side, and call the PIVOT Clinic in the morning.
3. DO NOT go to a hospital emergency room for a pump alarm. Hospital emergency staff are not familiar with this pump, and will not be able to solve any pump alarms.
4. If after 5:00pm on weekdays and weekends, try to contact the Vascular Access Team.
5. Contact your local health care centre (where you get your dressing changed).

Note: The BC Nurse Line (8-1-1) is also not familiar with this pump.

MY CHILD'S INFORMATION

My child's PICC

My child has a ____ French _____ PICC

The catheter has ____ lumen(s).

From the exit site to the end of the hub, the catheter is _____ cm long.

My child's catheter is: ___ cuffed ___ uncuffed

My child's medication

My child's antibiotic is: _____

until _____

Weekly appointments: _____

WORDS TO KNOW

Intravenous (IV): Inside the vein.

PICC: Peripherally Inserted Central Catheter – A thin tube made of soft, flexible rubber-like material put into a major (central) vein to inject medicine or fluids, or to take out blood.

Stat-lock: A device outside your child's body that secures the end of the catheter to the skin on their upper arm under the clear dressing.

Open-ended catheters: This type of PICC does not have a valve. To close the catheter, you clamp it. To keep blood clots from forming the catheter tubing, you put in a medicine called heparin.

Closed-ended catheters: This type of PICC has a valve that lets fluids go in or out but stays closed when it is not being used. Pressure makes the valve work. The valve stays closed when there is no pressure against it. You do not need heparin to keep a closed-ended catheter from clotting.

Lumen: The opening at the end of the catheter. PICCs can have several different lumens.

Needleless connector: The cap on the end of the catheter outside your child's body. This helps protect the line from air in the tubing and is where the syringes and tubing connect to your child's PICC.

Bulldog clamp: The metal clamp to be used for central line emergencies.



WORDS TO KNOW

Heparin: A medicine that prevents blood from clotting. This medicine is part of a group called “anticoagulants.” Heparin is not needed with CADD pumps, unless there is a lumen of the central line that is not being used.

Reservoir volume: The term used on the CADD pump for how much fluid is in the medication bag. This needs to be re-set every 24 hours when the bag gets changed.

Exit site: The place where the catheter comes out of the body.

Aseptic technique: A method of keeping everything as clean as possible to keep all your supplies and medications germ-free, preventing germs from getting in your child’s body.

Sterile: There is nothing living on the object. It means there are absolutely no germs at all. Your skin cannot be sterilized and still be alive itself. It can only be disinfected, so most of the germs on it are killed.

Chlorhexidine: A liquid that kills germs.

Dressing: A covering placed over the site where the catheter comes out of your child’s body.

ClampTie: A product used to secure your child’s tubing to their clothing to prevent pulling on the tubing.

Skin breakdown: Irritated skin that is red, sore or broken. When the skin breaks down, germs can get through and cause an infection.

