

PIVOT ELASTOMERIC- 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 and Vascular Access Teams are 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.



YOUR PIVOT CARE TEAM

You and your family: You and your child are essential members of your care team. Please tell us about changes in your child's health and symptoms.

PIVOT nurse clinician: This nurse will visit you in the hospital to explain the program. They will teach you how to give your child antibiotics, and how to use central line equipment like bags, tubing, and pumps. They will also show how to care for your child's central line.

The PIVOT nurse will arrange your home medications with the community pharmacy. They will connect you to your care team in the community.

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, your child must meet with an outpatient nurse. This visit will be at BC Children's Hospital, or at a health-care centre in your community. The nurse will change the central line dressing, tubing and caps.



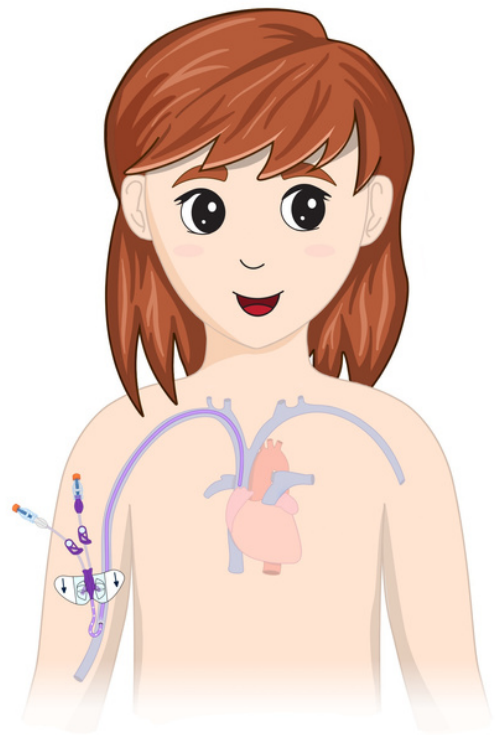
GETTING READY TO GO HOME

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.



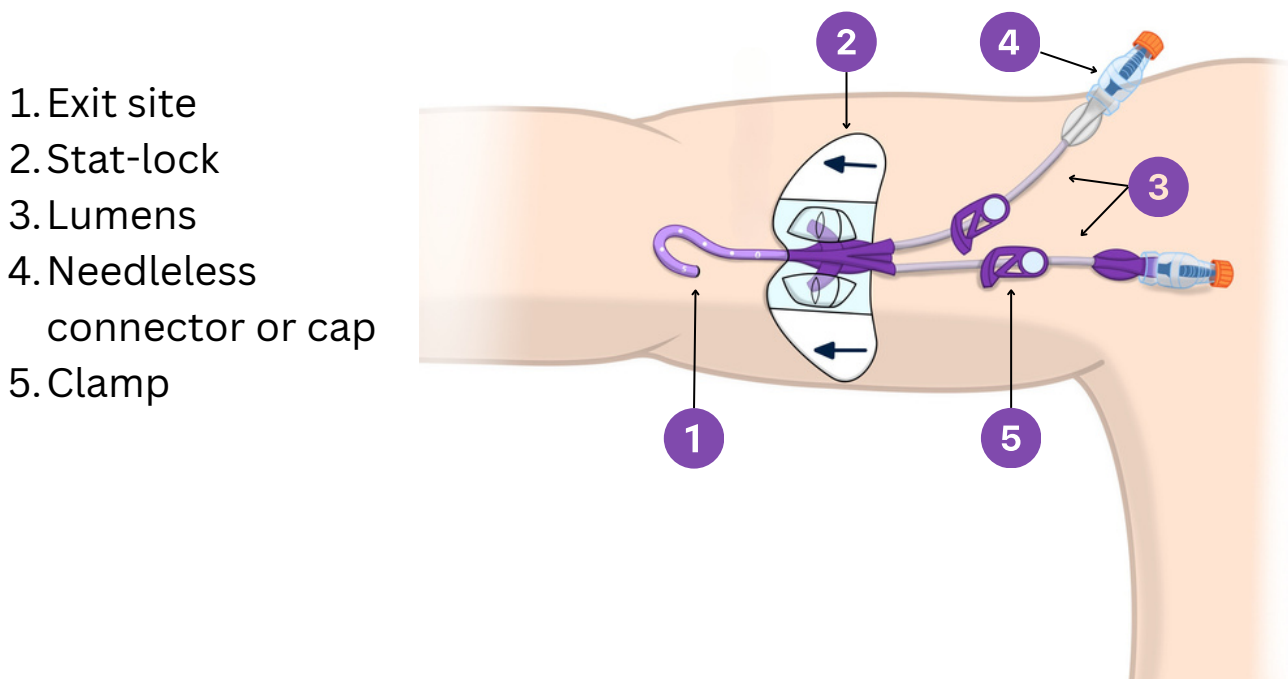
This booklet is about PICCs used with children. If there are any words in this booklet you don't understand, look in the section at the end called **Words to Know (pg. 30–31)**.

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?

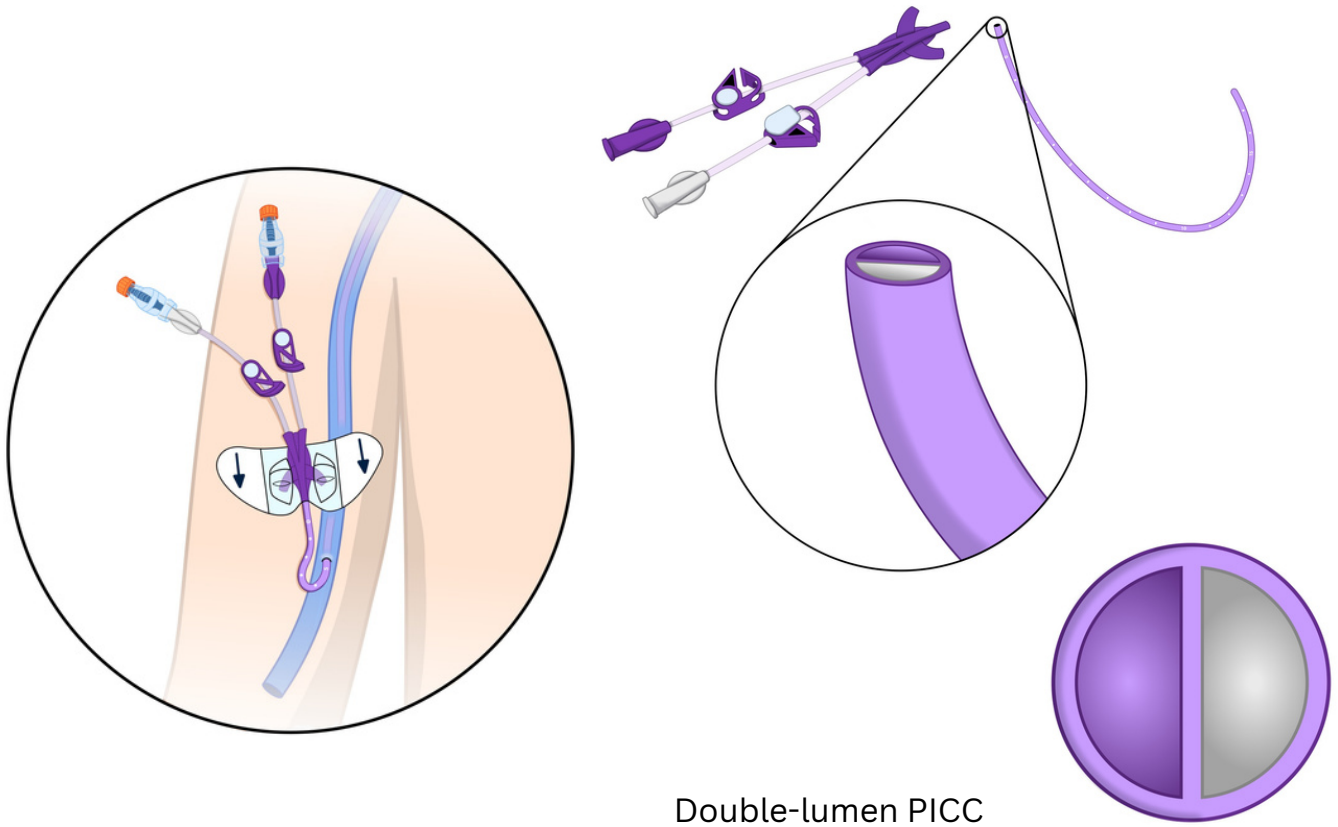
A PICC is a small, thin, flexible tube which is known as a “catheter.” The catheter goes into your child’s arm above the elbow and floats in the vein, until the end of the tube reaches a large vessel near the heart. This type of catheter belongs to a group called “central lines” because the end of the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

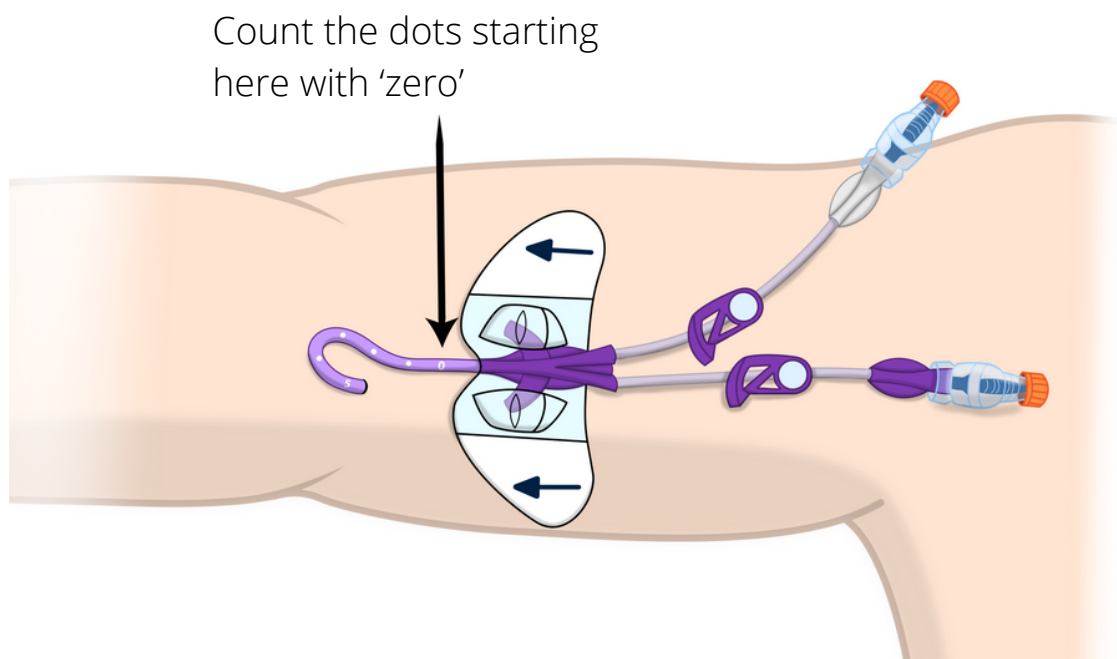
Each lumen on the catheter has an **external clamp** (5). The PIVOT care team will teach you about clamping and unclamping the lumens.

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.

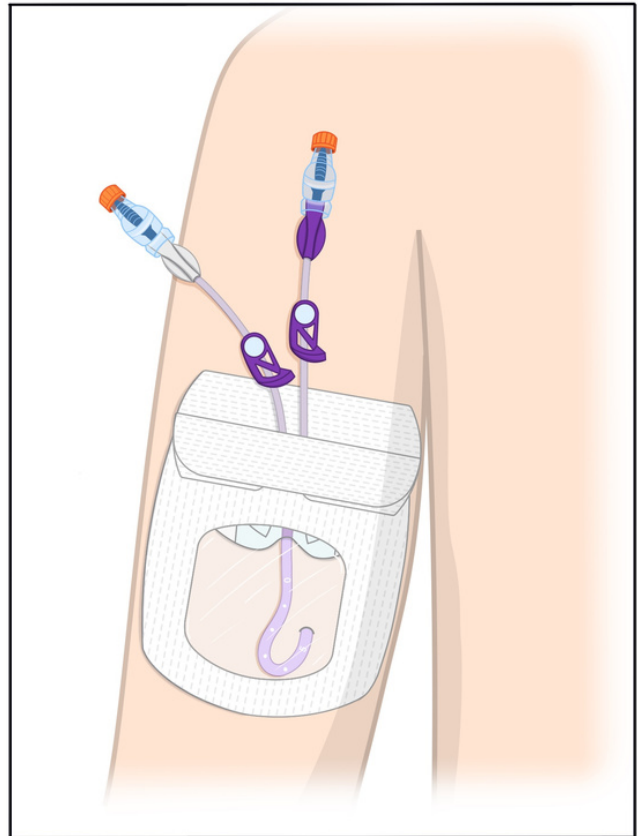
A nurse will change your child's dressing and stat-lock every seven days at your weekly follow-up appointment.

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)

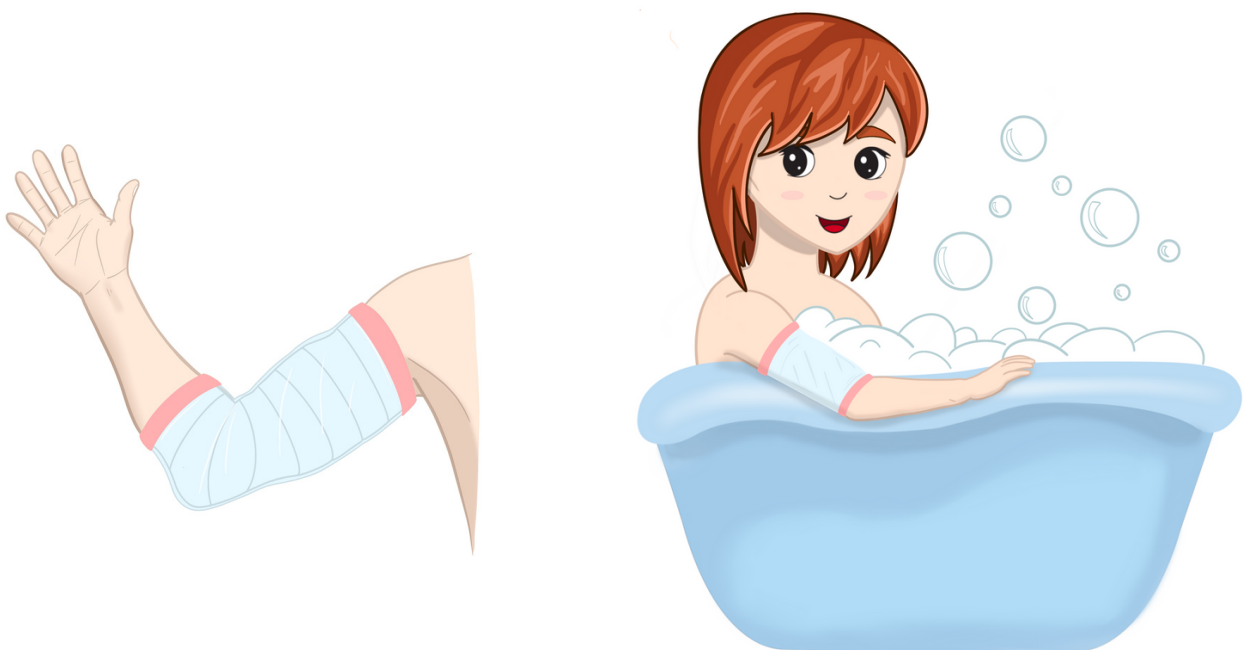


Caring for a PICC Line

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.

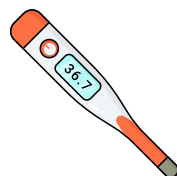
Look for signs of an infection:

- **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.



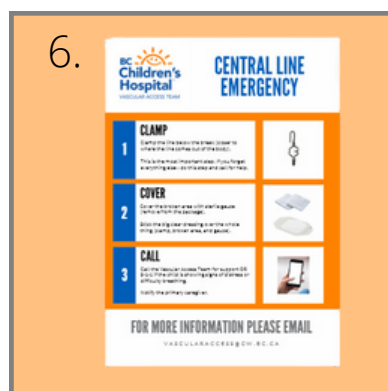
Dealing with problems

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 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.

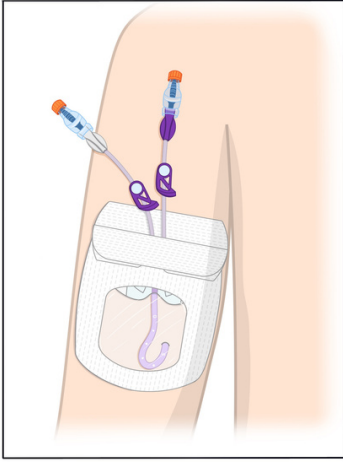
Your emergency kit includes:

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

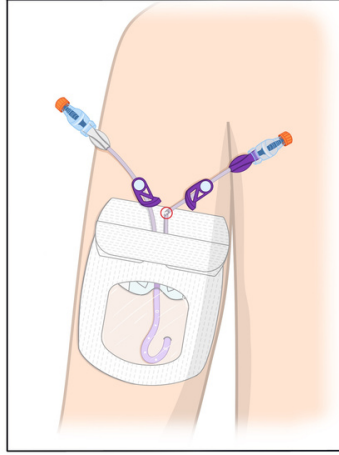


Dealing with problems

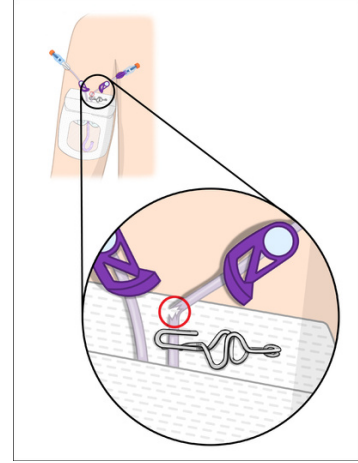
The steps for securing a broken PICC Line are **clamp, cover, call**. The PIVOT team will give you a “clamp, cover, call” handout with your emergency supplies and practice this skill with you.



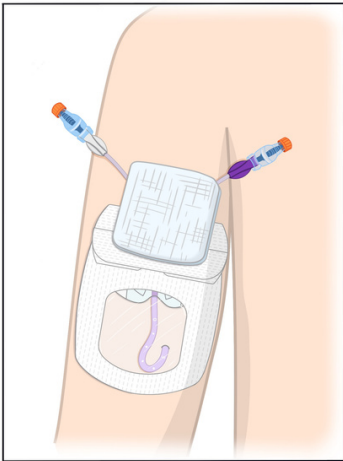
Unbroken PICC.



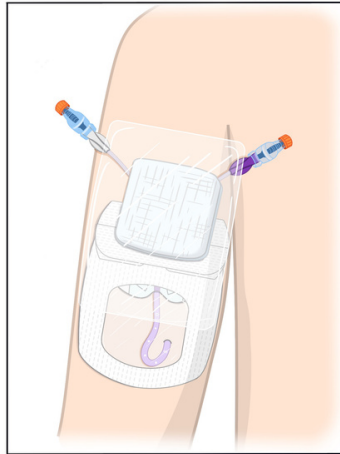
A break in the line occurs.



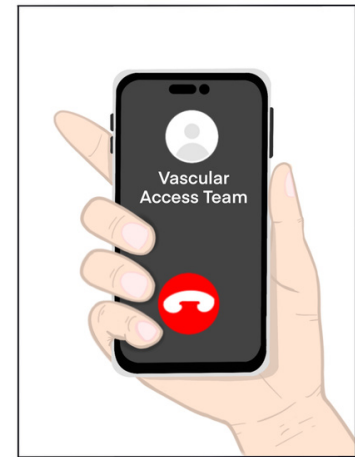
Use the **bulldog clamp** to clamp the line below the break, or closer to where the line comes out of the body.



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

To avoid breaks in the catheter:

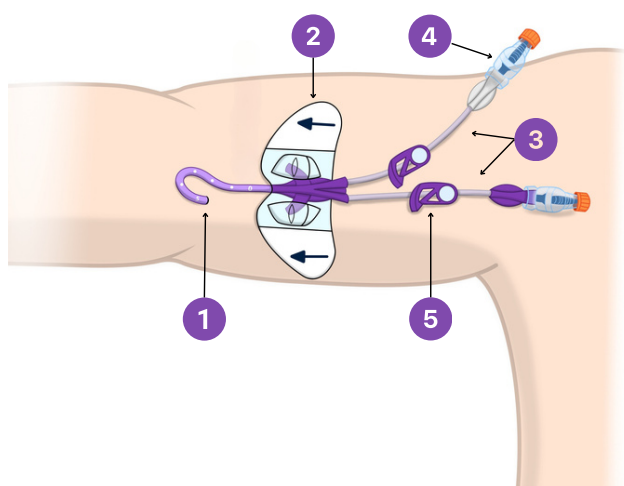
- Keep scissors and sharp objects away from the catheter.
- Keep pets away from the catheter.
- Use the plastic clamp (5) on the catheter. Only use the metal bulldog clamp from your emergency kit for emergencies.
- When you clamp the catheter, try to vary where you place the clamp. Move it up or down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



1. Exit site
2. Stat-lock
3. Lumens
4. Needleless connector or cap
5. Clamp

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 there is resistance when flushing the catheter. Do not attempt to clear the blockage yourself.

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 PICC with a PICC cover. 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.

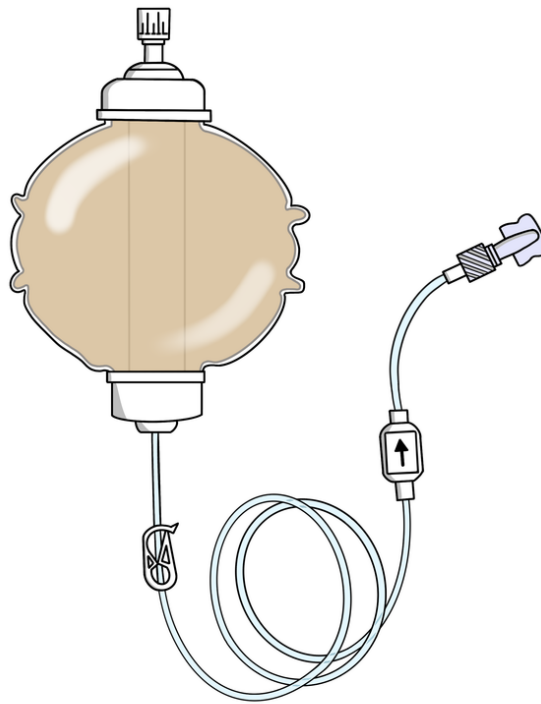
What happens when my child no longer needs the PICC?

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.



ELASTOMERIC PUMPS



An elastomeric (or “balloon”) pump is a medical device that is filled with a prescribed medication. It uses pressure to deliver the medication intravenously. It does not use electricity or gravity flow for administration. This pump is a single-use device.

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 give your child antibiotics this way. The following information will support your learning. You can use it as a reference at home.

How does the elastomeric pump work?

The pump uses the difference in pressure between the balloon and your child's central line to push medication from the balloon to your child. A **flow restrictor** controls how fast the medicine moves from the balloon. The flow restrictor ensures that your child gets the right amount of medication at the right time.

The **flow rate** is the speed with which medication moves from the balloon to your child. The flow rate can depend on how high or low the pump is, compared to the central line. Your child's pump should be worn between your child's hips or shoulders during the infusion. If you have questions about where to place the pump, please ask your a nurse.

Calea Pharmacy fills the elastomeric pump and the connected tubing with the antibiotic.

The medication will need to be given on time as your doctor has prescribed. This is usually one, two or three times per day. A PIVOT nurse or Vascular Access Team member will teach you how to do this.

You will be given weekly follow-up appointments before going home. It is very important that you return for these appointments.

If there are problems with the pump you can contact the PIVOT team or the Calea Pharmacy. (See "Contact information," pg. 26, for phone numbers and hours). If you are unable to get through or you need help after hours, you may need to return to the hospital to have the central line or pump checked. (See "After-hours planning," pg. 29).

Using the elastomeric pump

When your child starts using the elastomeric pump, they will need to make some small changes:

- When your child is in bed, the pump can go beside them. Try to place the pump between your child's hips and shoulders. This will allow the medicine to infuse properly.
- 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.
- Choose a quiet time for your child's infusion. Your child can read books or watch TV while they are attached to the pump.
- If your child needs to use the washroom while attached to the elastomeric pump, you can put it in your child's sweater pocket. Or, your child can carry it in their hand.
- If you have animals at home, keep the elastomeric pump out of reach at all times.
- Be careful with your PICC to make sure it does not get pulled or damaged.

How will I know the elastomeric pump is working?

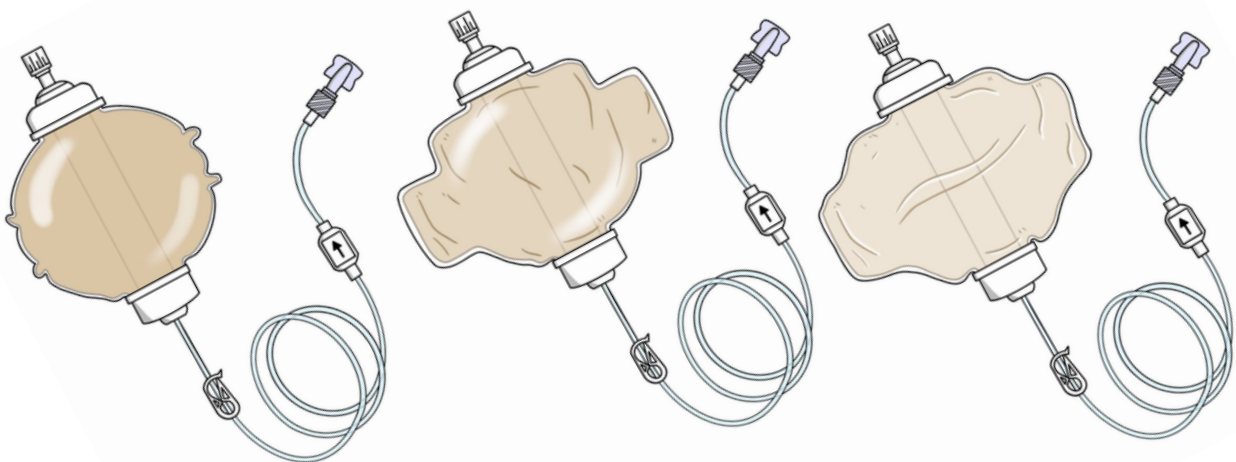
1. The elastomeric pump begins working when it is attached to your child's PICC, and the clamps on the PICC and the elastomeric pump tubing are open.
2. The elastomeric pump infuses your child's medication over a time frame determined by Calea Pharmacy (usually 30 minutes).
3. About 10-15 minutes into the infusion, the elastomeric pump should appear half empty.
4. When the medication infusion is complete, the elastomeric pump should be empty and appear completely deflated.

Troubleshooting the elastomeric pump

If the elastomeric pump still appears full after starting the infusion:

- Check that the clamps on the pump and PICC tubing are open.
- Check for kinks in the infusion line. Straighten the infusion line to remove any kinks.

If you cannot fix the problem, call the PIVOT Clinic or the Vascular Access Team.



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 elastomeric system can be a threat to your child's life.

Handwashing

When should you wash your hands?

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



Proper hand washing 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.

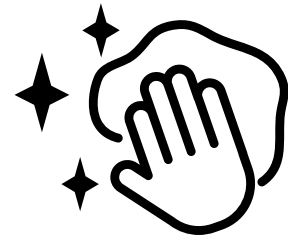
Hand care



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 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.

SASH METHOD

OF MEDICATION ADMINISTRATION

STEP 1 - SET UP

Clean the area where your supplies will be placed with alcohol or a disinfectant wipe.



STEP 2 - CLEAN HANDS

Wash your hands for one full minute. Dry with paper towel.



S

STEP 3 - SALINE FLUSH

1. Prepare saline syringe.
2. Clean needleless connector.
3. Attach saline syringe.
4. Unclamp and flush with ___ mL saline. (Push-pause method)
5. Re-clamp.



A

STEP 4 - ATTACH MEDICATION

1. Clean needleless connector.
2. Attach medicine.
3. Unclamp to start.
4. When finished re-clamp.



S

STEP 5 - SALINE FLUSH

1. Wash your hands.
2. Prepare saline and heparin syringes.
3. Detach empty bag or syringe.
4. Clean needleless connector.
5. Attach saline syringe.
6. Unclamp and flush with ___ mL saline. (Push-pause method)
7. Re-clamp.



H

STEP 6 - HEPARIN FLUSH

1. Clean needleless connector.
2. Attach heparin syringe.
3. Unclamp and flush with 1.5 mL heparin. (Push-pause method)
4. Re-clamp.
5. Apply disinfectant cap.



SCRUB TIMES:

Chlorhexidine/alcohol swab: 30 second scrub and 1 minute dry.

Note: When your child's IV antibiotics are complete, their PICC will need to be heparin flushed (steps 5 and 6) once a day until the PICC line is removed.

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 8AM to 10PM

Saturday / Sunday 8AM to 8PM

☎ Phone: 604-875-2345 x1982 or
604-875-2345 ext. 2445, say "Call 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: _____

MY CHILD'S INFORMATION

My child's PICC

My child has a ____ French _____ PICC

The catheter has ____ lumen(s).

The tip of the catheter is in the _____

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

My child's catheter is: ___ valved ___ unvalved

My child's catheter is: ___ cuffed ___ uncuffed

My child's medication

My child's antibiotic is: _____

until _____

Weekly appointments: _____

AFTER-HOURS PLANNING

If the PICC becomes plugged or blocked outside of the Vascular Access Team's or PIVOT Clinic's hours, it is OK to wait until the morning to contact us, rather than going to the Emergency Department.

If your child appears unwell, has a fever, or has shortness of breath, please go to the Emergency Department and notify the PIVOT Clinic.



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.”

Flow restrictor: Part of an elastomeric pump that controls how fast the medicine moves from the balloon to your child.

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.

