



Patient Family Education

Children's Wisconsin

Caring for a Child with a Central Venous Access Device (CVAD)



CVAD Home Education Videos
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Click: Video Resources
Click: Central Venous Access Device

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Important phone numbers

Parents: _____

Daytime phone: _____ Evening phone: _____

Emergency contacts

Hospital: Main number:

Emergency Room:

Clinic Scheduling:

Health Care Providers/Agencies

(Include Doctors, CW Central Access team, Home Care agency, Medical Supply Companies, Pharmacy, Case Manager, Therapists, and other Community providers)

Care Provider/Agency name: _____

Secondary contact name: _____

Daytime phone: _____ FAX: _____

Address: _____

Email: _____

Other: _____

Care Provider/Agency name: _____

Secondary contact name: _____

Daytime phone: _____ FAX: _____

Address: _____

Email: _____

Other: _____

Care Provider/Agency name: _____

Secondary contact name: _____

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Care Provider/Agency name: _____

Secondary contact name: _____

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Introduction

Your child has a central venous access device (CVAD). This manual will help you:

- Safely care for your child with a CVAD.
- Do basic cares of the CVAD.
- Handle problems with the CVAD.

Use this manual to review what you learn. It has all the CVAD procedures with step-by-step instructions. It is important to follow these instructions.

Please ask questions if anything is not clear to you.

Get the supplies you will need to care for the CVAD from:

- A home care company **or**
- A pharmacy that specializes in home care supplies.

Talk with the hospital case manager or discharge planner about how to choose a company or pharmacy. You will also talk with them about how to order supplies.

You may want to buy these items in case you need them:

- Plastic wrap or plastic bags to use when bathing.
- Large container to store supplies at home.
- Small containers that you may need for school or traveling.

What is a CVAD?

CVAD stands for Central Venous Access Device. These are special types of lines that are placed in one of your child's larger veins that goes to the heart. This line can go into the neck, arm, chest or groin. There are different kinds of CVADs:

- Peripherally inserted central catheter (PICC) (pg. 30)
- Non Power Broviac/Hickman and Power Hickman (pg. 32)
- Port (pg. 34)

What are the benefits of my child having a CVAD?

These types of lines can stay in place for a long time. They have many uses. They may be used to:

- Give fluids.
- Give medicines.
- Give blood products.
- Give IV nutrition.
- Draw blood for lab tests.

Infection Prevention

What is a central line-associated bloodstream infection (CLABSI)?

A bloodstream infection can occur when bacteria or germs travel through the CVAD and enter the blood. This can cause fever or chills. The area around the CVAD may get red and be sore. The CVAD is placed in a larger vein that is close to the heart. Special care is needed to prevent a bloodstream infection.

How are central line-associated bloodstream infections treated?

This type of infection is often treated with antibiotics. The CVAD may also need to be removed.

Clean and sterile

Think about clean and sterile in order to prevent infection. Your healthcare provider may use these terms.

Clean means getting rid of dirt and germs as much as you can. This may include:

- hand washing
- scrubbing the hub
- cleaning your work area

Sterile means there are **no** dirt or germs. It is cleaner than clean! This may include ends of medicine syringes.

The information on the next 3 pages will talk more about clean and sterile.

How to Prevent Infection in the Hospital

What are hospitals doing to lower the risk of an infection?

Doctors, nurses, and staff will take special care when handling the CVAD.

They will:

- Clean their hands, wear gloves, and clean the catheter cap when:
 - giving medicines.
 - hooking up lines.
 - drawing blood.
- Keep the tubing secure so that it does not get pulled, dirty, or come apart.
- Make sure the dressing over the CVAD is clean, dry, and not loose.
- Change the tubing, cap, and dressing at set times.
- Limit the number of times they draw blood or give medicines through the CVAD.
- Decide each day if the CVAD is still needed. It will be removed as soon as possible when it is no longer needed.
- Teach you how to safely care for the CVAD at home.



What can you do to help prevent an infection while in the hospital?

You can:

- Make sure doctors, nurses, and staff wash their hands before and after caring for your child.
- Make sure that you and visitors wash your hands before and after visiting.
- Tell the doctor or nurse if the CVAD dressing is wet, dirty, or loose.
- Tell the doctor or nurse if the area around the CVAD is red or sore.
- Make sure to not touch or let others touch the CVAD or tubing.

How to Prevent Infection at Home

There are things you can do at home to prevent infection.

Hand cleaning

Bacteria can form under long fingernails and cause infection in the line. It is best to keep fingernails cut short.

Clean your hands:

- Everyone touching the line should wash their hands with soap and water or use hand sanitizer.
- Soap and water should be used when you see that your hands are dirty and after going to the bathroom or changing a diaper.
- Good hand cleaning helps prevent infection.



Helpful hints and tips for hand washing:

- Use soap and warm water to wash your hands and wrists.
- Rub with soap for at least 15 seconds.
- Clean under your fingernails.
- Use a paper towel to dry your hands.



Helpful hints and tips for using hand sanitizer:

- Put a quarter sized amount of hand sanitizer in your hand.
- Rub hand sanitizer over both hands and wrists until they are dry.



Bathing and Oral Cares

In the hospital, your child may have had a special bath to decrease the risk of infection. At home there are also ways to prevent infection, like:

Have your child take a bath or shower every day.

- Cover the CVAD to keep it from getting wet when taking a bath or shower. Use plastic wrap (see fig 1) or a clean plastic bag with tape to protect the CVAD from water.



Fig 1. Arm wrapped with plastic to protect CVAD

- Have your child brush their teeth two times a day. Your child may have special mouth washes or oral cares. Be sure to follow the instructions you were given.

Talk with your health care team about any questions you have.

Work Area

It is important to always clean your work area before you do any CVAD cares.

- Choose an area away from people or animals.
- Limit air drafts. Close windows, turn off fans, and shut doors.
- Remove clutter from the area.
- Wipe down a counter-top or other work surface. Use a single-use paper towel or clean cloth and a cleaning product that kills germs.
- Do not use a kitchen sponge or cloth that has been used before. A kitchen sponge or cloth that has been wet is a place where germs collect.
- Make sure work area is dry after cleaning.



Basic Daily Cares

This section will review the basic cares that you may need to do each day to care for the line.

- Scrub the hub before entering the line
- Steps for giving medicine through the line (using SAS)
- Capping the CVAD (flushing with saline)
- What to look for every day
- Dressing changes
- Securing the line
- Cap changes
- CVAD travel kit

Scrub the Hub

Scrub the hub means to clean the cap on the end of the line. You will use alcohol or a similar product to clean the cap. You may have different supplies to use at home. **Insurance does not always cover the same products used in the hospital.** To prevent infection, use the products the home care company has sent you.

- Hold the line. Do not let the cap or end of the line touch anything during this process.
- Use alcohol to clean the end first and then sides of the cap. **Scrub for 15 seconds.** Use a twisting motion.
- **Wait** 15 seconds for the cap to dry before attaching the medicine or syringe. Do not blow on it or wave it in the air. This increases the risk of infection.
- Repeat the cleaning process with a new alcohol pad if the cap touches something.



Never reuse alcohol pads.

Steps for giving medicine through the CVAD

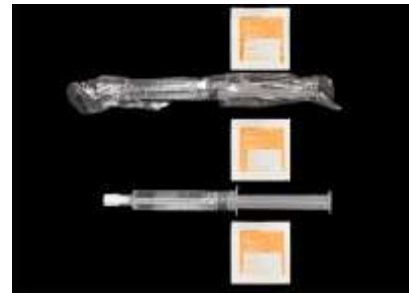
- Clean your work area.



- Always wash your hands with soap and water or use hand sanitizer.

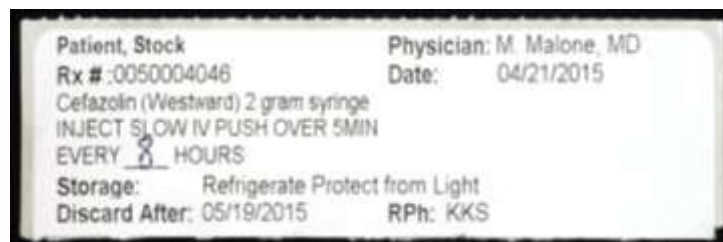


- Gather supplies:
 - (2) Saline flushes
 - (4) Alcohol pads
 - IV medicine



Always check the medicine before use for:

- Your child's name on the medicine.
- The right medicine.
- The right amount of medicine.
- The expiration date.



Using SAS

When giving a medicine there is a special way to clear the line. The steps are called “SAS”. The home care nurse will teach you how to give the medicine. There may be an IV pump or it may be pushed through the line.





SAS stands for:

Step 1: S=saline

Step 2: A=administer medicine

Step 3: S=saline

Step 1: S=saline

<ul style="list-style-type: none"> Prepare the saline by removing any air or bubbles. Push any air in the syringe out by pointing the syringe up at the ceiling and slowly pushing up the end of the syringe until you cannot see any air. Replace cap on syringe. 	
<ul style="list-style-type: none"> Use alcohol to clean off the cap on the end of the line. Scrub for 15 seconds. 	
<ul style="list-style-type: none"> Wait 15 seconds for the cap dry. 	
<ul style="list-style-type: none"> Attach the saline flush. 	
<ul style="list-style-type: none"> Unclamp the line. 	

Step 1: S=saline (continued)

- Flush using push-pause-push method over 10 to 15 seconds.
If using a port, pull back until you see a bit of blood in the tubing. This is sometimes called a flash of blood. Then flush.

- Clamp the line with the final push.



- Remove the syringe.
- See pg. 24 for directions on how to dispose of used supplies.






Step 2: A=administer medicine

- Use alcohol to clean off the cap on the end of the line.
- **Scrub for 15 seconds.**



- Wait 15 seconds for the cap to dry.
- Attach medicine.
- Unclamp the line.
- Give medicine. You may have to push the medicine into the line, like when giving saline, or it may be in a ball or on a pump. Your home nurse will instruct you on this process.
- Clamp the line.
- Remove the medicine syringe, ball or pump tubing.
- See pg. 24 for directions on how to dispose of used supplies.

Step 3: S=saline

<ul style="list-style-type: none"> • Prepare the saline by removing any air or bubbles. Push any air in the syringe out by pointing the syringe up at the ceiling and slowly pushing up the end of the syringe until you cannot see any air. Replace cap on syringe 	
<ul style="list-style-type: none"> • Use alcohol to clean off the cap on the end of the line. • Scrub for 15 seconds. 	
<ul style="list-style-type: none"> • Wait 15 seconds for the cap to dry. 	
<ul style="list-style-type: none"> • Remove cap from saline syringe, attach the saline flush. 	
<ul style="list-style-type: none"> • Unclamp the line. 	
<ul style="list-style-type: none"> • Flush using push-pause-push method over 10 to 15 seconds. 	
<ul style="list-style-type: none"> • Clamp the line with the final push. 	
<ul style="list-style-type: none"> • Remove the syringe. 	
<ul style="list-style-type: none"> • See pg. 24 for directions on how to dispose of used supplies. 	

Capping the CVAD

Steps for capping the CVAD daily

To keep the line working you will have to flush your child's CVAD (port when needle is in place) daily with Saline. **Do this 1 time each day.**

<ul style="list-style-type: none"> Wash your hands. 	
<p>Gather your supplies:</p> <ul style="list-style-type: none"> Saline (pre-filled syringe) Alcohol wipes 	
<ul style="list-style-type: none"> Prepare the saline by removing any air or bubbles. Push any air in the syringe out by pointing the syringe up at the ceiling and slowly pushing up the end of the syringe until you cannot see any air. Replace cap on syringe. 	
<ul style="list-style-type: none"> Use alcohol to clean off the cap on the end of the line. Scrub for 15 seconds. 	
<ul style="list-style-type: none"> Wait 15 seconds for the cap to dry. 	

- Remove cap from saline syringe, attach the saline flush.
- Unclamp the line.
- Flush using push-pause-push method over 10 to 15 seconds.
- **Clamp the line with the final push.**
- Remove the syringe
- Safely dispose of used supplies.



How to safely dispose of used supplies:

- Use a red sharps container to dispose of needles. The homecare company should give you a container.
- If you do not have a container, you can use a heavy duty laundry detergent bottle for needles.
- All other supplies can be thrown in the regular garbage.



What to look for every day

Each day you will inspect the CVAD site. For ports, you only need to observe the site daily when the needle is in place. Contact your clinic or home care nurse for further instruction if you notice any of these changes:

- The dressing is coming off.
- Swelling of the arm, leg, chest or the area around the exit site of the line.
- Signs of infection: fever, redness, pain, or swelling.



Dressing change

This is a sterile process completed weekly by the clinic or home care nurse. You will need to observe the dressing each day and call if it starts to come off the skin.



Securing the line

It is important to always keep the CVAD line secure. Every line must be covered with a dressing. A line securing device is also needed to keep the line from falling out. To make sure the line stays in place:

- Check the dressing a few times a day to make sure it is not loose or falling off.
- If your child is very young keep them from pulling or touching the line by covering it.
- If your child has a line in the arm, use PICC cover or a long sleep shirt to keep it covered.
- If the line is in the chest, use a shirt that covers the chest and buttons over the diaper area. This keeps the line hidden.
- If the line is in the chest, your child should be fitted with a CVAD vest to help protect it. Keep this on your child at home to keep the line hidden and IV tubing secure.



Looped line under dressing



Grip-Lok and StatLock

Cap change

In the hospital the cap is normally changed every 3 days but sometimes can be more often. At home the cap is changed every week with the dressing change. When blood is drawn in the clinic or at home, the cap is also changed. If you need to change the cap, your nurse will teach you how to do this.



CVAD travel kit

If you will be gone for more than a couple hours, bring extra medicine and related items with you. Put the following items in a go bag or plastic container. Take them with you when you leave home:



1. Dressing change kit
2. Securement device
3. Two saline flushes
4. Emergency kit
 - Gauze
 - Sterile dressing like Tegaderm™
 - Roll of Tape
 - Padded clamp
5. Cap
6. BIOPATCH®
7. Alcohol wipe or pad

Preparing Your Child for the Dressing Change

Your child may find it hard to hold still when you change the dressing.

Here are some hints to help your child cope.

- Find things that will distract your child.
- Read or tell stories.
- Play music or sing.
- Watch a favorite TV show or movie.
- Have your child hold a mirror and watch.

Children may cope better when they have some control. Offer your child a choice. An example to use may be:

- Should we change your dressing in the bedroom or family room?

Remember to only offer choices that are OK.

- Your child cannot choose to not have a dressing change.
- Because this is a sterile procedure, your child should not help with taking off or changing the dressing.

Make a routine of changing the dressing.



- Choose the same day of the week for the dressing changes.
- Make a star on a calendar page and post it in a place that you will be sure to see every day.
- Many people find that the refrigerator door is a good place to post the dressing change reminder.




Helping your other children cope

If there are other children in the family, they may not understand everything that is happening. Other children may resent the time and attention given to the child with the CVAD. They may be afraid that the same thing will happen to them. They may worry that they did something to cause the illness. Plan time alone with **each** child to just talk and play together. Talk about feelings and offer comfort.

CVAD Problem Solving

Use this chart to decide what to do if there is a problem with the line. Always **call your home care nurse** if you have a problem with the CVAD, or have questions. If you do not have a home care nurse call the Children's Hospital of Wisconsin Central Access Team (CAT). Call 414-266-2000 and ask to have the nurse from central access team paged.

Problem	What to do?
Corner of dressing is loose. 	<ul style="list-style-type: none"> • Add tape to areas that are loose. • Call your home care nurse.
Entire dressing is loose, wet, or dirty.	<ul style="list-style-type: none"> • Add tape to dressing if needed to keep CVAD covered until dressing can be changed. • Call the home care nurse to do dressing change as soon as possible.
There is a hole or break in the line. You see leaking or bleeding coming from the line.	<ul style="list-style-type: none"> • Gather supplies. Use the emergency kit given to you by the hospital • Clamp (with padded clamp) between the leak and where the line comes out of the body. • Clean the hole with alcohol. • Cover the hole with a sterile dressing like Tegaderm™. Leave the clamp on. • Call your home care nurse. 

Problem	What to do?
The line is hard to flush.	<ul style="list-style-type: none"> • Do not use force to flush. • Check the line for kinks. • Be sure the line is not clamped. • If you have been taught, change the end cap. • Call your home care nurse.
Line cap is missing. 	<ul style="list-style-type: none"> • Clamp the line. • Clean end with alcohol pad and put on a cap. • Call the home care nurse.
Blood in the line. 	<ul style="list-style-type: none"> • Try to flush the line. • Call your home care nurse if you are not able to flush.
Fever, the exit site is painful, very red, swollen, has drainage, or has a bad smell.	<ul style="list-style-type: none"> • These are signs of infection. • Call your child's primary care provider.
The line cuff is out of the exit site. OR The PICC line is pulled out a little bit from the exit site. 	<ul style="list-style-type: none"> • Do not try to push the line or cuff back in. • Clean the line and exit site with alcohol pad. • Secure the line to the skin with a sterile dressing like Tegaderm™. • Call your home care nurse.
The exit site is bleeding.	<ul style="list-style-type: none"> • Apply pressure to exit site. • Call your home care nurse.
The line is pulled all the way out.	<ul style="list-style-type: none"> • Apply pressure at the exit site for 10 minutes. Use sterile gauze or a clean cloth. If using gauze put Tegaderm dressing over it. • Go to the Emergency Department.

Types of devices-CVAD

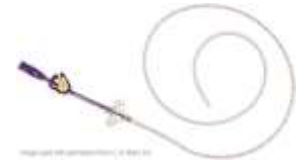
PICC Line

What is a PICC line?

A Peripherally Inserted Central Catheter (PICC) is a long, thin, soft and flexible tube.

These types of lines can stay in place for a long time. They have many uses. They may be used to:

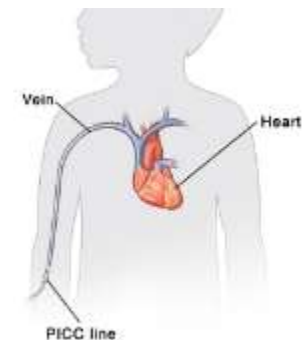
- Give fluids.
- Give medicines.
- Give blood products.
- Give IV nutrition.
- Draw blood for lab tests.



How is it put in?

- Everything will be explained to you ahead of time.
- A specially trained nurse or doctor puts in a PICC line. It may be done in the hospital room, operating room, or radiology department. Your child may be awake when the line is put in.
- Before the PICC line is put in, your child may get some medicine to help them relax and be more comfortable.
- If it is put in while your child is in the operating room, your child will be asleep and will not feel anything.
- An IV needle is used to enter the vein, so your child will receive a poke. Once the needle is in the vein, the PICC catheter is put in. The needle is removed and the flexible PICC catheter is moved through the large vein leading to the heart.

The doctor or nurse will do a test to see that the line is in the right place.



Possible problems

- Some veins may not work well for a PICC line. This makes the procedure hard to do. The procedure may not be able to be done as planned.
- There is a chance of getting an infection.
- If blood forms at the tip of the PICC line or the vein around the line, it makes the line hard to flush. Movement of the PICC line farther out of the vein can cause the tip of the line to be in the wrong place. If the PICC is not in far enough, the IV fluids can bother the veins.
- If there is a break in the PICC line it will need to be replaced.
- Sometimes it is hard to remove the PICC line.

What to expect

- Your child's arm may be stiff and the chest may be sore for a few days after the procedure. The pain should go away in about 1 or 2 days.
- The arm may also look bruised. The bruising may take 1 to 2 weeks to go away.

What care is needed?

- A dressing will be put over the PICC. The dressing is changed weekly and when it becomes loose, wet or soiled. This is important because the dressing holds the PICC line in place. Let your child's nurse know if you notice the dressing should be changed.
- When the PICC line is not in use (capped), the line must be flushed. This is done with a pre-filled saline syringe.



Flush the line to keep the line open and clean. How is the PICC line removed?

- To remove the PICC line, the nurse or doctor will take off the dressing.
- The PICC line is cleaned and removed slowly. Taking the PICC line out does not hurt.
- The area is covered with a small dressing. The hole will heal on its own. After removal, keep a bandage over the site for 24 hours, or as directed by your child's doctor or nurse.

After healing, there may be a very small scar on the skin.

Central Venous Access Device (CVAD)

What is a CVAD?

A Central Venous Access Device (CVAD) is a long, thin tube that is tunneled and has a cuff that keeps the line from being pulled out. This line may also be called a Non-power Broviac/Hickman or Power Hickman.

Non-Power Broviac/Hickman

- May be used for Ethanol Dwells.
- May **not** be power injected.



Non-power



Power Hickman

Power Hickman

- May **not** be used for Ethanol Dwells.
- May be power injected.

These types of lines can stay in place for a long time. They have many uses.

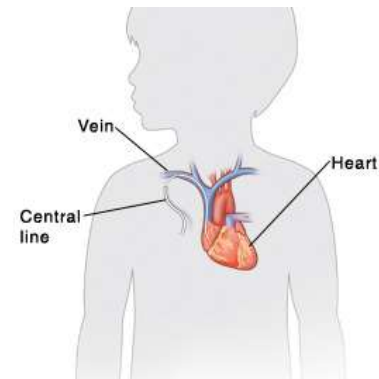
They may be used to:

- Give fluids.
- Give medicines.
- Give blood products.
- Give IV nutrition.
- Draw blood for lab tests

How is it put in?

A CVAD is most often put in place in the Operating Room or Interventional Radiology.

- The provider makes two small cuts in the skin. One cut is at the neck and the other is near the middle of the chest.
- The CVAD tube is tunneled. It goes under the skin from the cut in the chest to the neck.
- The area where the CVAD goes under the skin is called the tract. The cut in the chest is called the catheter exit site.
- An x-ray is taken to make sure that the CVAD is in the right place.

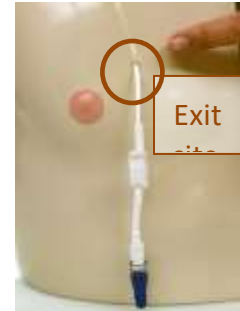


Possible problems

- There is a chance of getting an infection.
- If blood forms at the tip of the CVAD or the vein around the line, it makes the line hard to flush.
- If there is a break in the line it will need to be repaired or replaced.

What to Expect

- Your child's neck may be stiff and the chest may be sore for a few days after the surgery. The pain should go away in about 1 or 2 days.
- The chest may also look bruised. The bruising may take 1 to 2 weeks to go away.
- There will be a few steri-strips over the neck cut.
- The CVAD is stitched into place at the catheter exit site.
- The stitches around the exit site help secure the catheter until body tissue grows around the cuff. The stitches may be removed after 6 to 8 weeks.



What care is needed?

A dressing will be put over the CVAD.

- The dressing is changed weekly. It should also be changed if it is loose, wet or soiled. This is important because the dressing holds the CVAD line in place. Let your child's nurse know if you notice the dressing should be changed.
- When the CVAD line is not in use (capped), the line must be flushed. This is done once a day with saline solution to keep the line open.

How is the CVAD removed?

- The CVAD can be removed safely and easily. Often, the CVAD will be removed in Operating Room and Interventional radiology.
- Most often stitches are not needed to close the hole where the CVAD was removed. The hole will be covered with a small dressing. The hole will heal on its own.
- After removal, keep a dressing over the site for 24 hours, or as directed by your child's doctor or nurse.
- After healing, there may be a very small scar on the skin.

Port

What is a port?

A port is a small device that is put in under the skin. These types of lines can stay in place for a long time. They have many uses. They may be used to:

- Give fluids.
- Give medicines.
- Give blood products.
- Give IV nutrition.
- Draw blood for lab tests
- Power CT scans



Image used with permission from C. R. Bard, Inc.

How is it put in?

A specially trained provider puts in a port. It can be placed in the operating room or Interventional Radiology.

- The port is normally put in the upper chest, just below the clavicle or collar bone.
- An internal catheter or tube connects the port to a vein. You will see a small raised area under the skin where the port is placed.
- It is then attached to a long thin tube that is tunneled into a large vein through either the neck or upper chest.
- The line is moved through the vein until it reaches a large vein near the heart.
- The port is then stitched into the tissue around it. These are called retention sutures. They hold the port in one area which is often called the pocket.

Possible problems

- There is a chance of getting an infection.
- Blood may form at the end of the internal catheter connected to the port. This makes the line hard to flush.
- Internal parts like the catheter or tube may break. Surgery is required to replace the device.
- If medicine or fluids are running and the needle is moved out of place then the skin around the port can become swollen.

What to expect

- Your child's neck may be stiff and the chest may be sore for a few days after the surgery. The pain should go away in about 1 or 2 days.
- The chest may also look bruised. The bruising may take 1 to 2 weeks to go away.
- There will be a few stitches and steri-strips and a bandage over the area. A dissolvable stitch is often used. These do not need to be removed.

What care is needed?

- When the port is accessed a dressing will be put over the port and needle. The dressing holds the needle in place.
- The dressing and needle are changed weekly. They should also be changed if the dressing is loose, wet or soiled.
- Let your child's nurse know if you notice the dressing or needle should be changed.
- If the port is not used for a month, it will need to be accessed and flushed with saline to maintain port. Most parents do not learn this skill, and this is done by either the clinic or home nurse.



Accessing the port

How is the port removed?

The port can stay in place for several years. Surgery is needed to remove the port. This will be done in Interventional Radiology or the Operating room. After healing, there may be a very small scar on the skin.

CVAD Garments

What are CVAD Garments?

Central Venous Access Device garments are items of clothing that help secure central lines to help prevent them from being pulled. They also help prevent the central line from breaking. These pieces of clothing keep the central line out of reach from curious hands and mouths. The garments provide safety for fragile lines by holding down the central line. Garments keep the central line safe and secure.

Types of Garments:



CVAD Vest



CVAD onesie



PICC line sleeve cover

