Your patient has a peripherally inserted central venous catheter (PICC). The staff at Cedars-Sinai Comprehensive Cancer Center inserted it. This catheter is reliable for any intravenous infusion and can remain indwelling for long periods of time. However, it does require special care.

Most of our patients and/or family members have been taught catheter care. We are available to assist them, or you. This handout provides general information and recommendations for catheter use and maintenance. If you have further questions, call the Comprehensive Cancer Center at (310) 423-8030 and ask to speak with the doctor’s nurse.

About the catheter:

The Clampless Catheter with the PASV (Pressure Activated Safety Valve) has been placed in your patient. The unique features of this catheter include a silicone disc valve located in the hub of the catheter. The valve is activated with fluid infusion or aspiration pressure, but otherwise remains closed, thus preventing reflux of blood into the distal tip of the catheter.

The catheter is designed to allow a saline flush lock procedure as opposed to heparin required in other catheters. The valve also allows the catheter to be accessed directly at the hub, avoiding the need for clamps and costly add-on injection systems. The catheter is inserted in either the basilic or cephalic vein at the antecubital fossa.

Your patient has been supplied with a flush cartridge holder, appropriate flushing solution and has been instructed on how to inject the solution and how to change the needleless device, if appropriate.

Flushing the catheter:

- Flush with 10ml Normal Saline before and after medication administration
- After a blood draw, flush with 20ml Normal Saline
- Do not use a needle to access the catheter hub on a needleless connector
- Do not add any device to the sterile end cap.

Maintaining the catheter:

- Catheter Use: The catheters will be used for all standard therapies, per physician orders. Recommend 10ml saline flush prior to initiating therapy and in between all medications. All catheters will be accessed directly at the hub. Do not apply any clamps on the catheter tubing. The valve will remain closed during the accessing process.

(Continued on reverse side)
- **Catheter Flush**: Catheters will be flushed with 10ml saline following all infusions. A sterile end cap will be applied to the catheter hub after the flush. Catheters will be flushed at least once weekly when not in use.

- **Catheter Site Care**: Standard site care per Cedars-Sinai Comprehensive Cancer Center protocol.

- **Blood Withdrawal**: Draw 3-5ml discard. Draw directly from the catheter hub. Flush the catheter with 20ml saline following the procedure, and cap with a sterile end cap.

- **Special Care**: To avoid rupture, never “power-push” solution through the catheter. Gentle flushing with fluid or rapid infusion of IV fluids via gravity flow or by pump is permissible. (Do not use a syringe smaller than 10cc.)

- **Dressing Changes**: To prevent bacterial build-up and possible infection, sterile dressings are changed over the catheter insertion site according to written instructions given to the patient. During the dressing change, the site is inspected for leakage or drainage from puncture site, for skin breakdown, swelling, kinking of catheter, and sutures which may have broken loose. The area is also assessed for heat and tenderness. The dressing change uses sterile technique to cleanse the puncture site and area with 70% isopropyl alcohol and Chlorhexidine Gluconate.

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### Using the PICC Catheter:

- For infusions and blood draws, follow the procedure for the use of tunneled catheters in your institution.

### Potential Complications:

- **Phlebitis**: This reaction is rare after the first week of insertion. If the arm becomes sore, treat with moist heat, rest and elevation. The phlebitis should improve within 24-72 hours and usually subsides within 3-5 days. If not, the catheter should be evaluated for removal. Please notify us if this occurs.

- **Fever**: Our infection rate is less than 2%. Considering the extended period our catheters remain indwelling, catheter-related sepsis is rare and “seeding” of the catheter with bacteria is unlikely, even in the event of documented septicemia.

When the patient develops a fever, the catheter is generally left in place while the source of fever is determined by physical examination, cultures and X-ray. However, for resistant or progressive systemic infection, the catheter is removed and the tip cultured. Blood cultures should be drawn from the catheter and from a peripheral site. If, in your opinion, the catheter must be removed, please notify us because we keep track of the data.