

Guidelines for School Nurse

CENTRAL VENOUS ACCESS LINES

OVERVIEW

Central venous access devices allow direct access into a large vein without repeatedly puncturing the blood vessel. The catheter is inserted in one of the large veins of the chest, neck or arm. Venous access devices typically remain in place for long periods: weeks, months, or even longer. It is often placed for administration of medications (antibiotics, chemotherapy), administration of fluids and nutritional compounds (Total Parenteral Nutrition), transfusion of blood products (Factor), and some devices can be used to obtain blood samples for diagnostic testing.

TYPES OF CENTRAL VENOUS DEVICES

Implanted Port

Infusion ports are surgically implanted devices placed on the chest wall or lower rib cage under the skin to provide access to central (jugular and subclavian) veins. The top of the port called the septum can be felt under the skin. The device offers several advantages; including minimal activity restrictions, no dressing changes, minimal need for anticoagulant (Heparin), no external device to maintain (no tube is exposed) and poses less risk of infection because there is no exit site.

Most common implanted devices: Port-A-Cath, Infuse-A-Port, and Medi-Port.

Tunneled Catheter

Tunneled catheters are placed directly under the skin into a large vein usually the subclavian or jugular vein and emerge to a separate exit site. An injection cap on the end of the catheter prevents leakage or entrance of air and bacteria without removing the cap. The catheter is accessed by using a syringe. The exit is covered with sterile dressing and requires meticulous care and can impact a person's activities.

Type of Catheters: Hickman, Broviac, Groshong Catheter

Peripheral Catheter

Peripherally inserted central catheters are inserted into a large vein and threaded into a central cephalic or basilic vein. The catheter may be single or double lumen and is accessed using a syringe. Catheter site care is required and flushing after each use is recommended.

Type of Venous Access: PAS Port or PICC Line

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GUIDELINES

- Maintenance of the device (flushing and dressing changes) and administration of medication and/or fluids are not performed by school personnel.
- Catheter line should be closed with cap, remain clamped and taped to the chest to prevent accidental dislodgement of the catheter.

ROLE OF SCHOOL NURSE

- Train designated school personnel on the First Aid measures listed below.
- Have parent/guardian sign Release of Medical Information.
 - Request specific information on student's medical condition.
 - Request written orders/instructions regarding P.E. activities, contact sports and swimming.
- Keep parent's/guardian's phone numbers readily available (nurse/office).
- Keep healthcare provider's phone number readily available in the Health Office.

FIRST AID

Problem	What to Do
<ul style="list-style-type: none">• Bleeding: cap is off (break in the line).	<ul style="list-style-type: none">• Clamp the catheter. Notify family. Will need to see medical provider.
<ul style="list-style-type: none">• Bleeding at insertion site.	<ul style="list-style-type: none">• Apply pressure and call parent and clinic.
<ul style="list-style-type: none">• Catheter out of vein.	<ul style="list-style-type: none">• DO NOT RE-INSERT catheter.• Cover exit site with sterile dressing if available or a clean dressing.• Apply pressure over the site for 5 minutes.• Notify student's parents and physician.
<ul style="list-style-type: none">• Loose Dressing.	<ul style="list-style-type: none">• "DO NOT" pull off.• Reinforce dressing.• Notify parents to change dressing at home.
<ul style="list-style-type: none">• Blow to chest/insertion site.	<ul style="list-style-type: none">• Apply ice, check for bruising.• Call parents to notify of injury.

Emergency Kit: (for external devices)

In a small plastic (Ziploc) bag labeled with student's name:

- Clamp/plastic hemostat
- Gloves
- Sterile Gauze or ABD pad
- Adhesive tape

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