

Nursing Management of Venous Access Devices: *Pheresis and Dialysis Catheters*

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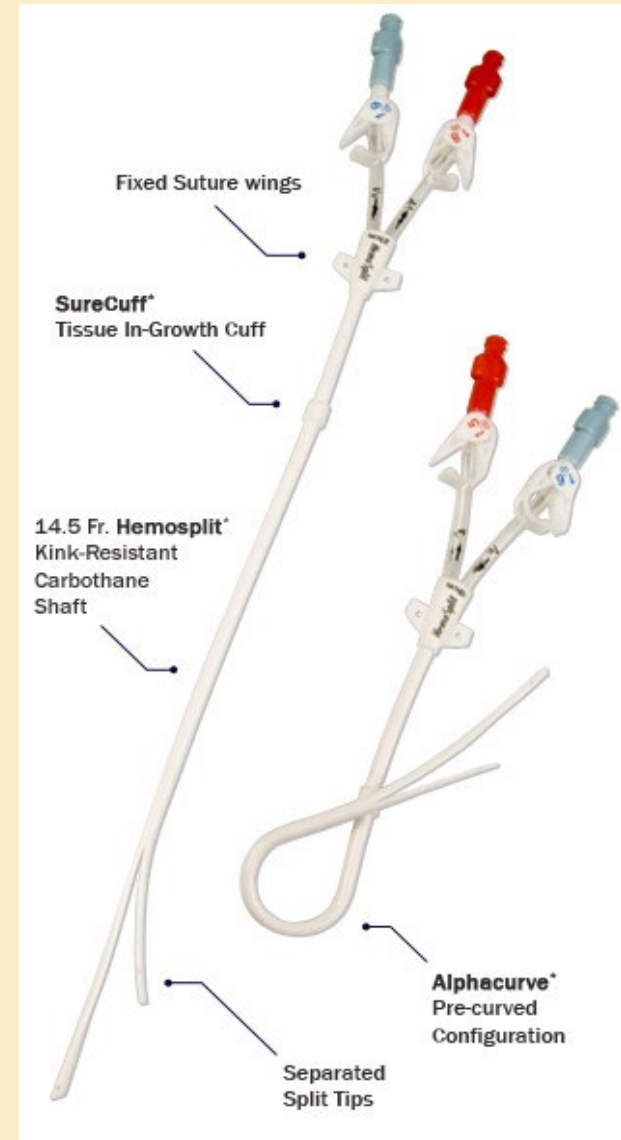
Roberta Culbert-Costley, MSN, RN, AHCNS-BC, CNN

Denise Dreher, RN, CRNI, VA-BC

Sally Geary, MSN, RN, CCNS

Pheresis catheter

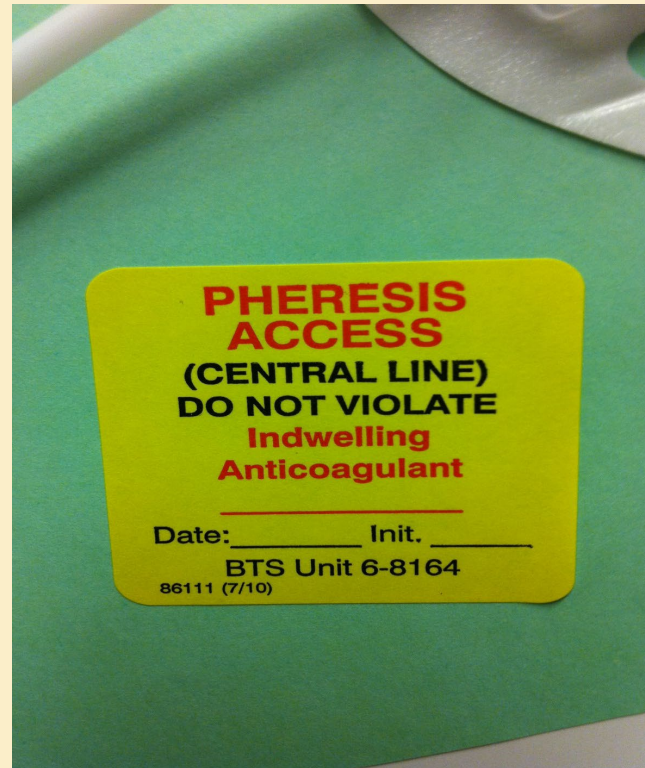
- A type of tunneled catheter used for pheresis of stem cells prior to hematopoietic stem cell transplant or for treatment of some blood disorders
- May also be used for infusions of hydration, transfusions, or medications
- Sutured in place (sutures should not be removed)



Pheresis Catheters: Flushing

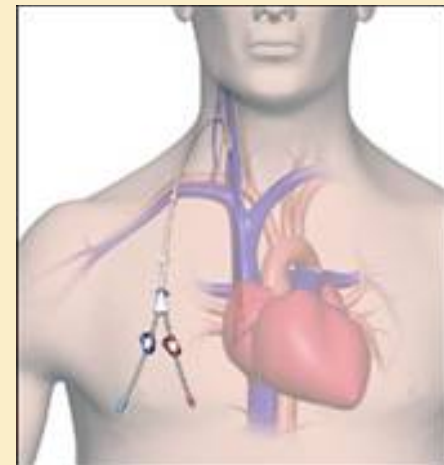
- Adults/Adolescents:
 - heparin 1,000 units/ml; instill volume of catheter (printed on each lumen) plus volume of cap (currently 0.2ml for MaxPlus)
 - If catheter volume not legible, contact CNS or Interventional Radiology for guidance
- Pedi/Toddlers:
 - refer to physician order
- Heparin or anticoagulant MUST be withdrawn from each lumen PRIOR to flushing or infusing
- When not in use, flush M-W-F and PRN
- Flush after completion of any infusion or blood sampling
- Refer to MGH Nursing Policies and Procedures Ellucid : Routine Flush of Central Venous Catheter

Pheresis Dressing Label

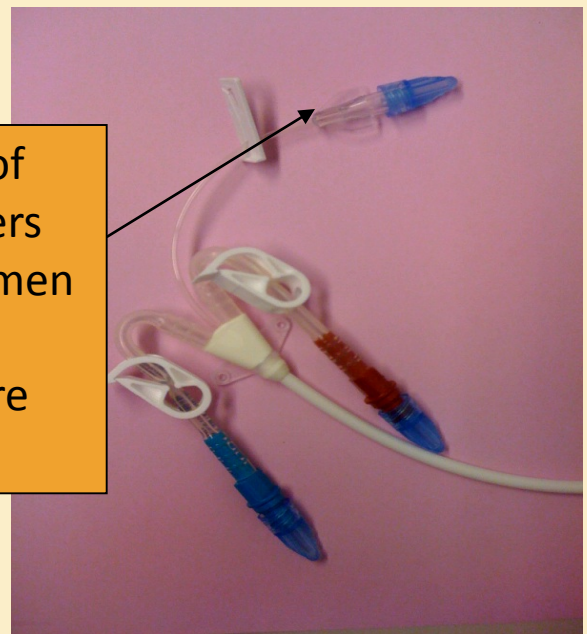
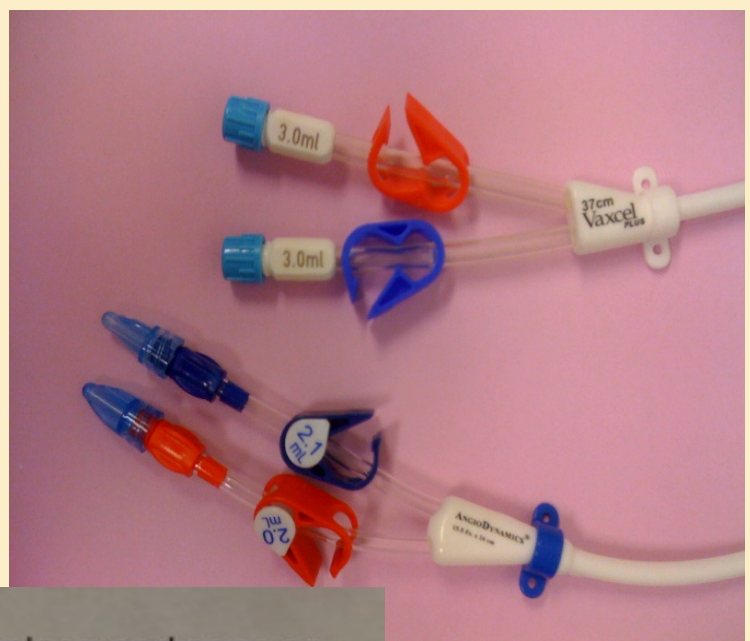


Hemodialysis (HD) Catheters

- HD catheters are accessed and managed by HD nurses ONLY unless being used for CVVH by ICU nurses
- May be tunneled or non tunneled
- Please call HD unit or fellow on call when an HD patient is admitted to the hospital
- Some HD catheters may have a 3rd venous access port (smaller lumen) used in critical care & and with a special order on general care units for IV access.
- Confirm use and flushing protocol for 3rd port with Dialysis Unit prior to access or use.
- For Questions: call Hemodialysis Unit at 617-726-3700

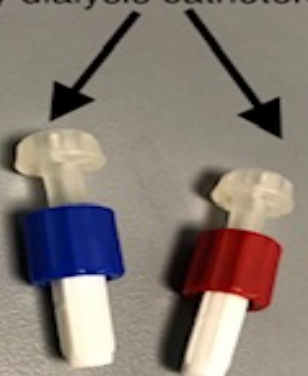


Examples of HD catheters



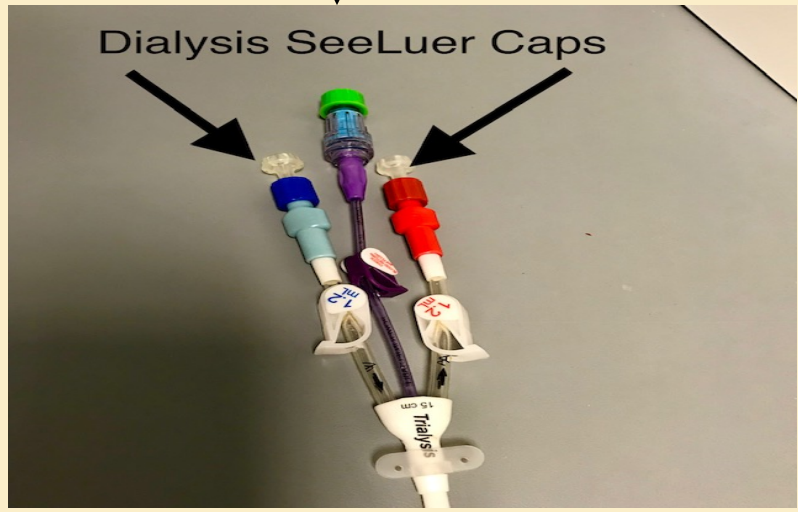
Examples of HD catheters with 3rd lumen access for general care

Do not replace end caps on any dialysis catheters.



These are changed by HD nurses only

Dialysis SeeLuer Caps



HD catheter dressing change

- Maintain dry sterile occlusive dressing
- If dressing becomes soiled, wet or loose, it needs to be changed- MGH Nursing Policies and Procedures Ellucid, Central Venous Catheter Dressing Change with Biopatch
- Use Covaderm dressing if there is drainage or Tegaderm IV Advanced if clean and dry. Apply Hemodialysis Access label to the dressing
- Prevent pulling or tugging of the catheter
- Teach patient to keep area clean and dry and avoid handling catheter's ends
- No showers are allowed
- For questions: call Hemodialysis Unit at 617-726-3700





Please note....

All information provided is subject to review and revision.
Please continue to refer to MGH Policies and Procedures in
Ellucid as your primary resource.



References

- Original power point, 2011: Bartholomay, Dreher, Theresa Evans, Susan Finn, Deb Guthrie, Hannah Lyons, Janet Mulligan, Carol Tyksienski
- Updated 2019: Bartholomay, Culbert-Costley, Dreher, Geary
- MGH Ellucid