Hickman Catheter
Education Plan

Getting Ready to Learn About Hickman Catheters

Learning something new can be hard. It is even harder if you are not feeling well. The purpose of this education plan is for you and the staff to review the following information together. Here are some good things to tell the staff:

- Who you want to learn with you. We would like to have someone who will be helping you at home learn with you.
- The best way for you to learn. Do you learn best by reading a book or pamphlet, or by doing things yourself?
- If you are not feeling well, if you are in pain or you cannot focus on learning right now.

This information is important to your health. We may explain something more than once.

What I Need to Learn About Hickman Catheters

By the time I leave the hospital; I will be able to tell the staff:
1. What a Hickman catheter is
2. Why I need a Hickman at home
3. The purpose of each part of the Hickman and the dressing
4. How my catheter should be cared for at home
5. What signs to look for if there is something wrong with my Hickman and what to do about it
6. Who will be caring for my Hickman at home

The staff will use three questions and answers to teach me about my Hickman Catheter:
- What is my main problem?
- What do I need to do?
- Why is this important to me?
The staff will ask me to repeat back important points in my own words, or ask me to show them what I have learned. They want to make sure that I know about my Hickman Catheter and what to do if I have problems.

**What is my main problem?**

- **Main problem**
  - I need to know what a Hickman is, how to care for my Hickman at home, and how to watch for complications at home.

**What do I need to do?**

Understand what a Hickman catheter is

- **Hickman Catheter**
  - A Hickman is a special tube that is inserted in my body. Some are only one tube (called lumen) and some are 2 or 3 tubes (or lumens) put together. These look like one tube inside the body and two or three tubes outside the body.
  - Most of the time a doctor in the operating room puts the Hickman in. I will be given anesthesia while the tube is put in.
  - There are 2 sites the doctor uses to put the Hickman in. The first is a small cut near my shoulder call the *insertion* site. The doctor puts the Hickman in the vein at this site. This spot should heal within a few weeks. The second site is below the first. This is where the catheter comes out of the skin. This site is called the *exit* site. The Hickman is under the skin between these two spots.
  - Near the spot where the Hickman comes out of the skin is something called a Dacron cuff. This cuff lies under the skin. If I could see the cuff it would look like a piece of felt wrapped around the catheter. Skin will grow around the cuff in about 6 weeks. The cuff helps hold the Hickman in place. It also keeps germs from moving up the catheter into the blood.
  - The Hickman can be used to give me medicine or fluids. It can also be used to draw my blood. The Hickman is inserted into a blood vessel (called a vein) in my upper chest. The tip is in a large blood vessel between my shoulder and my heart.
Understand why I need a Hickman

- **Reason for Hickman**
  - Strong medicine, fluid and nutrients can be given through a Hickman
  - The Hickman can last a long time (from weeks to years)
  - The Hickman can sometimes be used to draw blood. I won’t have to have as many needle “pokes” if I have a Hickman.

Understand the purpose of each part of the Hickman and the dressing

- **Purpose of Dressings**
  - A clean dry dressing must always cover the area where the Hickman catheter goes into the skin. This helps to prevent infection

- **Purpose of Caps**
  - The caps prevent air and germs from entering the catheter. Fluids, medicine and nutrients can be given through the cap

- **Purpose of Clamps**
  - Near the end of the catheter is a small white clamp. The clamp stays in a special area of the catheter, which is thicker than the rest of the catheter. The catheter has arrows showing where the clamp should be. This clamp may be used to stop fluid or air from getting inside the catheter. When not using the catheter I may keep it clamped or unclamped

How my catheter should be cared for at home

- **General Care**
Anyone working with my Hickman should wash his or her hands with soap and water.
The area where I store my supplies and care for my Hickman should be free from dirt and dust.
I should not take a shower until my doctor tells me that I can.
When I do shower I should cover the dressing with plastic so it doesn’t get wet.

Dressings
A clean, dry dressing must always cover the area where the catheter enters my skin.
The dressing should be changed at least one time a week or as directed by my doctor or home health nurse. At first the dressing will be changed by my nurse but later I, or someone else, may be taught how to change the dressing.
The dressing should be changed if it becomes loose or wet.
When the dressing is off, the skin around the Hickman catheter should not be touched with bare hands.

Keeping the Hickman open
The inside of the Hickman has to be kept “open” so that the medicines or fluids can flow into the vein.
The Hickman is kept open by filling it (called flushing) with Heparin when the catheter is not being used.
The nurses will do this in the beginning. Later the nurse may teach me, or someone who can help me, to flush my catheter.

Changing the caps
The caps at the end of the Hickman should be changed once a week or anytime they are removed.
The nurse will change the caps at first. Later the nurse may teach me, or someone who can help me, to change the caps.

I will be able to tell the staff what I need to look for if there is something wrong with my Hickman and what to do about it.

Bleeding
I may see blood under the dressing in the area where the Hickman enters the skin. It is normal to have a small amount of bleeding right after the Hickman catheter is put in.
Another sign of bleeding may be swelling or bruising and pain where the Hickman comes out of the skin.
I should watch for bleeding bigger than the size of a quarter after the first dressing change.
- I should watch for swelling, bruising or pain at the spot where the catheter comes out of my skin.
- If I notice bleeding larger than the size of a quarter I should push firmly with my fingertips at the spot where the Hickman comes out of the skin. I should hold this for 15 minutes. If this does not stop the bleeding I should call my home health nurse or my doctor.
- I should call my nurse or doctor if I notice swelling, new bruising, or pain.
- To prevent bleeding I should:
  - Avoid activities that will stress my arm or chest, such as vacuuming, mowing the lawn, playing basketball.
  - Not lift objects that weigh more than 10 pounds.
  - Not pull at the Hickman. I can also tape it to my skin to keep it from getting pulled.
- After I have had my Hickman for a while I may not have as many limits to my activity. I should discuss this with my doctor.

- Hickman Movement
  - The Hickman could slide out of my skin. I don’t want it to slide out because the end of the Hickman will be in the wrong place.
  - I should watch to see if it looks like the Hickman has slid out of my skin. If it has I may be able to see the Dacron cuff showing.
  - To keep my Hickman from moving I should make sure nothing tugs on the catheter and keep it secured with tape.
  - If I think the catheter has slid out I should not try to push it back in (this can cause infection).
  - If I think the catheter has slid out I should call my nurse or doctor.

- Infection
  - Infection is when germs get into either the blood or into the area where the Hickman goes into the skin.
  - Signs of infection that I may notice are redness, swelling, or drainage. If germs get into my blood I could also have chills and fever or feel achy and tired.
  - Ways I can help prevent infection…
    - I should always wash my hands before doing anything with my Hickman.
    - I should make sure the caps get changed at the right time.
- I should make sure that the caps are not loose so that they won’t fall off.
- I should make sure the dressing is changed once a week or before that if it gets wet or is loose.
- I should be sure that the end of the catheter is always cleaned with an antiseptic swab (for 30 seconds) before putting anything into the catheter.
- I should be sure that the skin around my catheter is not touched when the dressing is off.
- I should never try to push the catheter back into the skin.
  - If I notice any signs of infection I should call my nurse or doctor.

- Clogged Hickman Catheter
  - A blood clot or a clump of the fluid that is running into the catheter can cause the Hickman to clog.
  - If the Hickman is clogged it may be hard to flush or my medicine may go in very slowly.
  - I should never push hard when I am flushing my Hickman. This could make a part of the clog to go into my body or cause the catheter to break.
  - If I think my Hickman is clogged I should call my nurse or doctor.
  - Sometimes a special medicine can be put into my Hickman that will open it up.

- Blood Clot
  - Sometimes a blood clot can block the flow of blood in the vein
  - A blood clot can cause pain or swelling in my arm, shoulder, chest or back.
  - I should call my nurse or doctor if I see any signs of a blood clot.

- Tears or Breaks in the Hickman Catheter
  - The Hickman is soft and can stretch. Stretching the Hickman or pushing too hard to get fluid in can cause tears or breaks in the catheter.
  - If there is a tear or break I may see fluid leaking from the tubing where the tear or break is.
  - If I notice a tear or break I should fold the Hickman over on itself and tape it down. I should make sure the fold is between the break and my skin.
o I should also wrap the fold in an antiseptic pad then wrap it in gauze.
o I should call my nurse or doctor immediately if this happens.
o To prevent tears and breaks I should make sure the catheter is always stuck on well and tape the catheter to my skin.
o I should never push hard to flush the catheter.
o I should never use scissors near the catheter.

Air in the bloodstream
o Air can get into the bloodstream if the Hickman is broken or if the caps are loose or missing. This is a very rare, but serious problem.
o I should watch for sudden shortness of breath, dizziness, chest pain, or cough.
o If this happens I should quickly fold the tubing over on itself so that no more air can enter. I should then lie down on my left side with my hips higher than my shoulders. I should call or have someone call 911.

I will be able to tell the staff who will be caring for my Hickman at home

Care after discharge
This may be:
o Home health care nurse
o My primary care doctor
o An infusion center

Why is this important to me?
Importance
- To keep Hickman complications from happening
- To know what to do if a complication is seen

As part of my care I have received this education plan.
If I have any questions or problems I may call the following

___ Home-care agency: _____________________________

___ Physician: _________________________________

___ Infusion Center:____________________________

___ Vascular Access Specialist Team (VAST) at Bronson. I will call the hospital operator @ (269) 341-7654 and ask them to page the VAST nurse. The VAST nurse is available 24 hours a day, 7 days a week.

Post this page in an easy to remember place such as on your refrigerator
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Resources for Staff

- Hickman Catheter Education Plan

Teaching Tools

- Hickman Catheter Education Plan

References


Always close each teaching session with the question, “What questions do you have for me?”

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For questions concerning this education plan, or if you encounter problems using the links, email patienteducation@bronsonhg.org.

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