

# Teaching guide

## AMBULATORY AND HOME INTRAVENOUS ANTIBIOTIC THERAPY REGIONAL PROGRAM (ATIVAD)

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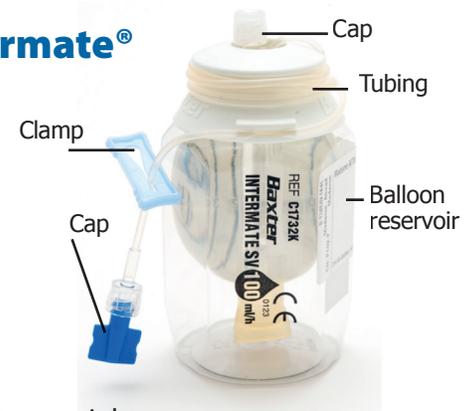
### METHOD USING AN INTERMATE® -TYPE INFUSOR

#### Antibiotic costs

Antibiotics can be partially or fully reimbursed by your private insurance or by the Quebec Prescription Drug Insurance Plan, just as other drugs. Check with your insurer for more details.

#### What is the method using an Intermate® -type infusor?

- ▶ A diluted antibiotic is given via an infusor (also called nursing bottle). The infusor binds to the port of your catheter. Each infusor is single-use.



#### Precautions to follow

- ▶ Respect the hours planned to give yourself the antibiotic:  
\_\_\_\_\_.
- ▶ Do not get your dressing wet (do not immerse in water).
- ▶ Cover your catheter with a plastic wrap during bathing or showering, to make it watertight.
- ▶ Avoid contact sports or repeated gestures (e.g., playing tennis). These activities can displace or damage your catheter.
- ▶ *For children: avoid physical education, and activities with a risk of falling (e.g. skateboarding, tubing, fighting or squabbling), as these activities can displace or damage your catheter. Elementary school children must stay with their supervisor in the schoolyard or stay inside.*
- ▶ Avoid manual labour requiring great physical strength.
- ▶ Do not remove your catheter dressing. Ensure that the extension is properly attached.
- ▶ Avoid undue pressure under the arm on the same side as your catheter (e.g., do not press a crutch directly under the armpit on the same side as the catheter).
- ▶ *If your child has a catheter, care not to put too much pressure under the armpit on the same side as the catheter when lifting him/her.*
- ▶ If your material gets contaminated, dispose of it (e.g., a syringe fallen on the ground).

#### Cleanliness of the work surface

- ▶ Tie your hair before getting started.
- ▶ Choose a clean and calm place.
- ▶ Wash the work surface with water, soap and a clean cloth. Rinse with clear water and dry.
- ▶ Avoid having children and animals touch the surface.

## Cleanliness of hands

- ▶ The person administering the antibiotic must always wash hands before touching the material.
- ▶ Rewash your hands if you touch to something else.
- ▶ To wash hands:
  - ▶ Soap and rub **for 30 seconds**;
  - ▶ Rinse, then dry with a clean towel.

## Material required



- ▶ Alcohol swabs
- ▶ Two 10 ml pre-filled syringes of sodium chloride (NaCl)  
*For children: two 5 ml pre-filled syringes of NaCl*
- ▶ Diluted antibiotic in an infusor (nursing bottle)
- ▶ Band-Aid
- ▶ Carrying case for infusor



### For administration of heparin, if applicable

(if Port-A-Cath, the nurse will specify the required quantity):

- one 3 ml pre-filled syringe of heparin, 100 units/ml, or
- one 3 ml pre-filled syringe of heparin, 10 units/ml, or
- one vial of heparin, 100 units/ml
- ▶ One 10 ml syringe (if vial)
- ▶ One 20-gauge needle, 2.54 cm (one inch) (if vial)
- ▶ Alcohol swabs
- ▶ Secure container for disposal of the needle

## Preparation

- ▶ Check the site of your catheter (if redness, warmth or tenderness along the vein, see section "Monitoring points").
- ▶ Take the antibiotic out of the refrigerator **three** hours before administration:
  - ▶ Make sure the infusor is intact (inflated balloon reservoir, water tight, fill port cap and winged luer cap on).
- ▶ Verify that the inscription on the antibiotic is accurate:
  - ▶ your name, the name of your antibiotic and the expiry date.



- ▶ Remove air bubbles from two 10 ml pre-filled syringes of NaCl (5 ml for children):
  - ▶ remove the plug;
  - ▶ hold the syringe vertically and push the plunger to remove the bubble;
  - ▶ replace the plug (do not touch inside the plug or the tip of the syringe).

### Flushing the catheter with NaCl

(If required, venous return will be done by nursing staff only)

Flush the catheter with a pre-filled syringe of NaCl:

- ▶ **BEFORE** the antibiotic;
  - ▶ **AFTER** the antibiotic.
1. Disinfect the catheter port with an alcohol swab for 15 seconds:
    - ▶ the top and sides, moving in every direction.
  2. Air-dry for 30 seconds (do not blow, vent or wipe).
  3. Connect the syringe to the catheter port:
    - ▶ hold the port between the thumb and forefinger;
    - ▶ push the pre-filled syringe of NaCl downward and turn **to the right**.
  4. **If there are clamps** on the catheter extension and/or the catheter itself, unclamp them.
  5. Slowly inject in small increments by keeping a finger on the plunger.
  6. **Close the clamps**, if applicable.
  7. Remove the syringe by turning **to the left**.

### Giving the antibiotic

1. Disinfect the catheter port with an alcohol swab for 15 seconds:
  - ▶ the top and sides, moving in every direction.
2. Air-dry for 30 seconds (do not blow, vent or wipe).
3. Connect the tubing of the infusor to the port of your catheter:
  - ▶ remove the tubing cap from the infusor;
  - ▶ hold the catheter port between the thumb and forefinger;
  - ▶ push the tubing of the infusor downward and turn **to the right**;
  - ▶ open **the tubing clamp of the infusor**.
4. **If there are clamps** on the catheter extension and/or the catheter itself, unclamp them.
5. Insert the infusor in its case and sling it across your chest or place it at the same level as your heart (in line with the catheter).
6. Infusor is empty when the balloon reservoir is flat.
7. **Close the tubing clamp** of the infusor and all **other clamps** when empty.
8. Remove the tubing of your catheter by turning **to the left**.
9. Proceed to flushing the catheter with NaCl, as described in the previous section.



## Administering heparin

The nurse will indicate whether this step is:

**required** or  **non-required**

If required, proceed to the administration of heparin **after the antibiotic and flushing with the NaCl.**

*For adults:*

- 3 ml of heparin 100 units/ml or
- 3 ml of heparin 10 units/ml  
(Exception: Port-A-Cath ml).

*For children:*

*Percutaneous catheter:*

- \_\_\_\_ ml of heparin 100 units/ml or
- \_\_\_\_ ml of heparin 10 units/ml

*Tunnelled catheter:*

- \_\_\_\_ ml of heparin 100 units/ml or
- \_\_\_\_ ml of heparin 10 units/ml

### **Pre-filled syringe of heparin**

1. Disinfect the catheter port with an alcohol swab for 15 seconds:
  - ▶ the top and sides, moving in every direction.
2. Air-dry for 30 seconds (do not blow, vent or wipe).
3. Connect the syringe to the port:
  - ▶ hold the port between the thumb and forefinger;
  - ▶ push the pre-filled syringe of heparin downward and turn **to the right**.
4. **If there are clamps** on the catheter extension and/or the catheter itself, unclamp them.
5. Slowly inject in small increments by keeping a finger on the plunger.
6. **Close the clamps**, if applicable
7. Remove the syringe by turning **to the left**.

### **Preparation using a vial**

**\*\*\* NEVER INSERT A NEEDLE INTO THE PORT OF YOUR CATHETER \*\*\***

1. Disinfect the vial stopper with an alcohol swab for 15 seconds
2. Air-dry for 30 seconds (do not blow, vent or wipe).
3. Connect the needle to the syringe.
4. Pull off the needle cap and put it aside (keep it).
5. Draw \_\_\_\_\_ ml of air in the syringe.
6. Insert the syringe's needle into the vial and inject the air.
7. Place the vial and syringe upside down.
8. Slowly draw \_\_\_\_\_ ml of heparin.
9. Withdraw the syringe and remove the air bubbles.
10. Replace the cap on the needle.
11. Disinfect the catheter port with an alcohol swab for 15 seconds:
  - ▶ the top and sides, moving in every direction.
12. Air-dry for 30 seconds (do not blow, vent or wipe).
13. **If there are clamps** on the catheter extension and/or the catheter itself, unclamp them.
14. Pull off the needle from the syringe and dispose of it in the appropriate container.
15. Connect the syringe to the port:
  - ▶ hold the port between the thumb and forefinger;
  - ▶ push the syringe of heparin downward and turn **to the right**.
16. Inject the product slowly.
17. **Close the clamps**, if applicable.
18. Remove the syringe by turning **to the left**.



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## METHOD USING AN INTERMATE®-TYPE INFUSOR

The following table presents some **monitoring points** as well as **required interventions**.  
For any additional questions, contact your pharmacist or the nurse at your local community service center (CLSC).

Monitoring points	What to do?
Pain and/or swelling during the injection (NaCl, heparin or antibiotic)	<ul style="list-style-type: none"> <li>▶ Do not administer the antibiotic</li> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
Resistance during the injection	<ul style="list-style-type: none"> <li>▶ Verify if the clamps are open</li> <li>▶ Cease administration if the problem persists</li> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
Redness, warmth or tenderness along the vein	<ul style="list-style-type: none"> <li>▶ Do not administer the antibiotic</li> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
Presence of fever, chills (validate with the nurse the necessity to consult).	<ul style="list-style-type: none"> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
Presence of blood in the catheter extension	<ul style="list-style-type: none"> <li>▶ Flush the catheter extension according to the administration procedure indicated in the section "Flushing the catheter with NaCl"</li> <li>▶ Contact the CLSC nurse or the 24/7 service if the problem persists</li> </ul>
If there is an accidental removal of the catheter (partial or total)	<ul style="list-style-type: none"> <li>▶ Fix and do not attempt to push it back into your arm</li> <li>▶ Compress the site if bleeding</li> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
If the dressing detaches	<ul style="list-style-type: none"> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
If there is a discharge at the site of the catheter	<ul style="list-style-type: none"> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
If your dressing is wet	<ul style="list-style-type: none"> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
If there is an accidental removal of the catheter port	<ul style="list-style-type: none"> <li>▶ Close the clamp on the catheter extension if possible</li> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>
If the balloon reservoir does not deflate	<ul style="list-style-type: none"> <li>▶ Verify if the clamps are open</li> <li>▶ Contact the CLSC nurse or the 24/7 service</li> </ul>

### The nurse to reach in case there is a problem

The nurse from your CLSC, from \_\_\_\_\_ o'clock to \_\_\_\_\_ o'clock

CLSC: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name of the nurse: \_\_\_\_\_

During after-hours of your CLSC, contact the 24/7 service: \_\_\_\_\_

