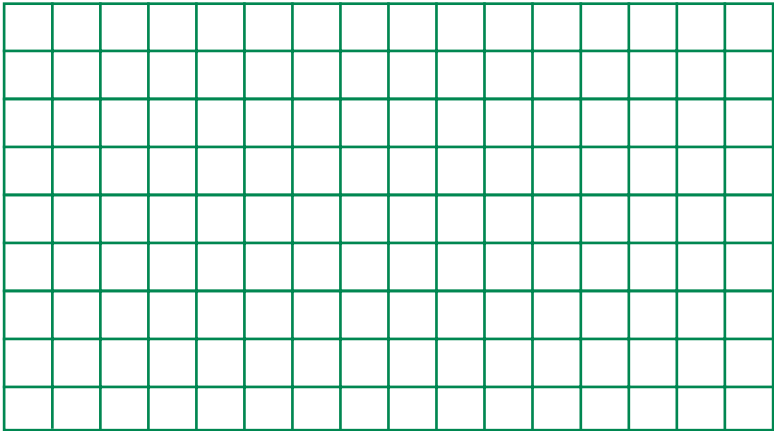


Bard Access Systems

How to Care For Your Groshong® Catheter



PATIENT GUIDE



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Why You Have a Groshong® Catheter

Your doctor has chosen the **Groshong** catheter for you because medication can be administered directly into your bloodstream without frequent needle insertions into your vein. Because **Groshong** catheters can be left in place for weeks, months, or even years, it is important to make you aware of what a catheter is, what it is used for, and how to take care of it, so that you can get the most use and benefit from your catheter.

YOU CAN MAKE A DIFFERENCE!

You will receive individual instructions on how to care for your catheter. This booklet is intended to be a reference and should be used during teaching and follow-up care. A section of the booklet also contains answers to questions other patients have asked about their catheter.

It is important to note that this is only a reference. Your best source of information is still your own doctor or nurse.



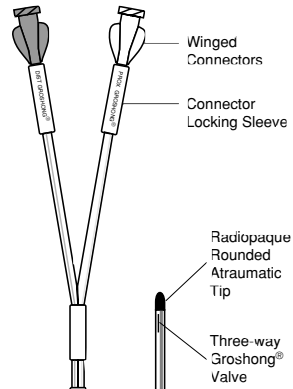
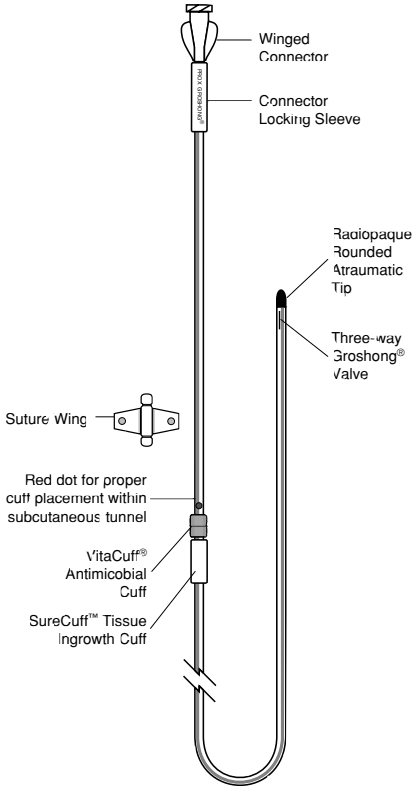
What is a Groshong® Catheter?

A **Groshong** catheter is a long hollow tube made of soft silicone. It has a closed, rounded tip and a three-position valve placed in the side of the catheter near the tip. The valve allows fluids to flow in or out but remains closed when it is not being used. The catheter is commonly referred to as a central venous catheter because it is inserted into the large vein leading directly into the heart.

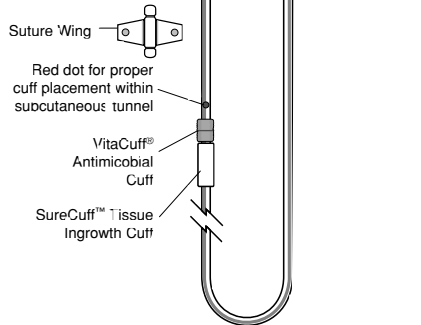
The catheter has a connector on one end that is used to enter the tube. An injection cap, infusion line, or syringe can be attached to the end of the connector.

There is a SureCuff™ Tissue Ingrowth Cuff around the catheter that anchors the catheter under your skin so that there is little danger of the catheter slipping out. Your subcutaneous tissue grows into the cuff to anchor it and form a physical barrier to help keep bacteria from entering your system through the skin.

Groshong® Single-Lumen Catheter Features



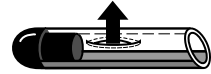
Groshong® Dual-Lumen Catheter Features



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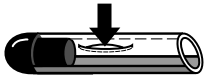
How does the Valve Work?

When positive pressure is applied, the valve opens outward allowing fluid to enter the bloodstream.



INFUSION

Positive Pressure

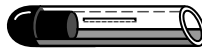


ASPIRATION

Negative Pressure

When negative pressure (suction) is applied (usually by a syringe), the valve opens inward, allowing blood to flow through the catheter into the syringe.

The valve stays closed when the catheter is not in use and when subjected to normal central venous blood pressures.



CLOSED

Neutral Pressure

Because of the valve:

- Routine clamping of the catheter is not needed.
- Heparin is not needed to keep the catheter patent.



What is the Catheter used for?

There are several uses of the **Groshong** catheter. It is primarily used to allow you to have special treatments over a period of time. Having the catheter will make it more comfortable for you because you will not have to have a needle inserted into a vein over and over again.

The catheter can be used to give you special fluids, special medications, blood products or to take blood samples for testing. Your doctor will explain the reasons why you have this type of catheter.

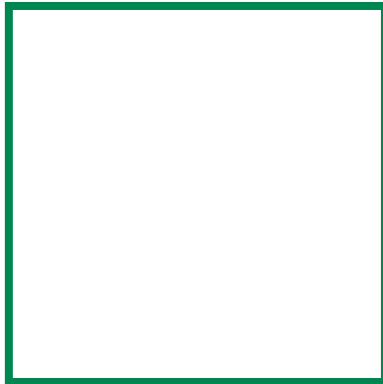


Where does the Catheter go inside the body?

The catheter is inserted by the doctor under the skin of your chest wall and into a large vein that leads to your heart.

A small incision is made near the vein entry site, which is referred to as the “insertion site”. This is where the tip of the catheter is threaded into the large vein. The catheter is tunneled under the skin from the “insertion site” to the desired exit site. You may have a few “stitches” at these two places. The insertion site will heal in a short period of time. The exit site will need to have special care, which will be explained later in this booklet.

You may be able to feel the bulge of the **SureCuff** Tissue Ingrowth Cuff between the insertion and exit sites.





Site Care

Cleaning the exit site and applying a clean dressing is usually referred to as “Site Care”. Site care should be done on a regular basis as ordered by your doctor. The frequency will depend on the type of dressing, your general health, the type of fluid being infused into the catheter and the condition of your skin. The orders may also be changed for any of these reasons.

You will be instructed on how frequently to change the dressing. You may need to change the dressing daily, three times a week or weekly. Your doctor or nurse will select the most appropriate supplies for your routine care.

The “Site Care” procedure is outlined here for reference purposes only. Remember, you will receive instructions from your doctor or nurse on all procedures and you should not attempt any procedure alone until you feel confident that you can carry out all of the steps.

Supplies you will need:

- Sterile gloves (if indicated)
- 3 Alcohol swabsticks
- Hydrogen peroxide
- 3 Povidone iodine swabsticks
- Povidone iodine ointment packet
- 1 Alcohol wipe
- Sterile 2 in. x 2 in. gauze dressing
- 1 Sterile pre-cut 2 in. x 2 in. gauze dressing
- Sterile cotton tipped applicators
- 1 Sterile cover dressing (transparent or tape)
- Tape

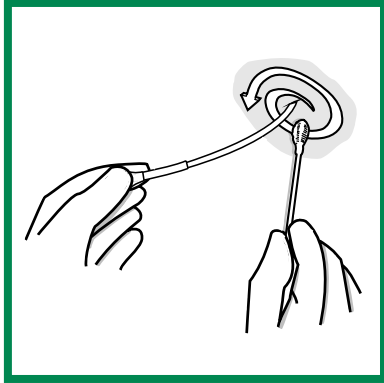
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- a. Clean the work surface by wiping with a paper towel that has been moistened with alcohol. Wipe dry or allow to air dry. Then place supplies on the cleaned surface.
 - b. **Wash your hands thoroughly using warm soapy water.** Rinse completely and dry using a clean towel or fresh paper towels.
 - c. Carefully open the dressing kit, or unwrap supplies, without touching the inside surfaces of the kits or wrappers.
 - d. Carefully remove the old dressing, starting from the top of the dressing and working downward. Remove the tape or dressing carefully to avoid irritating your skin or pulling on the catheter.

NOTE: Do not use scissors or any sharp-edged instruments as they could damage the catheter.

- e. Wash your hands again.
- f. Do a careful observation of the exit site and the skin around it. If you notice anything unusual, ***finish*** the dressing procedure and then call your doctor.
- g. If you are instructed to use gloves, put on the pair of sterile gloves following the procedure you were taught.

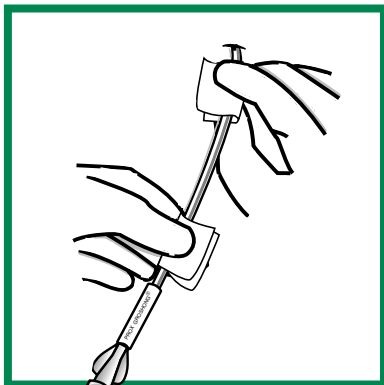
After you have the gloves on and adjusted, do not touch anything but the sterile supplies you will be using to clean the exit site. If you are not using gloves, be careful to not touch anything except the supplies being used for site care.

- h.** Carefully clean the catheter exit site with an alcohol swabstick or sterile cotton tipped applicator, soaked in hydrogen peroxide, starting at the exit site and spiraling outward until a circle, at least three inches in diameter, has been cleaned. Do not return to the catheter exit site with a swabstick that has touched any skin away from the exit site.



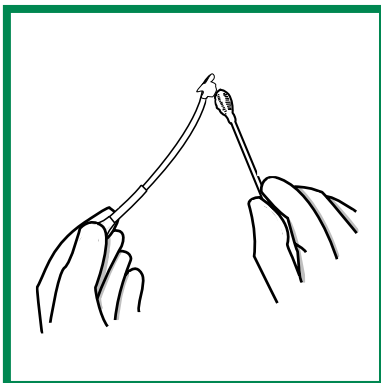
- i.** Repeat this step using the other two swabsticks. Look at the color of the swabsticks for signs of drainage after you have used them.
- j.** Clean the same area in the same manner with three of the povidone iodine swabsticks, including the part of the catheter that will be lying on the cleaned skin.

- k.** Gently clean the outside of the catheter with the inside surface of an alcohol wipe, starting from the exit site to the catheter adapter end. You may hold the catheter at the exit site with another alcohol wipe to prevent pulling on the catheter. **DO NOT PULL ON THE CATHETER.**



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- l.** Allow the povidone iodine on the skin and catheter to air dry at least two minutes.

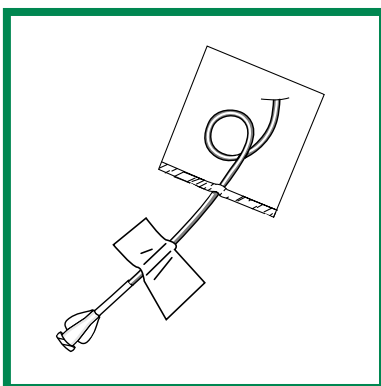
- m.** Apply a small amount of povidone iodine ointment to the exit site (optional).



- n.** Place the pre-cut gauze dressing over the ointment at the exit site fitting it snugly around the catheter. Place the 2 in. x 2 in. gauze over the pre-cut gauze and catheter.

- o.** Apply the cover dressing (tape or transparent dressing) following the directions in the package as well as instructions from your doctor or nurse.

- p.** Coil the catheter, check to see that it is not kinked or pinched, and secure it to the chest or dressing with tape. This will prevent pulling of the catheter at the exit site and decrease irritation.



- q.** Always secure the catheter in such a way that you can easily see the cap end. Your doctor or nurse will help you select the best method to secure the catheter. The type of clothing and normal activity will need to be considered in this procedure. You should periodically look at the capped end to be sure it is intact.



Clamping The Catheter

Under normal circumstances, your catheter will not need to be clamped. If damage to the catheter occurs, the catheter should be clamped immediately.

- a. Use only smooth-edged clamps.
- b. Follow the directions or your doctor or nurse regarding when to clamp.

There are different kinds of clamps.

The “bulldog clamp” is a small, heavy wire clamp that opens when the end is pinched. There are others that work in a scissor fashion but have smooth-edged blades to protect the catheter. Avoid use of surgical clamps or any clamps that have not been approved by your doctor or nurse.

When should you clamp?

You should clamp if there is any damage to the catheter or the catheter connector or if there is any separation of the catheter and the catheter connector: **Always have a clamp available for emergencies.**



Flushing the Catheter

The Catheter is flushed with normal saline to help clear the lumen of the catheter after receiving medications or having blood withdrawn for lab tests. Your doctor or nurse will tell you when you need to flush and with what solution. If the catheter is used only for periodic treatments, you will need to flush the catheter once a week with sterile normal saline to keep it open and free of clots.

There are prefilled normal saline flush syringes available, or you may be instructed on how to draw up normal saline from a vial into a syringe.

Supplies you will need:

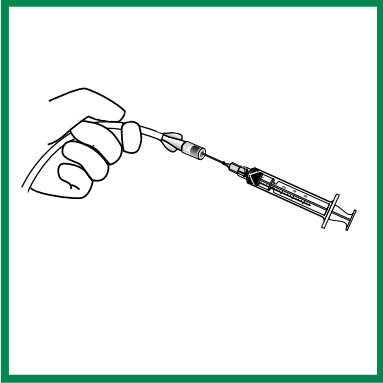
- Alcohol or povidone iodine wipe.
- 10cc syringe with attached one inch needle filled with 5cc of normal saline, prepared for use.
- Tape.

The steps in the procedure are:

- a. Wash your hands thoroughly.
- b. Collect your supplies in a convenient place.
- c. Remove the tape that is around the cap.
- d. Clean the cap with an alcohol or povidone iodine wipe. If you use the iodine wipe, allow the cap to air dry for two minutes—be sure not to touch the cap during this time. Do not blow on the area or allow the clean cap to dangle since this increases the chance of contamination of the area with germs.

e. Remove the needle cover and carefully insert the needle into the center of the catheter injection cap.

f. Inject the normal saline into the catheter. As you inject the last $\frac{1}{2}$ ml of normal saline, withdraw the needle from the injection cap. If you are flushing the catheter of a child, do not flush too rapidly because the child's circulatory system is small and sensitive to rapid changes in volume and pressure.



g. Remove the needle from the injection cap. Discard the syringe in a needle container.

h. Re-tape the cap as outlined in the cap change procedure.

If you have a double lumen catheter, it is necessary to flush both lumens with normal saline using a separate syringe for each side.

Your doctor or nurse will give you additional information for the care of double lumen catheters.

Comments and/or changes as recommended by your nurse or physician.



Changing the Injection Cap

The catheter injection cap is the only part of the system that you will have to change. The injection cap is used for needle access and therefore needs to be changed regularly. The frequency will depend on how often your catheter is being used. Your doctor or nurse will instruct you on how often you need to change your catheter injection cap.

Supplies you will need:

- Sterile injection cap.
- Alcohol or povidone iodine wipe.
- Tape.

The procedure to change the cap:

- a. Wash your hands thoroughly.
- b. Open the package of the new injection cap and prepare according to your instructions. Be sure the cap does not touch the outer surface of the package.

NOTE: You may need to prefill the injection cap with sterile normal saline if it is a long cap with significant air space. Your doctor or nurse will teach you this additional procedure.

- c. Remove the old tape from around the cap by unpeeling the tape. **NEVER** attempt to cut the tape with scissors as you may damage the catheter.
- d. Using an alcohol or povidone iodine wipe, clean around the place where the cap is connected to the catheter. Allow to air dry.



Be Able To Detect Problems And Know What To Do

Don't expect problems but be prepared if they should occur. The following is a list of potential problems with specific information about each:

PROBLEM *Infection*

SIGNALS You may have fever, chills, swelling or oozing at the exit site. You may note a foul odor, feel pain or heat from the exit site. General malaise or decrease in activity in a child, even without fever, may indicate a problem.

WHAT TO DO Call your doctor. You will need treatment.

HOW TO AVOID IT Follow instructions at all times to avoid contaminating the catheter. Wash hands before beginning any procedure. Wear a mask if you have a cold. Avoid persons who are ill. Do your procedures in a well ventilated, but draft-free place.

PROBLEM *Breakage or separation of the Catheter Adapter at the Catheter End*

SIGNALS There may be leaking of fluid when you flush the catheter. You may be able to see the break or the separation of the catheter adapter from the catheter.

WHAT TO DO Clamp the catheter. Call your doctor. The end will need to be replaced.

HOW TO AVOID IT Do not over-twist the adapter when changing the injection cap. Do not use smaller than a 10cc syringe for flushing. Do not flush against resistance.

PROBLEM *Loose or Disconnected Cap*

SIGNALS The cap will either be loose or come off.

WHAT TO DO Clamp the catheter. Clean the catheter adapter connection and replace with a clean cap. Don't use the same cap.

HOW TO AVOID IT Secure cap when replacing. Tape the connection.

PROBLEM *Skin Problem Over the Cuff*

SIGNALS Pain, soreness, redness or blistering of the skin.

WHAT TO DO Discuss with your doctor or nurse.

HOW TO AVOID IT Avoid constricting clothing over the bulge of the cuff.

PROBLEM *Break or Accidental Cut in the Catheter*

SIGNALS Leaking of fluid.

WHAT TO DO Clamp the catheter immediately between the break and the skin exit site. Call your doctor. The catheter will need to be repaired.

HOW TO AVOID IT Never have scissors near the catheter. Never use excessive force to flush the catheter.

PROBLEM *Occluded Catheter*

SIGNALS Unable to flush the catheter using normal pressure.

WHAT TO DO Do not use extra pressure. Call your nurse or doctor. The catheter will need to be unplugged.

HOW TO AVOID IT Flush on a regular schedule, after every procedure is done, or when blood has backed up into the catheter.

PROBLEM *Difficulty Drawing Blood*

SIGNALS You will be able to flush catheter easily but will not be able to withdraw blood.

WHAT TO DO Call your doctor or nurse. Sometimes the injection of a medication will allow blood withdrawal if a fibrin sheath has created a one-way valve over the catheter opening.

HOW TO AVOID IT This is caused by the body's attempt to wall off a foreign object by creating a fibrin sleeve around the catheter. It cannot be avoided.

PROBLEM *Collapsed Lung
(Pneumothorax)*

SIGNALS You may notice shortness of breath and some discomfort in your upper chest within hours after the catheter has been inserted.

WHAT TO DO Call your doctor. Sit in a chair and breathe easily. Put a gauze over the entrance site and tape securely.

HOW TO AVOID IT Following the insertion, do not lift heavy objects or do strenuous activity.

PROBLEM *Air in the Catheter due to
Catheter Damage*

SIGNALS You may have shortness of breath or chest pain.

WHAT TO DO This is an **EMERGENCY!** Clamp the catheter immediately near the exit site if you suspect the catheter has been damaged. Call your doctor. Lay down and remain quiet.

HOW TO AVOID IT Carry an emergency clamp at all times. Do not use sharp objects near the catheter. Do not leave catheter dangling from exit site. Always loop and tape it to dressing or skin.

PROBLEM *Swelling of Neck & Arm on side of Catheter Insertion*
(*Central Vein Thrombosis*)

SIGNALS You will notice swelling of your hand, arm, and neck on the side of the catheter insertion.

WHAT TO DO Call your doctor. You will need to see the doctor as soon as possible.

HOW TO AVOID IT This happens to a certain number of people for no apparent reason. Your doctor may choose to use some medication to treat it, or may have to remove the catheter.

PROBLEM *Swelling at exit site*
(*Bleeding; rare problem*)

SIGNALS You will notice a lump increasing in size over the exit site and occurring shortly after the insertion procedure.

WHAT TO DO Apply gentle pressure over the dressing for a few minutes. Put ice in a plastic bag and apply over the dressing. Be sure not to get the dressing wet. Call your doctor if swelling continues.

HOW TO AVOID IT Follow instructions of your physician regarding any restriction of vigorous activities immediately after insertion.

Comments and /or changes as recommended by your nurse or physician.



Questions Other Patients Have Asked

How will I know that everything is okay?

When you look at the insertion site and exit site, and you don't see anything unusual, be confident that there are no problems. Some patients experience an increased redness around the exit site about two weeks after the catheter has been inserted. This can be a normal part of the healing process. The redness of normal healing is **NOT** accompanied by pain, and goes away in 24-48 hours. There should not be any drainage around the catheter at this time. You will also know that everything is okay if you can flush your catheter freely.

During the time you have the catheter, your doctor or nurse may have you take your temperature every day and may request that you make other periodic observations. This will be another way of making sure everything is okay.

How will I know if something is wrong?

If you experience problems with the flushing procedure, you may have a clotting problem which requires immediate attention by your doctor.

A low grade temperature between 98.8 and 100 degrees F. (37 and 38 degrees C.) and a feeling of general malaise that lasts for more than 24 hours may mean the beginning of an infection.

If a child becomes less active for no apparent reason for longer than usual, an infection may be starting even though there is no increase in temperature.

If you have a fever with a temperature higher than 100 degrees (38 degrees C.), call your doctor immediately.

Contact your doctor as soon as you suspect that something is wrong.

Are there any special instructions when caring for a child with a catheter?

There may need to be some activity limitations, especially just after the catheter is inserted. Substituting quieter activity is recommended instead of imposing activity restrictions.

The child should wear some type of close fitting clothing, such as a tube top or undershirt, to help keep curious fingers from handling the catheter. Not only is there a danger of pulling out the catheter, but also of contamination of the exit site from excessive handling. This type of clothing will also prevent the child from putting the catheter in his or her mouth or from chewing on the catheter. It will be necessary to look at the catheter under the clothing at intervals during the day.

If the child is left in the care of a person who is not trained in catheter care, a review of emergency procedures should be done. This should be scheduled prior to the time the person will care for their child. Also make sure that emergency information and emergency phone numbers are available for the caregiver.

Can I bathe or swim?

You could ask your doctor this question. The answer will depend on your general health and general risk of infection. It will also depend on how long you have had the catheter in place. The doctor may allow you to bathe as long as you give care to the exit site after you bathe or shower. Swimming in a chlorinated pool may be permitted several months after the insertion of the catheter.

Does the exit site always need a bandage?

The exit site should always have some type of dressing or bandage on it. The type you use will depend on the recommendation by your doctor and what works best for you. You may have to switch from one type of dressing to another. For example, if the weather is hot and humid, you may need to use a gauze dressing if a transparent dressing won't stay on because of sweating.

What do I do if I get a cold?

If you have a cold, your doctor may instruct you to wear a mask when you are caring for the catheter, especially during the cap change procedure.

If I forget to flush on time, what should I do?

You should flush the catheter as soon as you remember. Never force fluid into the catheter, especially if it has been a while since you flushed. If you experience difficulty flushing, contact your doctor immediately.

What happens if I can't flush the catheter?

If you have difficulty flushing the catheter, check your catheter to be sure that there are no kinks or other obstructions in the catheter. **DO NOT** try to flush against resistance!

If the catheter is not kinked or obstructed and you still cannot flush using the small amount of pressure that you have been applying, contact your doctor or nurse immediately. You may have a clot in the catheter. Never attempt to do anything with the catheter that you were not taught to do. You may dislodge a clot into the bloodstream or you may damage the catheter.

What happens to the catheter if it is damaged?

After you have taken the precaution of clamping the catheter, you will need to have the catheter repaired. The repair must be done using special equipment.

If the damage is far enough away from the exit site, it can be repaired. If there is less than two inches of catheter to work with you may need to have the catheter replaced.

If I break the needle in the cap, what should I do?

Remove the cap with the broken needle. Apply a new cap and complete the flushing procedure.

If I run out of supplies what should I do?

Call the hospital, company, or pharmacy that is supplying you with what you need. If you run out of supplies and can't reach your supplier, call your nurse, doctor or local pharmacist for assistance. You should always have extra supplies on hand so that you won't run out.

Can I play tennis or jog?

If your doctor has approved these activities, periodically check the catheter for blood. If you notice blood in the catheter, flush it immediately. You may want to carry some flush kits with you.

If blood backs up into the catheter, is something wrong?

Blood in the cap and catheter won't hurt you but it may enhance the growth of bacteria and increase the risk of clotting or infections. Blood usually backs up into the catheter only when there is increased internal pressure that is created by some form of physical activity or bending over, or if a clot is holding the valve open. If blood is noticed, you should flush the catheter as soon as possible.

What happens if the catheter won't come out when I don't need it anymore?

The catheter is removed by releasing the cuff that holds it in place. The catheter is made of a material designed to easily slip in and out of skin and blood vessels. The person removing the catheter has been specially trained to handle the procedure and the rare problems that may occur.

What happens if the catheter breaks?

The part of the system that is most likely to break is the end of the catheter that holds the cap. If this should occur, **clamp the catheter between the damage and your chest wall and call your doctor.** The catheter will need to be repaired by your doctor or nurse.

NOTE: In case an emergency repair is required, keep a repair kit on hand so that you can bring it with you to the hospital.

What should I do if I do not have a clamp?

You may bend the catheter on itself and secure it with a rubber band or tape. This is a temporary measure and a catheter clamp should be obtained as soon as possible. It is important to always have spare clamps available.

BE CAREFUL NOT TO DAMAGE THE CATHETER!

What happens if the catheter gets pulled out?

Since the catheter is anchored under your skin by the cuff, it is highly unlikely that it will come out unless it is pulled on. The catheter may stretch a bit after it has been used a while, and it may seem like it has slipped out. If you suspect that the catheter is slipping out, call your physician.

If I have a treatment, do I need to flush the catheter?

The final step in any treatment done through the catheter is a flush of some type. If the catheter has been flushed following treatment, use that time as the last flush and schedule your next flush at the recommended interval.

Be sure to clarify this with your doctor or nurse, since the flushing procedure varies depending on what the catheter is being used for.

Will having the catheter affect my sex life?

Having the catheter in place will not interfere with your sexuality. Some safety precautions taken before you begin any activity will allay any fears. The dressing at the exit site should be secure and the catheter coiled onto the dressing so that it is not hanging free. If blood is noticed in the catheter, flush it with 10cc of normal saline.

Do not hesitate to discuss this with you doctor or nurse.

What should I do If I become allergic to iodine or tape?

There are other choices of solutions and tape that can be made. Alcohol or chlorhexidine can be used to cleanse the area, and other hypo-allergenic tapes can be used. It is important to be aware of any skin problems near the exit site because the danger of infection increases if there is skin irritation.

Should I wear a medical alert type bracelet?

It would be very good idea to wear something to warn others that you have a central venous catheter. If you were in an accident or became ill and couldn't give this type of information yourself, the bracelet could be lifesaving by informing emergency personnel that you have a catheter. There are commercial companies that have medic alert bracelets or you may want to ask for a hospital type plastic waterproof I.D. band as a temporary measure.

Should someone else learn the procedures?

Having another person available who has been trained in all of the necessary procedures is important. If you become too ill to do a procedure, the other person could do it for you. The most important thing is that someone else knows how to do emergency procedures.

I've heard that some chemicals can hurt the catheter. Is this true?

Some chemicals can damage the catheter. It is important not to use anything near the catheter unless you check with your doctor or nurse. Acetone, such as that found in nail polish remover or tape remover, is especially harmful and should not be used.

How long can the catheter stay in place?

Your doctor is the best source for this answer. The catheter is designed to stay in place for long periods of time, but each patient situation is unique. The answer depends on what the catheter is used for, your general health and the care and attention paid to the procedures. The better care you take of your catheter, the longer you will be without complications.

Comments and /or changes as recommended by your nurse or physician.

“YOU CAN MAKE A DIFFERENCE !”



Quiz

Answer the following questions by circling **T** for true or **F** for false. The answers are on the next page.

1. If there is a break in the catheter, the first thing that I should do is call the doctor. T F
2. If the cap falls off, or becomes loose, it should be put back on immediately. T F
3. Site Care must be done between 9 and 10 AM. T F
4. The povidone iodine ointment goes on the exit site just before the gauze dressing goes on. T F
5. It is okay to use more force during the flush procedure to get the flow going. T F
6. I can jog or do other strenuous activities as long as it is okay with my doctor. T F
7. The cap only needs to be taped when you will be doing strenuous activity. T F
8. To prevent contamination, I should keep the catheter under my clothing and not disturb it between flushes. T F



Answers

- 1. False.** The first thing to do is clamp the catheter, then call the doctor.
- 2. False.** The cap needs to be replaced but with a sterile cap. If the same cap is reapplied there is an increased risk of infection. Follow the full procedure for cap change.
- 3. False.** You can do site care at 3 AM if you wish, as long as you do it on a regular basis and are alert enough to do the procedure carefully.
- 4. True.** This will help prevent contamination of the site. The only time this is false is when there is an allergy to povidone iodine and a substitute ointment is ordered by the doctor.
- 5. False.** You may dislodge a blood clot or rupture the catheter, both are dangerous. If you have difficulty flushing, stop the procedure and call your doctor.
- 6. True.** The catheter should not interfere with your normal activity as long as you get your physician's approval for strenuous activities.
- 7. False.** The cap should always be taped for additional security.
- 8. False.** You should periodically look at the catheter, especially if long periods of time elapse between flushes. This is especially true for the period of time immediately following the insertion of the catheter.

Comments and/or changes as recommended by your nurse or physician.



Acknowledgement Card



I, _____
(print name of patient or care-giver)

have received the booklet --
***How to Care For your
Groshong® Catheter*** --

from _____
(print name of person giving booklet to patient or care-giver)

(signed) _____
(date)

(signed) _____
(date)



Catheter Information and Supply List

Patient Name: _____ Date: _____

Catheter French Size: _____ Product Code: _____

Name of Catheter: _____

Insertion Date: _____ Lot No.: _____

Hospital: _____ Phone: _____

Doctor: _____ Phone: _____

Nurse: _____ Phone: _____

Supplier: _____ Phone: _____

List of Supplies Needed:

Repair Kit: _____ # _____
(description) (product Code)

Dressing Supplies:	Flushing Supplies:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name of Cap: _____

Other Supplies: _____

Catheter Care Schedule: _____

	SUN	MON	TUE	WED	THU	FRI	SAT
Site Care:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flushing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cap Change:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Instructions: _____

WARNING: An issued or revision date for these instructions is included for the user's information. In the event two years have elapsed between this date and product use, the user should contact **Bard Access Systems** to see if additional product information is available.

Revised Date: June, 1994.

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U.S. Patents: 4,547,194; 4,549,879; 4,559,046; 4,671,796; 4,701,166; 4,753,640;
4,995,863; 5,160,325. Other Patents Pending

BAIRD

Bard Access Systems

5425 West Amelia Earhart Drive
Salt Lake City, Utah 84116

Toll Free Order Department: 1-800-545-0890
Clinical Information Hotline: 1-800-443-3385