

Personal Support Worker Community of Practice Series

Understanding Administration Lines, Infusion Pumps, Bags, and other tubes



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The Palliative Care ECHO Project

The Palliative Care ECHO Project is a 5-year national initiative to cultivate communities of practice and establish continuous professional development among health care providers across Canada who care for patients with life-limiting illness.

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Thank you!

The Palliative Care ECHO Project is supported by a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



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LEAP Personal Support Worker

- Online, self-learning course that provides personal support workers and care aides with the essential competencies to provide a palliative care approach.
- Interactive online modules completed at your own pace (approximately 8 – 10 hours of work).
- Short quizzes at the end of each module to assess knowledge.
- For personal support workers, care aides, and health care assistants working in long-term care, home care, nursing homes, and acute care.



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Learn more about the course and topics covered by visiting

www.pallium.ca/course/leap-personal-support-worker

Welcome and Reminders

- Please introduce yourselves in the chat!
- Your microphones are muted for background noise, but we do want dynamic sharing, so please raise your hand to unmute to talk. Sharing or asking questions in the chat is also welcome.
- This session is being recorded and will be emailed to registrants within the next week.
- Remember not to disclose any Personal Health Information (PHI) during the session
- Terminology (Personal Support Worker)

Series Objectives

Our PSW Palliative Care Community of Practice

- **PSWs with a passion to become PSW experts in palliative care**
- A place for Peer-to-Peer practice support
- Facilitated and coached by palliative care experts
- Shared skill building in the Palliative Approach to Care
 - We engage in topic-based discussions, share knowledge and experiences to learn from each other, used cases to practice applying our skill caring for individuals/ families living with life-limiting illness
 - We share resources, tools, best-practice approaches
- Build on foundational knowledge acquired through LEAP PSW

Overview of Topics

Session #	Session Title	Date/ Time
Session 1	Introductory Session	Nov 16 th , 2021 from 5-6pm
Session 2	Essential Communication Skills Part 1	Nov. 30 th , 2021 from 5-6pm ET
Session 3	Essential Communication Skills Part 2	Dec. 14 th , 2021 from 5-6pm ET
Session 4	Tools Practicum Part 1	Jan. 11 th , 2022 from 5-6pm
Session 5	Tools Practicum Part 2	Jan. 25 th , 2022 from 5-6pm ET
Session 6	Pain and Shortness of Breath Management	Feb. 8 th , 2022 from 5-6pm ET
Session 7	The PSWs Role in the Last Days and Hours	Mar. 8 th , 2022 from 5-6pm ET
Session 8	End of Life Medications and Side Effects	Mar. 22 nd , 2022 from 5-6pm ET
Session 9	End of Life Delirium	Apr. 5 th , 2022 from 5-6pm ET
Session 10	Post-mortem Care: Cultural Considerations and what happens at the funeral Home	Apr. 19 th , 2022 from 5-6pm ET
Session 11	Culturally Relevant Care	May 3 rd , 2022 from 5-6pm ET
Session 12	Trauma Informed Care and Cultural Safety	May 17 th , 2022 from 5-6pm ET
Session 13	Indigenous End of Life Care	May 31 st , 2022 from 5-6pm ET
Session 14	Understanding Tubes, Pumps, Bags and Lines	Jun. 14 th , 2022 from 5-6pm ET

TOPIC:

What is your role as a PSW?

Understanding Tubes, Pumps,
Bags and Lines



Poll Question: Number 1

What is your role as a PSW with Infusion Pumps, lines, tubes?

- A. None these are entirely within the scope of registered and regulated staff.
- B. Knowing the “what” and “why” so can perform duties with confidence
- C. Knowing what to observe for so can report up
- D. B & C

What we will talk about today?

- Transdermal Patches
- Subcutaneous lines
- Peripheral Intravenous
- Infusion pumps

Central Venous Access Devices (CVAD)

- Implanted Port
- PICC Line
- Tunnelled Catheter

Poll Question: Number 2

Which of the following are true about transdermal patches?

- A. The family or individual who changes the patches should wash their hands after handling the product
- B. Heat can cause the medication to be absorbed faster
- C. Used patches have a street value of upwards of \$40.00 for a small piece
- D. All of the above

Transdermal Patches

- Individuals may wear a patch for a variety of reasons
- What are they? What is your role?
- Patches associated with prescribed medications should be handled by the individual or a trained family member

Your role

Report up if you notice when providing care more than one patch of the same medication is on an individual

Home Care: Report up if used opioid patches are discarded in garbage

Pro Tip:

do not put hot water bottles/heating pads over patches as increases absorption

individual is taught to avoid hot tubs, hot baths etc. for the same reason

Subcutaneous Lines

- Subcutaneous line is the next best choice if the oral route is not possible
- Line is inserted by a RN/RPN/NP or in some cases a MD
- Some individuals may have several sub cut sites, with lines being dedicated to a certain medication s
- There is no needle left in the skin/tissue, thin catheter
- Lines can be left in for several days

Other names:

- sub cut line
- sub cue line
- butterfly
- CLEO (brand)
- Safti intima (brand)

Examples of some brands



Subcutaneous Line: Your observations

Your Role

Observe the insertion site for:

- redness and warmth
- swelling
- listen to the individuals complaints that the site is painful

Report Up!

Report Up



Dedicated Lines



Hypodermoclysis

Using our knowledge:

Put into the chat why a individual at end of life may have hypodermoclysis?

- Subcutaneous hydration
- Hydration is infused in the subcutaneous areas of the body
- Common locations are abdomen top of legs
- May be attached to a infusion pump or run by gravity
- Swelling at the site is normal and the fluid is absorbed into the body over many hours

CVAD - Central Venous Access Devices and peripheral Intravenous

- PICC
- Implanted Port
- Tunnelled catheter
- Peripheral Intravenous

Peripherally Inserted Catheter

- Also called a PICC line, many brands exist,
- May be single, double, triple lumen,
- Placed in the upper arm, rarely in the femoral vein (upper leg)
- Care and maintenance is by a RN or RPN, usually weekly
- Client may have had the PICC initially for chemotherapy or antibiotics



Implanted Port

With Huber Needle



With no Huber Needle



Implanted Port - “Port a Cath”

- a infusion access reservoir surgically implanted by a surgeon,
- May have been used to provide the patient with medications when receiving active cancer treatment ex. chemotherapy,
- To access the port a specially trained nurse puts in a “Huber needle” or “Gripper”,
- The Huber needle may be left in place and is changed weekly by a specially trained RN/RPN.

Implanted Port - Your Observations

Report Up if you Observe:

- The dressing/securement device is not on well or lifting at the edges
- The Huber needle is partially or fully dislodged
- If the client has a pump attached to it ensure the clamps on the Huber needle line are open or unclamped.

Poll Question: Number 3

Which of the following are true about infusion pumps?

- A. Infusion pumps can cost over \$4,000.00
- B. It is important for the family and/or individual under care to know the passcode for the infusion pump in case the program needs to be adjusted
- C. It is within the scope of practice for a PSW to press the “bolus” button if they feel the individual needs “extra” medication for a symptom they observe
- D. Pressing random buttons causes the program to change

Infusion Pumps

- Most end of life medications and hydration can be administered via a infusion pump
- Runs on batteries and can be plugged in
- Pumps are “locked” after programing for security reasons
- Multiple brands exist



Infusion Pumps

Your Role

- Understand how to determine battery power remaining and who to report to if it is low or alarming
- Understand your role if the pump is reading “high pressure”
- Know how to dress and undress a individual who is attached to a infusion pump

Peripheral Intravenous

Not best choice at end of life:

- Also called an “IV line”
- Can be painful to start/initiate
- dislodges easily
- can be difficult to start in a dehydrated individual



Peripheral Intravenous

Your Role:

Report UP when you observe:

- When there are signs of swelling at the insertion site
- the insertion site is red and warm
- the individual complains of pain or burning

Tunneled Catheter

- Brand Names can be Hickman or Broviac
- Final destination is the upper part of the heart
- Initially sutured in then the body slowly “hangs on to it with a fenestrated cuff
- some individuals where a dressing some do not
- Lesser numbers of these as easily infected

Tunneled Catheter

Also called “Hickman Line”



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Tunneled catheter

Your Role

Report Up if:

- redness or warmth at insertion site
- green pus or purulent discharge at insertion site
- Dislodgement

Wrap Up



Wrap Up

- Please fill out our feedback survey! A link has been shared in the chat
- A recording of this session will be emailed to you within the next week
- This is the last session of the series!

Thank You



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