

INFORMATION

FOR NURSES & PATIENTS



MedQuest Medical Inc
PLEURAL & PERITONEAL
Catheter Drainage



! Important: Please keep this information booklet with you and present it to your Homecare Nurse when they visit or to the medical staff if admitted to the hospital.



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Contact Information

Patient I.D. Label:

Patient Drainage Instructions: _____

Date of Catheter Placement: _____

Emergency Contact Number: _____

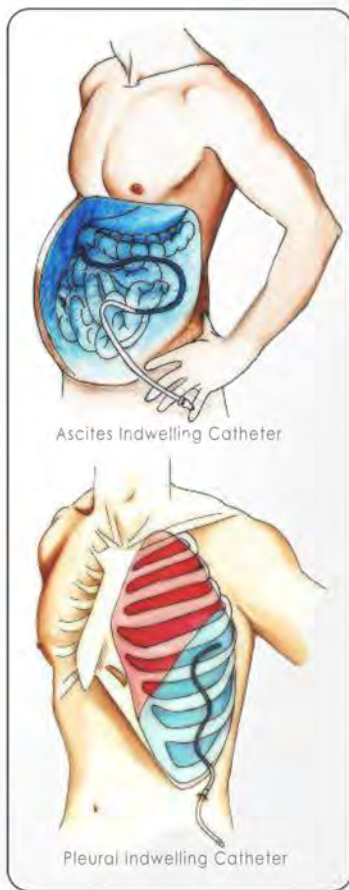
Other Comments: _____

What is an Indwelling Catheter?

An Indwelling Catheter is a soft tube or “drain” that your doctor has recommended for the removal of fluid from your abdomen or chest. This fluid is one of the causes of your discomfort and pain. When excessive buildup of fluid occurs and you experience discomfort, the fluid can be quickly and easily removed using a high vacuum drainage bottle or a low vacuum drainage bag.

Before you return home your doctor will inform you how often you should do this. After drainage has been completed and the fluid has been removed, the bottle or bag is disconnected and disposed of.

The catheter is then covered with a clean, flat dressing so that it is not visible under your clothing. This means that your treatment should not interfere with any of your normal activities when your insertion sites have healed.





Precautions & Warnings

Note: You should have been trained in the correct way to use the items in this kit. If you have any problems or questions about draining the fluid, please contact your Doctor or Nurse educator.

Warnings:

- Always follow the Doctor's instructions for maximum drainage volumes. If uncertain, do not drain more than 1000 mL from the chest, or 2000 mL from the abdomen at any one time.
- If severe pain persists after drainage, contact your Doctor. Pain may be an indication of infection.
- Do not use scissors or other sharp objects near the catheter. If you accidentally puncture the catheter, proceed as follows:
 1. Pinch the catheter closed between your fingers.
 2. Slip the blue emergency clamp over the catheter between the puncture and the patient while pushing the catheter completely into the small end of the slide clamp to close off the catheter.
 3. Notify your Doctor immediately.

Cautions:

- All products are for single use only. Re-use may result in a non-functional product or contribute to cross-contamination.
- Fluid collection in the drainage bottle is not sterile. To ensure that fluid collected in the bottle does not flow back into the catheter, close the roller clamp on the drainage line when you are finished draining. Do not invert the bottle and hold it above your catheter site.
- The roller clamp on the drainage line must be completely closed when not draining or the vacuum in the bottle may be lost.
- Make sure that the catheter valve and the drain line are securely connected when draining. If they are accidentally separated, they may become contaminated and the vacuum in the bottle may be lost. If this occurs, clean the valve with an alcohol pad and use a new drainage bottle to avoid potential contamination.
- Precautions should be taken to ensure the catheter is not tugged or pulled.

What is in a MedQuest Dressing Kit?

When you open the Dressing Kit, it will contain the following items needed to place a new dressing:



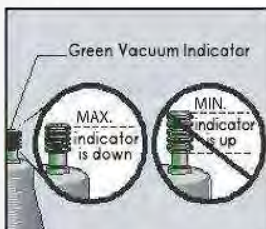
! Important: Please keep this information booklet with you and present it to your Homecare Nurse when they visit or to the medical staff if admitted to the hospital.



How to Perform a High Volume Bottle Drainage

Instructions for Nurses & Patients

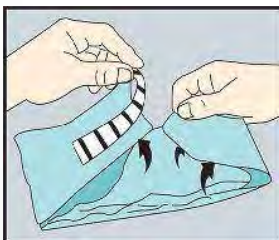
1. Before beginning, check to ensure you have the following:



- 2 ea. 600mL, OR 1 ea. 1000mL high vacuum drainage bottles with green vacuum indicator positioned at the "MAX" line.
- 1 ea. Patient Procedure Kit (dressing kit)
- Clean, clear workspace - ideally a table or bench top close to the patient.

2. Thoroughly wash your hands with warm soap and water.

- Carefully remove the old catheter dressing.
- If signs of infection (redness, swelling, or fluid) are present, proceed with drainage if it is not too painful and notify the Doctor immediately.
- Remove the dressing kit from the packaging and carefully unfold the wrapping on top of your clean and clear workspace. Take care to always protect the sterility of items contained within the kit.



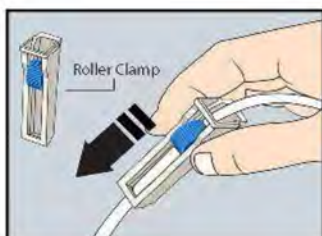
How to Perform a High Volume Bottle Drainage

Instructions for Nurses & Patients



3. Pick up one glove by the wrist and put it on. Pick up the other glove by the wrist and put it on the other hand. Both gloves fit either hand.

4. Tear open the 3 alcohol pads and the 3M Caviol Barrier film antibacterial dressing, do not remove them from their packaging. Set them back on the wrapping for later use.



5. Close the roller clamp on the drain line tubing set until completely closed.

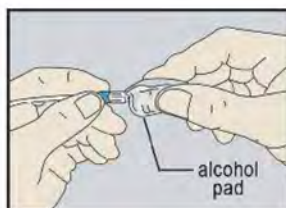


How to Perform a High Volume Bottle Drainage

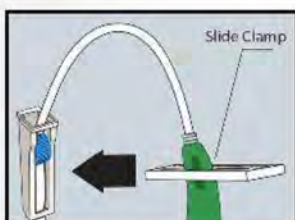
Instructions for Nurses & Patients

6. Remove the catheter valve cap if present and vigorously clean the valve surface with one of the alcohol pads for 30 seconds.

Note: Do not attempt to clean the inside of the valve.



7. Align luer connection on the drain line set with the centre of the catheter valve. Push in and turn clockwise to securely tighten.



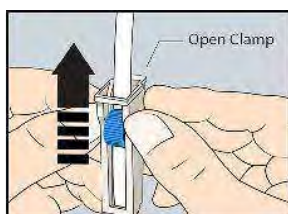
8. Release the slide clamp on the bottle until it no longer pinches the green tube closed.

IMPORTANT

Only drain the amount directed by your doctor!
If uncertain, do not drain more than 1000mL from the chest,
or 2000mL from the abdomen at any one time.

How to Perform a High Volume Bottle Drainage

Instructions for Nurses & Patients



9. Begin drainage by opening the roller clamp on the tubing set.

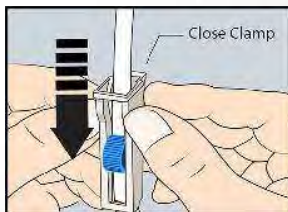
- During the drainage procedure it is not uncommon for patients to feel some discomfort. Slowing the flow of drainage by closing the roller clamp slightly can sometimes alleviate this pain.

10. Remove your gloves and discard.

- ### 11.
- When the flow stops or the bottle is filled, close the roller clamp on the drainage line. If a second bottle is required for additional fluid drainage, disconnect the catheter valve from the drain line and reconnect a second bottle by following step #7.



Release the roller clamp and continue drainage.



Note: Drainage typically takes **7-12 minutes** per 600mL bottle and **10-14 minutes** per 1000mL bottle.



How to Perform a High Volume Bottle Drainage

Instructions for Nurses & Patients

12. Upon completion of drainage, disconnect the bottle tubing set from the valve by turning counter-clockwise and pulling straight back. Place the drain line down, and clean the valve thoroughly with a 2nd alcohol pad. Place the luer cap on the valve at this time and set the catheter valve down.

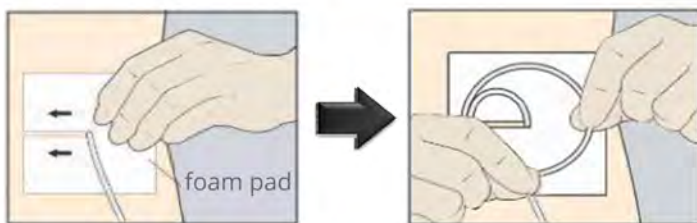


13. Put on a new pair of gloves.
14. Prepare the 3M Tegaderm Dressing by peeling away the large paper backing and carefully placing it back on the wrapper.
15. Clean around the catheter exit site with the 3rd alcohol pad.
Optional: When dry, apply 3M Cavilon Barrier Film. It can be found in the contents of the dressing kit.



How to Perform a High Volume Bottle Drainage

Instructions for Nurses & Patients



16. Carefully place the split foam pad around the catheter at the exit site.
17. Gently wind the catheter in a circle on top of the foam pad, taking care not to kink the catheter.
18. Place three or four gauze pads on top of the catheter and hold them down.
19. Pick up the 3M Tegaderm Dressing and center it over the gauze pads, pressing it down evenly.
20. Remove the remaining paper from the dressing and press down evenly.



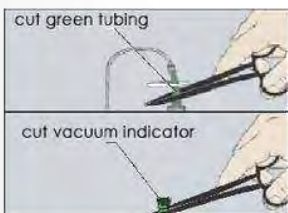


How to Perform a High Volume Bottle Drainage

Instructions for Nurses & Patients

21. If emptying the bottle contents:

- Remove the clear plastic vacuum indicator marked Min. and Max. surrounding the green accordion style bellows. Secondly, cut the bellows at the third section from the top. Make this cut large (3/4 way through the bellow) to allow the bellows to be pulled open wide for convenient emptying.



- Once the bellows are opened, reattach the clear plastic piece to aid in pouring and minimize inadvertent splashing during the emptying of fluid.



- Finally, cut the green tube and discard (this will allow air in to promote faster emptying).
- Empty bottle or discard as required.

22. Remove Gloves and discard

**YOU HAVE SUCCESSFULLY COMPLETED YOUR HIGH
VACUUM BOTTLE DRAINAGE!**

How to Perform a Drainage with a Patient Drainage Bag

Instructions for Nurses & Patients

1. Before beginning, check to ensure you have the following:

- 1 ea. 4 litre Drainage Bag (Mo8101) or 1 each 2 liter drainage bag (Mo4200)
- 1 each Patient Sterile Dressing Kit (2976C)
- 1 each Competitive Catheter Cap (PCA-1050) if Draining competitive catheter.

2. Follow the same aforementioned steps as with effecting a High Vacuum Bottle Drainage and continue as below:

- Attach the patient drainage line from either the 2 liter or 4 liter bag directly to the blue "drain only" catheter valve. Make sure the roller clamp is closed off securely.
- To attach the patient drainage line, ensure male rotating collar is centered on the blue catheter valve and tighten collar firmly. **DO NOT OVERTIGHTEN**

3. Drainage Bag come with Carrying Handle, Bedside Hanger and Tether cord

- Establish where you wish to secure Drainage Bag for Drainage procedure and utilize hanger or tether cord to secure bag.
- Release roller clamp slowly and check in bag drip chamber to ensure fluid drains properly. If patient is comfortable, release roller clamp fully.
- Distance of bag hanging down from catheter exit site will determine speed of drainage, and internal pressure on patient's tissues from siphoning effect. The greater the vertical distance down from catheter exit site the faster the drainage. Adjust roller clamp in necessary to control.

4. To Empty Drainage Bag

- If drainage is continuing past maximum measurable levels on the Drainage Bag, the bag may need to be emptied.
- To Empty Drainage Bag first clamp off roller clamp assembly. Detach bag from drainage line assembly. Bag has anti reflux valve for nurse and patient protection.
- Carry bag over to toilet or sink, and detach white silicon drainage tube from it's housing. Flip up white plastic snap-clamp on drainage tube and drain. Lock down snap-clamp and reset drainage tube in it's housing.
- Reconnect bag to drainage line and open roller clamp assembly to continue.

YOU HAVE SUCCESSFULLY COMPLETED A PATIENT BAG DRAINAGE

! Important: Please keep this information booklet with you and present it to your Homecare Nurse when they visit or to the medical staff if admitted to the hospital.



Catheter Valve Replacement

In cases where the catheter valve becomes blocked, it may be necessary to replace the valve.

- Make sure you have a new valve replacement kit opened and ready before changing the valve.
- Follows sterile technique procedures.
- Change every 7 days or according to Physicians orders



Step 1

Use rubber shods or the emergency slide clamp to close off the catheter and prevent air from entering. Now cut the catheter between the clamp and the valve connector.

Step 2

Using an alcohol pad and proper aseptic technique, wipe the surface of the barbed connector that will be inserted into the catheter.

Step 3

Insert barbed connector of the replacement valve into the freshly cut catheter.

Special Procedure In Case of Catheter Occlusion

The following procedure may be utilized in case the drainage catheter becomes occluded.

Note: Make certain that the inner lumen is in fact occluded and that there are not any other reasons for catheter blockage such as kinking of the catheter or improper connection at the valve.

If the system is clotted, administration of thrombolytic solution may help.

Note: Review the manufacturer's instructions for the thrombolytic solution preparation, and recommended dosage and administration.

Never apply excess force to the system to flush it, as this could damage the system.





Special Procedure

In Case of Catheter Occlusion

Instructions for Saline Solution

Step 1

With a 10mL syringe, inject a small quantity of Saline solution. Use gentle pull-push action for syringe plunges.

Step 2

Wait 5-10 minutes and attempt to aspirate the solution and residual clot.

Step 3

If necessary, the procedure can be repeated at 5 minute intervals until the catheter is cleared.

Step 4

Flush the system with normal saline for injection per institution policies and procedures.

Frequently Asked Questions

Q: How long will the catheter remain in place?

A: The catheter will remain in place until fluid stops draining. Otherwise, the amount of time will vary from patient to patient, however the catheter could remain in place as long as needed. Fluid build-up may stop in the chest but it is unlikely to stop in the abdomen.

Q: When will the sutures (stitches) be removed?

A: Your nurse should remove these within 12-14 days.

Q: What if the patient is feeling short of breath or feeling discomfort after draining?

A: Slight discomfort after drainage will normally subside in a short period of time. However, if the patient continues to experience shortness of breath and/or pain after drainage, consult the doctor.

Q: What if the catheter accidentally gets pulled out?

A: In the unlikely event that the catheter gets pulled out, or the polyester cuff is exposed, you should cover the exit site with a sterile Tegaderm dressing as soon as possible, and seek immediate medical attention.



Frequently Asked Questions

Q: What should I do if the colour of the fluid changes from the usual colour?

A: Any change in colour or appearance should be reported to your homecare nurse or doctor.

Q: Can I take a bath?

A: Never allow the dressing covering the catheter to soak under water in tub, bath, pool, etc.

Q: Can I take a shower?

A: You can take a shower or sponge bath only if the dressing covering the catheter is securely and completely attached to the skin all around the dressing edges. If the gauze becomes wet while showering or during the sponge bath, remove the dressing, clean and dry the area, and a new dressing will need to be applied as instructed.

Q: How often should I change my dressing?

A: Every other day for the first 2 weeks followed by twice a week for the remainder of your treatment.



Our Mission; Our Commitment:

We are dedicated to improving clinical outcomes for patients while reducing costs within the healthcare system. Continuous research in collaboration with leading physicians and nurses are driving factors in the design criteria of all MedQuest products.

Thank you for your interest in MedQuest Medical Drainage options.

PRODUCT INFORMATION

Pleural & Ascites Drainage

S55120	600mL Drainage Bottle, Sterile	10/box
S55148	1000mL Drainage Bottle, Sterile	10/box
S55149	1000mL Non-Sterile Drainage Bottle	10/box
SA5200	Safety Drain Line Adapter, Sterile	50/box
DCS-100	Pleural Catheter Kit, Sterile	5/case
DCS-101	Peritoneal Catheter Kit, Sterile	5/case
2976	Dressing Kit, Sterile	10/box
797	Luer Cap, Sterile	25/box
DRCV-201	Replacement Valve, Sterile	5/box
M04200	2000mL Drainage w/Drip Chamber & Drain Line	Each
M08101	4000mL Drainage w/Drip Chamber & Drain Line	Each
PCA-1050 / S55300	Sterile / Universal Cap	Each



Improving Patient Outcomes



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www.medquestmedical.com | Phone/Fax: **888 864-4442**

45 Midpark Crescent, | London, ON | N6N 1A9 Canada

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