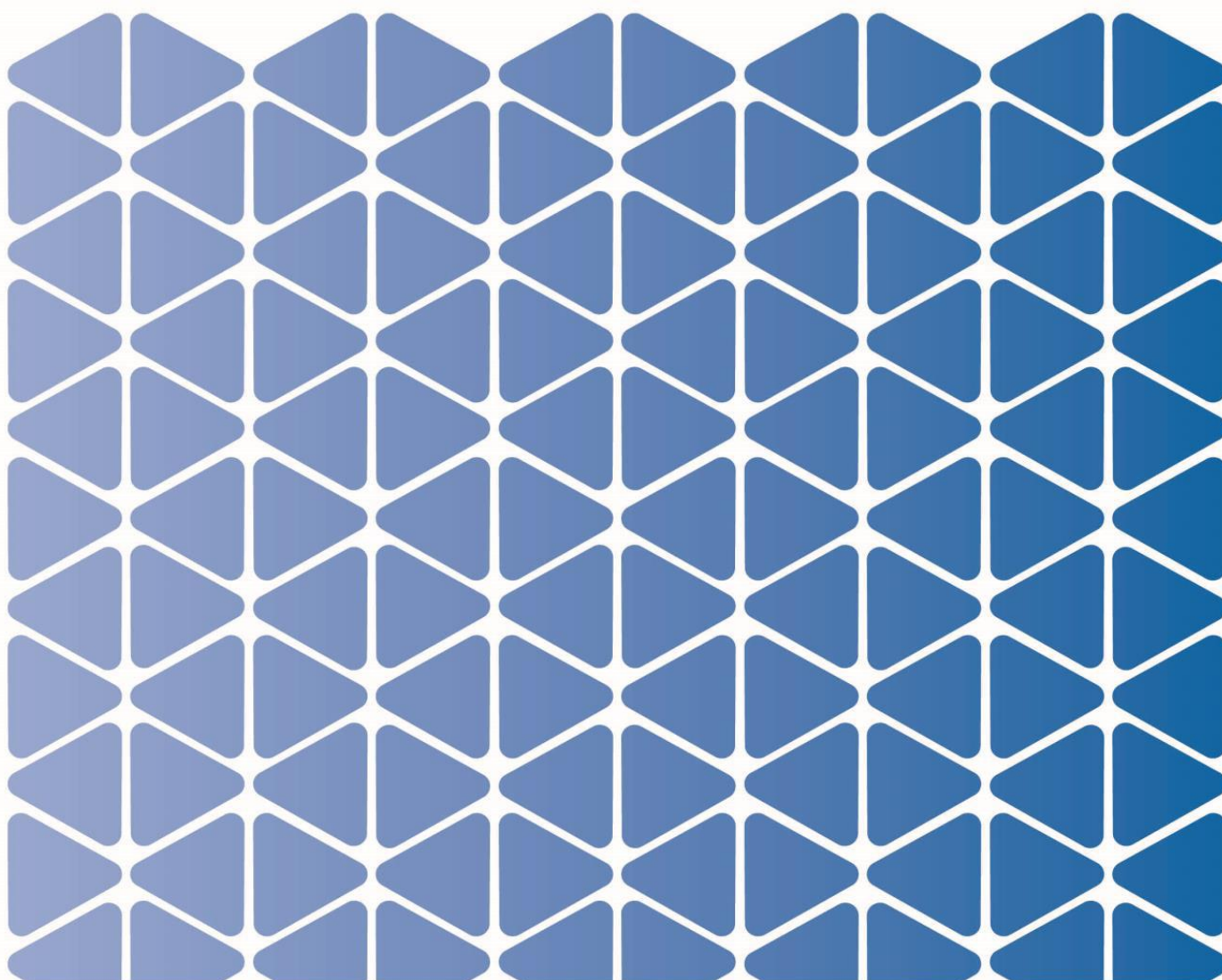


Vascular Access Device (VAD) Passport



Patient Information

NHS Number:

Name:

Address:

Home Telephone:

Mobile Number:

Allergies (to include latex, antibiotics and chlorhexidine):

Next of Kin : -

GP Surgery :-

.....

For **Haematology and Oncology** patients please contact the
Chemotherapy help line: **01905 760158 Ext 30048**

For all other patients please contact **111** or seek advice from your
doctor.

For **OPAT** patients please contact the IV Therapy team on
01905681039 or your **Neighbourhood team** on **03007906253** and
select the option for your NT.

LINE INFORMATION	
TYPE OF LINE: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
MAKE: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
BATCH NUMBER (if known): <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
EXPIRY DATE OF LINE (if known): <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
DATE OF LINE INSERTION: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
POSITION OF LINE: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
Inserted by: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
Description of insertion: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
Dressing used on insertion: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
Length of line:	Length of Exposed Line:
Lumens: <input type="checkbox"/> Single <input type="checkbox"/> Dual <input type="checkbox"/> Triple	
Size of Line Gauge: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
Intended duration of line: <div style="border-bottom: 1px dotted black; height: 15px; margin-top: 5px;"></div>	
LINE USE	
<input type="checkbox"/> Antibiotics <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Blood sampling <input type="checkbox"/> TPN (nutrition) <input type="checkbox"/> Blood products <input type="checkbox"/> Other: _____	
IMMEDIATE POST INSERTION DRESSING	
Date:	Dressing used:
Time:	
Signature:	Type of Statlock used:
Print:	Flushed with and volume:
	Description of Site:

24hrs Post PICC/Hickman Line Care

Date: _____ **Dressing used:** _____

Dressing used:

Time: _____ **Length of exposed line:** _____

Length of exposed line:

Signature: _____ **Dressing used:** _____

Dressing used:

Print: **Type of Statlock used:**

Type of Statlock used:

Removal of sutures for Hickman line

Date of removal top sutures (7days post insertion):

Time:

Signature:

Date of removal bottom sutures (14 days post insertion):

Time: _____

Signature:

Removal of Line

Date of removal:	Reason for Removal:

Reason for Removal:

Time: _____

Signature: _____ **Authorised by Consultant/Specialist Lead:** _____

Authorised by Consultant/Specialist Lead:

Print:

FOREWORD

This Venous Access Device (VAD) passport has been designed to be kept with you, so that you receive consistent provision of best quality care regarding your VAD.

As a patient you are requested to present it to all clinicians that access the device, both within ANY Acute hospital and the community that you attend.

INTRODUCTION

VADs are long thin flexible tubes that are either inserted into one of the large veins of the arm above the elbow or near your collar bone. The line is then threaded into the vein and checks will be completed to ensure that the line is in the right place.

The VAD is usually sealed with a special cap or bung. This can be attached to a drip or syringe containing your therapy. There may be a clamp to keep the line closed when it's not being used. Sometimes the VAD line will divide into 2 or 3 and this allows you to have different treatments at the same time.

The exit site is cleaned, usually once a week and the line will be flushed to stop it blocking. If you notice any swelling, pain, or fluid from the exit site, or if you don't feel well seek medical advice immediately and state you have a VAD in place.

TYPES OF VADs

Midline

This is a line that is inserted into a peripheral vein. This is ideal for patients who require 4-6 weeks of intravenous therapy.

Peripherally Inserted Central Catheter (PICC)

A PICC is inserted into a vein in the upper arm with the tip placed in a central vein. They are inserted for patients that require > 6 weeks but usually < 6-month therapy.

Tunnelled Central Venous Catheter (Hickman Line)

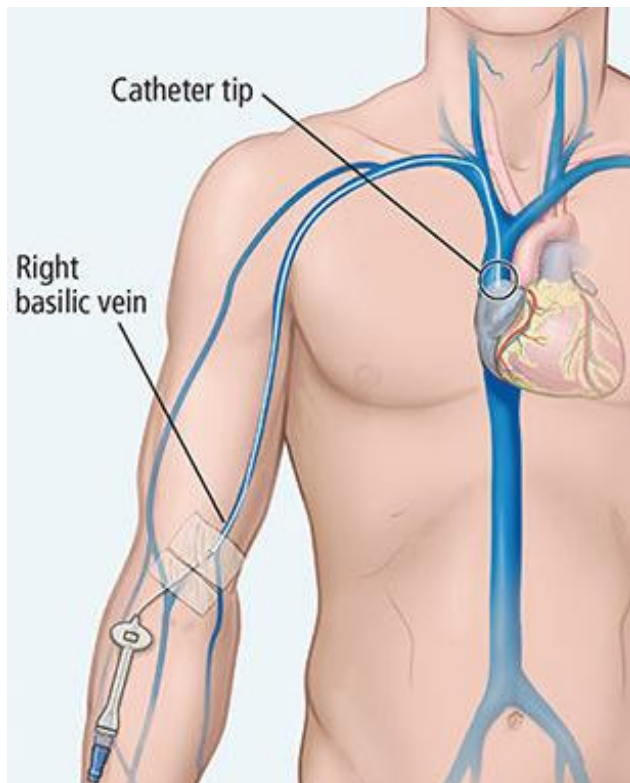
A Hickman line is threaded into a large vein with one end in the vein and the other tunnelled under the skin where it comes out of the body. They are inserted for patients that require > 6-month therapy.

Implantable Ports

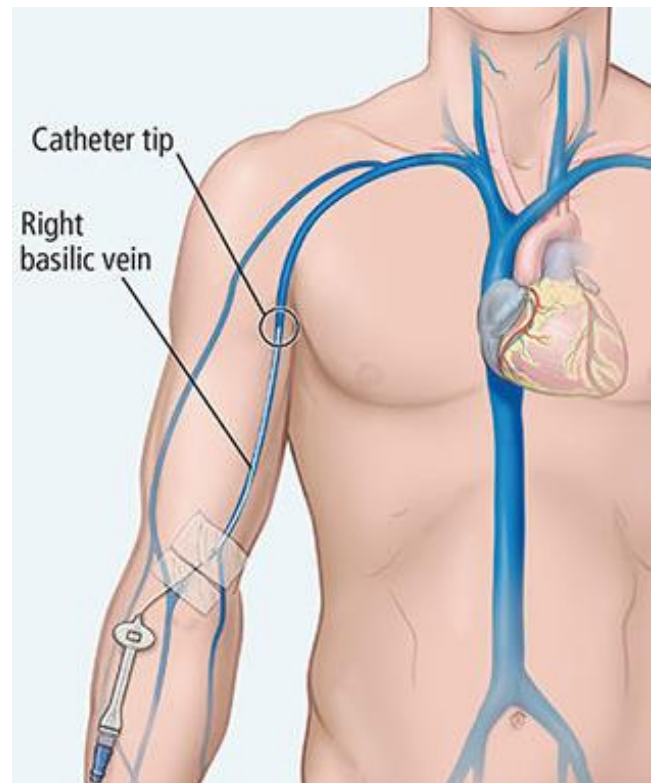
An implanted port is a device, often referred to as a Port-a-cath®. They are suitable for patients that require > 6-month therapy.

TYPES OF VADS

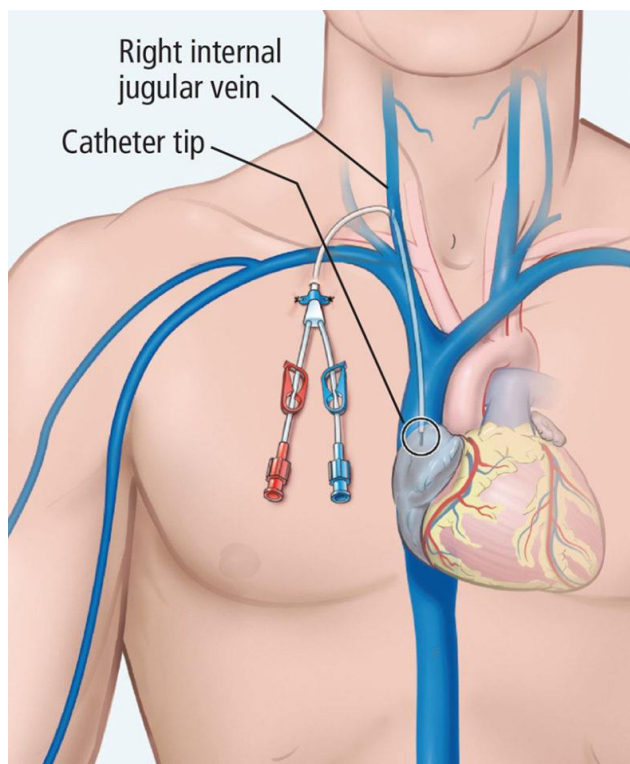
PICC line¹



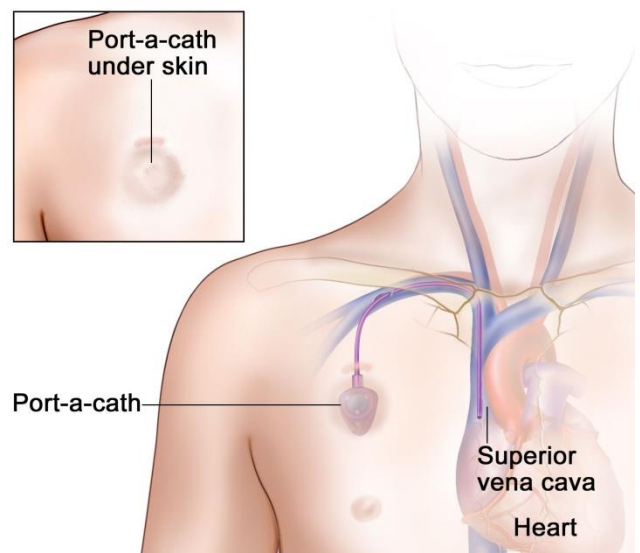
Midline¹



Hickman Line¹



Implanted PORT²



¹ <https://consultqd.clevelandclinic.org/1-minute-consult-can-a-picc-be-placed-in-a-patient-with-chronic-kidney-disease/>

² <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/port-a-cath>

AFTER CARE

How do I care for the Midline/PICC?

The dressing will only need to be changed once a week. When you leave hospital this can be performed in the community or when you attend hospital appointments.

You should have a shower, bath or all over wash every day to keep your skin generally clean. The transparent dressing over the exit site is shower proof; however, take care not to get the PICC or extension set wet. The dressing must remain clean, dry and stuck firmly to your skin.

During the first week after your catheter has been inserted, the PICC site may be red and inflamed.

How do I care for the Hickman?

You will need to change the dressings after the first 24 hours and then once a week using a semipermeable transparent dressing (this allows the skin to breathe). Try to keep the dressing dry and intact. You should have a shower, bath or all over wash every day to keep your skin clean.

How do I care for the port?

There is no special care needed for a port. The needle is removed in between treatments and you will not have to worry about any dressings or flushing the port.

LINE FLUSHES

Lines need to be flushed weekly with normal saline fluid to maintain patency when they are not being used. To minimise the risk of infection, the nurse will create a sterile environment around your line during each line flush.

REMOVAL OF VAD:

VADs should be removed at the earliest opportunity when they are no longer required.

The removal is dependant on the type of VAD you have and your medical team will inform you when this is required.

The removal of the a PICC and Midline is a simple procedure, similar to having a cannula removed. The dressing is removed and the PICC is gently pulled out of the vein. A dressing will then be applied to the site and can be removed after 24 hours.

The removal of a Hickman line and implanted port is a day case procedure that requires local anaesthetic procedure, and stiches. More information about your procedure will be provided by your medical team.

In what circumstances should I contact the hospital?

Although you should not expect to experience complications with your line, there are some problems you may encounter.

Signal or symptom	Likely Cause	Action
Fever, chills, excessive pain, redness, swelling, warmth, drainage at insertion site.	Infection.	Based on severity of symptoms, IMMEDIATELY call the team who is caring for your device or, if you are not able to speak to them at that time, call 111/999.
Leaking or bleeding from line.	Break in the line or cap has come off.	If you are able to, clamp or kink the line above the damaged site and tape securely. Replace any missing caps. Call team caring for your device IMMEDIATELY. If no response seek medical advice (consider A&E) or contact 111.
Swelling around arm or neck.	Thrombosis (blood clot in vein).	Call your nurse or doctor IMMEDIATELY. A blood clot may have formed in the vein and around the line. Your doctor may infuse a drug to dissolve the clot or remove the line.
Blood is dripping from the hub area of the line.	Needleless connector cap has been disconnected accidentally	Call the team caring for device IMMEDIATELY. Replace needleless connector cap with a new one, if able.
Resistance is met when in- fusing drugs into the line.	Occluded (blocked) line.	Stop infusion and call the team caring for your device. Forcing infusion into an obstructed line can damage it. This may occur when a line has a blood clot inside it or at its tip, preventing fluid from passing. Your doctor may infuse a drug to dissolve the clot, or remove the line.
Change in external length of the line.	Line migration.	Do not push your line back in. Cover site with gauze and secure with tape. Call the team caring for device immediately. If unable to speak to them, call 111.
Whooshing sound in ear. Discomfort in the jaw, ear or face.	Line may have moved position.	Stop medication and call the team caring for device immediately. If unable to speak to them, call 111 or consider A&E.

For Haematology and Oncology patients please contact the Chemotherapy help line on 01905 760158 Ext 30048, first before calling 111 or going to A&E

WEEKLY DRESSING CHANGE				
		Yes	No	Comments
VIP Score:	1. Chloraprep			
Description of Site:	2. Statlock			
	3. Dressing			
	4. Sanicloth			
Length of exposed line:	5. Bionector			
	6. Aspirate blood			
	7. Flush			
Comments:				
Date:		Time:		Sign: Print:

WEEKLY DRESSING CHANGE				
		Yes	No	Comments
VIP Score:	1. Chloraprep			
Description of Site:	2. Statlock			
	3. Dressing			
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	7. Flush			
Comments:				
Date:		Time:		Sign: Print:

Authorising signature to confirm line is usable past 12 weeks for intended indication:

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	7. Flush			
Comments:				
Date:		Time:		Sign: Print:

[illegible]

[illegible]

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.