

Caring for a Patient or Resident with a Hemodialysis Central Venous Catheter (HD-CVC)

Just-in-Time Training Module



FACILITATOR GUIDANCE AND INSTRUCTIONS

Use this training module to provide just-in-time essential guidance to nursing assistants who are providing care to a patient or resident with a hemodialysis central venous catheter (HD-CVC). If this is the first time your facility is caring for a patient or resident with a HD-CVC or for an individual receiving hemodialysis, review your Facility Assessment, add hemodialysis as a service, and evaluate additional training needs for all disciplines. Consider partnering with your contracted dialysis provider(s) to conduct education or to review your learning materials.

Prior to using this module, review and adjust content as needed to align this guidance with your facility policies and procedures including those that address:

- Hand hygiene
- Activities of Daily Living (ADL) care
- Infection control
- Staff competencies

Tips for Using this Training Module

1. Use a sign-in sheet to document education and retain the sign-in sheet as part of your Dialysis Critical Pathway documentation.
2. If teach-back responses are incorrect, provide additional guidance using different approaches, words, or scenarios and reassess understanding.
3. Connect the content to the circumstances in your facility to help your audience relate and apply the concepts confidently.
4. Consider providing written learning content in the preferred languages of your staff.
5. The teach-back questions can be used as a pre- and post-learning assessment to evaluate the effectiveness of education provided.



Remind your audience that any time they see a resident in distress or at risk of immediate harm they should respond to the emergency according to facility protocols.

Caring for a Patient or Resident with a HD-CVC

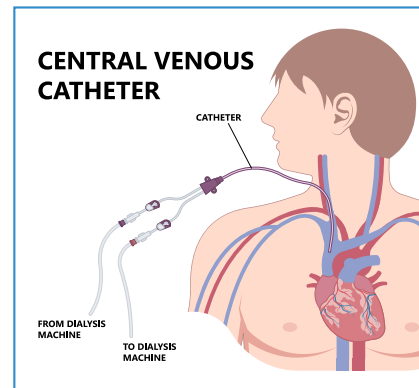
Patients and residents with HD-CVCs have specific care needs. They rely on you to keep them safe while you are providing care or assisting with ADL.

Basics of a HD-CVC

A HD-CVC is a long, flexible tube that a physician will insert into a vein (in an individual's neck, chest, or groin) that leads to the heart.

The part of the tube that looks like the letter "y" and has two smaller tubes stays outside of the patient's/resident's body.

One of the smaller tubes carries blood to the dialysis machine to be cleaned. The other tube returns the cleaned blood from the dialysis machine back to the body.



Safety Precautions

- If you must touch the HD-CVC or tubes, wash or disinfect your hands with facility-provided hand sanitizer or liquid soap and don gloves before touching the tube.
- The dressing should always be clean, dry, and sticking to the skin. Tell a nurse right away if you notice dry skin, a rash or irritation around the dressing.
- Be careful not to pull the tubing when helping a patient or resident with putting on or removing their clothes.
- Tuck each tube under clothing for safety, dignity, and protection of the tubes.
- Avoid disturbing the dressing.
- Do not take the caps off the ends of the tubes.
- Do not use sharp objects near the HD-CVC or tubing.
- Encourage patients or residents to be careful to prevent accidental dislodging or damage to the tubing when around small children or pets.
- Do not pull, bend, poke, touch, or pinch the tube or exit site.
- Keep the HD-CVC dressing area dry.
- Remember the tubes are for dialysis only. Do not put anything in the tubes.



NOTIFY A NURSE IMMEDIATELY IF

- The HD-CVC dressing is damp, loose, or soiled.
- The HD-CVC is no longer in place in your patient's or resident's body.
- The HD-CVC tube caps are missing, or the clamps are not clamped.
- The patient's or resident's behavior is different than their usual behavior.
- The patient or resident has chills or is warm to the touch.
- The patient or resident has swelling in their arms, neck, or face on the same side as the HD-CVC.
- Your patient or resident reports new or increased pain or discomfort.

SAMPLE TEACH-BACK SCENARIO-BASED QUESTIONS

These questions can be used for individual staff training or as a group exercise during a shift huddle or training. Additional coaching guidance is provided in italic font in the answer guide below.

Questions	TRUE	FALSE
When repositioning a patient or resident, I see that his dressing is clean, dry, and sticking to the skin. I don't need to report this to his nurse.		
I answered a patient's or resident's call light and noticed that her daughter's small dog was laying on her bed and in close contact with the site. I should ask the daughter to take the dog home.		
I am helping a patient or resident dress and notice one of the tubing caps is off. I should put the cap on and then notify the nurse.		
A patient or resident tells me her skin is itchy. I see that her skin looks red around the dressing. I should notify the nurse immediately.		
I am helping a patient or resident go to the bathroom and notice his neck looks swollen on the same side as his HD-CVC. I should tell the nurse during change of shift report.		
A patient or resident seems irritable today. I know her husband is visiting today, and they don't get along, so I don't need to report this to her nurse.		
I am assisting with a bed bath. I will need to touch the tubes. I should wash my hands and don gloves before touching the tubing.		

ANSWER GUIDE

Additional guidance is provided to support coaching for incorrect responses. Modify or supplement to align with your facility's policies and procedures.

Questions	Additional Guidance	TRUE	FALSE
When repositioning a patient or resident, I see that his dressing is clean, dry, and sticking to the skin. I don't need to re-report this to his nurse.	<i>Ask staff why they feel this should be reported and talk through rationale to support correct response.</i>	True	
I answered a patient's or resident's call light and noticed that her daughter's small dog was laying on her bed and in close contact with the site. I should ask the daughter to take the dog home.	<i>Talk about ways the dog can stay and visit in a way that protects the HD-CVC site. Advise staff to let their charge nurse know if they are uncomfortable talking to the patient or resident about their pet and safe visiting recommendations.</i>		False
I am helping a patient or resident dress and notice one of the tubing caps is off. I should put the cap on and then notify the nurse.	<i>Educate staff on why it is important to not touch the cap before notifying the nurse.</i>		False
A patient or resident tells me her skin is itchy. I see that her skin looks red around the dressing. I should notify the nurse immediately.	<i>Review infection signs and symptoms and facility reporting protocols.</i>	True	
I am helping a patient or resident go to the bathroom and notice his neck looks swollen on the same side as his HD-CVC. I should tell the nurse during change of shift report.	<i>Review facility "Stop and Watch" protocol.</i>		False
A patient or resident seems irritable today. I know her husband is visiting today, and they don't get along, so I don't need to report this to her nurse.	<i>Ask staff for their ideas on other possible causes of the unusual irritability. Review reasons for reporting any change of mood that is different than patient's or resident's usual affect or baseline.</i>		False
I am assisting a patient or resident with a bed bath. I will need to touch the tubes. I should wash my hands and don gloves before touching the tubing.	<i>Review facility hand washing protocol and how to apply the protocol to this scenario.</i>	True	