

周邊置入中央靜脈導管安插

周邊置入中央靜脈導管是一條柔軟有彈性的導管，一般由前臂較大的週邊靜脈穿刺進入，延著靜脈系統進入上腔靜脈，導管末端位於上腔靜脈或與左心房交接位置處。它提供了比簡單的靜脈更耐用的靜脈通道，是用來輸送化療治療藥物、營養液、藥物及血液製品，同時亦可以用來抽血，可以不必因找不到合適的血管或因藥物造成的血管硬化而忍受必須重覆扎針的痛苦。導管可分為雙頭及單頭兩種，各有獨立的出口有雙腔及單腔導管作選擇使用。當導管不使用時導管的夾子必須保持夾緊。



手術前的準備

- ◆ 簽署知情同意書
- ◆ 當需要時指示禁食程序
- ◆ 血液檢查
- ◆ 按照主治醫生指令停止服用抗凝血藥物
- ◆ 預防性應用抗生素
- ◆ 穿刺部位進行消毒
- ◆ 若有藥物過敏記錄，按照主治醫生指令服用類固醇

導管安插程序

導管的插入是實施無菌的消毒程序，放射科醫生幫助病人在局部麻醉下利用超聲波，胸部X光片作透視，以幫助插入正確位置。導管插入後以縫線或穩定裝置，固定位置。



嚴重的併發症

- ◆ 空氣栓塞
- ◆ 在穿刺部位出血及血腫
- ◆ 導管傷口感染, 導管的敗血症
- ◆ 導管錯位、閉塞、破裂
- ◆ 靜脈血栓栓塞症
- ◆ 氣胸，胸腔積血
- ◆ 穿孔和血管的撕裂
- ◆ 對於局部麻醉藥有過敏性反應

導管護理

- ◆ 安插導管前後會有護士講解導管護理常識及所需物料，包括沐浴前後的護理
- ◆ 導管置入後24小時內，觀察傷口是否有過多出血
- ◆ 以後每週至少清洗入口處兩次，如有感染現象就必須每天清洗。首先使用2%葡萄糖酸氯己溶液，或聚維酮碘溶液（如過敏至2%葡萄糖酸氯己）清潔出口處
- ◆ 導管須要每星期經由醫護人員用藥物暢通一次

- ◆ 如果懷疑導管有阻塞情況，要避免用力打入導管，請儘快通知醫護人員
- ◆ 當出院時，醫護人員會轉介病人給社康護士繼續跟進導管護理
- ◆ 應避免游泳或浸泡浴
- ◆ 應避免在導管留置處的手臂量血壓，及做大範圍的手臂旋轉運動（例如：打網球、打羽毛球等）及避免用力過度而造成導管在體內發生移位
- ◆ 由於導管由軟膠質料製造，所以要避免尖銳物品，如刀片或齒狀鉗等接觸導管
- ◆ 避免用丙酮acetone based solutions 或酒精alcohol擦拭導管，若持續使用會損壞導管之聚氨酯材料
- ◆ 隨時觀察導管周圍皮膚有無發炎反應，如有紅、腫、熱、痛或膿狀分泌物出現，或者發現在導管留置處的手臂或頸部腫脹等狀況，請儘快通知醫護人員

如有任何查詢，請聯絡你的主診醫生


以上資料由瑪麗醫院內科部提供。



瑪麗醫院
Queen Mary Hospital

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PERIPHERALLY INSERTED CENTRAL CATHETER

 瑪麗醫院 Queen Mary Hospital	Pamphlet Topic & Department Code
Ownership	QMH/Medicine-58
Last review/revision	May/2023
Approval	HKWC Information Pamphlet Working Group
Distribution	As requested

PERIPHERALLY INSERTED CENTRAL CATHETER

Peripherally inserted central venous catheters (PICC) are venous catheters inserted via a peripheral vein in the arm of a patient. It is of relative long length, allowing its tip to rest in a large vein inside the chest. It provides a more durable venous access and safer delivery of chemotherapy, parental nutrition, intravenous medication and blood products than simple venous catheter. It also allow blood taking and therefore reduces the need of venepuncture. There are either one or two hubs (called lumens) at the end of each PICC. The clamps over the catheter must be closed when the catheter is not in use.



Operation Preparation:

- ◆ Sign informed consent.
- ◆ Fasting prior to procedure when indicated.
- ◆ Baseline blood tests.
- ◆ Withhold anticoagulation drugs according to instruction by treating physician.
- ◆ Prophylactic antibiotics.
- ◆ Disinfection of puncture site.
- ◆ If client has history of drug allergy, may require steriod cover according to instruction by treating physician.

Insertion Procedures:

Insertion of PICC is a sterile procedure performed by radiologists under local anesthesia with ultrasound or fluoroscopic guidance. It is secured in position by two simple stitches or stabilizing device on the skin.



Major Complications:

- ◆ Air embolism.
- ◆ Bleeding and hematoma at puncture site.
- ◆ Exit site infection, line sepsis.
- ◆ Catheter malposition, occlusion, dislodgement or rupture.
- ◆ Venous thromboembolism.
- ◆ Pneumothorax, hemothorax.
- ◆ Perforation and laceration of vessels.
- ◆ Anaphylaxis to local anesthetic.

Catheter Maintenance

- ◆ Nursing care procedures and the required materials will be introduced before and after insertion by nurses, including pre and post shower care.
- ◆ Monitor for excessive bleeding at puncture site during first 24 hours.
- ◆ Change dressing at least twice weekly. Daily dressing is needed if there is ongoing infection at exit site. Use 2% chlorhexidine gluconate solution first or povidine

iodine solution (if allergy to 2% chlorhexidine gluconate) to clean the exit site.

- ◆ The catheter is required to be flushed with certain medication by nursing or medical staffs weekly.
- ◆ Do not flush against resistance if occlusion is suspected. Please contact healthcare Professionals immediately in such circumstance.
- ◆ Patients will be referring to Community Nursing Service for continuous care of catheter.
- ◆ Swimming or bathing should be avoided.
- ◆ Blood pressure taking over affected arm, excessive rotation of arm activities, like tennis, badminton should be avoided.
- ◆ Since the PICC made of soft material, keep the catheter away from sharp objects, like blade or toothed forceps.
- ◆ Do not wipe the catheter with acetone or alcohol based solution. Both will damage the polyurethane material of PICC.
- ◆ Patients should be alert of any signs of infection (swelling of the arm or

neck on PICC side, redness or discharge at exit site). They should inform nursing or medical staffs immediately if they have these symptoms.

Should you have any queries, please contact your doctor in-charge

Information provided by Department of Medicine, Queen Mary Hospital.