

Emergency Care of Multipurpose SILASTIC CATHETER (MSC)

I. GENERAL INFORMATION

- A. Purpose: To provide temporary stabilization of MSC to decrease the risk of infection, air emboli, or bleeding.
- B. Definition: The MSC is a hollow silicone tube approximately 22 inches long. It is inserted under general anesthesia into a vein in the neck and advanced until the tip rests in a major vein near the heart, or in the right atrium of the heart. The other end of the catheter is tunneled under the skin on the chest and out through a small opening in the skin called the "exit-site". The catheter has a small Dacron cuff buried under the skin above the exit site. The Dacron cuff combined with tunneling of the catheter serves to anchor the catheter, as well as being a barrier to infection. The MSC may have either a single or a double lumen.



- C. This catheter provides direct access to the circulatory system and is intended for long term use. Possible uses of the MSC include:
 - 1. Nutritional support
 - a. Hyperalimentation
 - b. Intralipids
 - 2. IV fluids
 - 3. IV medication
 - 4. Chemotherapeutic drugs
 - 5. Blood and blood products
 - 6. Drawing blood specimens
- D. Parent/careprovider will be responsible for coiling and securing the MSC to the student's body with an appropriate dressing to prevent inadvertent removal

or contamination. The care and maintenance of the MSC which includes dressing changes of the exit site, site assessment, heparinization of the MSC, and the injection cap changes are the responsibility of the parent/careprovider under the direction of the prescribing physician/surgeon.

- D. The prescribed clamp must be attached to the MSC. A second Kelly clamp must be on the student (e.g., attached to clothing, injection cap hub, necklace, etc.) at all times. Extra clamps should be kept in other designated areas at school.
- E. Only emergency care will be provided by school personnel.
- F. Parent/careprovider will supply necessary equipment to the school.
- G. It is necessary to obtain written physician guidelines concerning physical activity restrictions.
- H. If student is immuno-compromised, then obtain physician guidelines for protection from communicable diseases (especially chicken pox).

II. PERSONNEL

- A. School Nurse
- B. Designated school personnel under direct or indirect supervision by the school nurse.



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Student's Name:		DOB:	
Equipment And Supplies *(Responsibility of parent/care- provider.	 *2X2 gauze pads *Prescribed clamps 		3. *1-inch tape4. *Clean gloves
PROCEDURE			
ESSENTIAL STEPS		KEY POINTS & PRECAUTIONS	
 The injection cap should remain taped at the hub of the MSC at all times to prevent contamination, bleeding, and air embolism. If injection cap comes off: Clamp MSC Notify parent/careprovider immediately. If the MSC breaks or comes apart: Clamp the MSC between the breakage and the body (exit site). Notify parent/careprovider immediately. If unable to notify parent/careprovider, then call physician. 		Gloves should be worn at all times if there is any problems with MSC; there is too great a potential of coming in contact with blood. <u>Parent/careprovider</u> needs to attach a sterile cap as per physician's recommendations. Review instructions from M.D.; may have to transport to E.R. via ambulance.	
 3. If MSC comes completely out: a. Apply direct pressure to exit site to prevent or stop any bleeding with 2 x 2 tape. b. Parent/careprovider should be notified immediately. c. If unable to notify parent/careprovider, then call physician. 		Usually there is a minimal amount of bleeding at exit site however, the potential for excess bleeding is there.	
 4. If dacron cuff is pulled out partially: a. Secure MSC with 1-inch tape to student's chest. b. Notify parent/careprovider immediately. c. If unable to notify parent/careprovider, then call physician. 		May hav	e to transport to E.R. via ambulance.
5. Record incident			