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MICHIGAN MEDICINE
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Owner	Susan Johnson-Richardson: CLINICAL NURSING DIRECTOR (POST-ACUTE CARE SERVICE
Area	Post-Acute Care Services
Applicability	UMHS Clinical Guideline
References	

Post-Acute Care Services HomeMed Removal of Interscalene Catheter Guideline

Purpose

Written steps to remove a Interscalene Catheter

Definitions

Area Task(s)

A. Review Physician Order.
B. Identify Patient using 2 identifiers.
C. Adhere to standard precautions
D. Explain procedure to patient.
E. Instruct patient not to administer bolus prior to removing catheter.
F. Observe site for purulence or inflammation around catheter insertion site. If present notify physician.
G. Gather sterile supplies.
H. Remove old dressing. Pull dressing towards insertion site.
I. Don Sterile gloves

J. Clean skin with antiseptic agent such as Chloraprep or providine iodine.

K. Fix the proximal end of the catheter and gently pull the distal end of the catheter in small increments until fully removed.

    1. If resistance is felt when removing the catheter, and there is no pain at the catheter site or radiating pain, gently pull the skin in opposite direction and move limb. If still unable to remove the catheter, redress catheter site and call physician.
    2. If there is pain radiating down limb from the catheter site, redress catheter site and call physician.

L. Inspect the distal end of the catheter for tip integrity/complete removal, le4ngth and condition.

    1. If the catheter is not intact or doubt of complete removal of the catheter, redress the site and call physician.
    2. Any catheter defect should be noted and entered into the Michigan Medicine Patient Safety Report system.
    3. The catheter has a white sheath over metal wire. A small amount (1/4") of metal will be extended past the white sheath on the end of the tip.

M. Apply a gauze pressure dressing to the site.

N. Educate the patient to change the dressing in 24 hours and assess for drainage/complications and contact number to report abnormal findings.

O. Document in Nursing Note.

    1. Date & Time of Removal
    2. Patient response to removal
    3. Ease or difficulty of removal
    4. Condition and Length of Catheter.
    5. Site complications / Physician notified.
    6. Discharge Instructions

References

None

Revisions

1. October 2007, new procedure.
2. January 2013, no changes.
3. December 2015, reviewed with no changes and new signatures not required.
4. June 2019, reviewed with no changes, converted to guideline.

Approval Signatures

Step Description	Approver	Date
Final Approver	Susan Johnson-Richardson: CLINICAL NURSING DIRECTOR (POST-ACUTE CARE SERVICE	6/21/2022
Policy Owner	Susan Johnson-Richardson: CLINICAL NURSING DIRECTOR (POST-ACUTE CARE SERVICE	6/21/2022