

Patient and Family Information

How to use your 24-hour infusor at home



Why am I using a 24-hour infusor?

Your doctor has ordered intravenous antibiotics (IV) to treat your infection, and you are well enough to be treated as an outpatient. Your antibiotics can be administered directly into a vein in your arm through a peripherally inserted central catheter (PICC). The infusor device is attached to the PICC and can administer the antibiotics over 24 hours. It only needs to be changed once a day.

What is a 24-hour infusor?

The 24-hour infusor is an elastomeric infusion pump system that delivers medication. The balloon is filled with medication, which is then “pushed” through the extension line. A flow restrictor regulates the flow and ensures a reliable and constant delivery of the medication.

Infusor Components



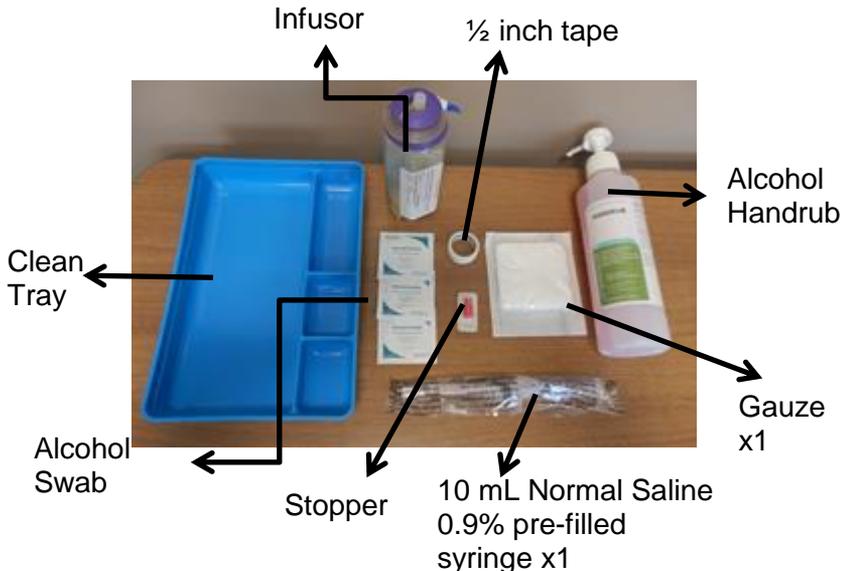
How to store your 24-hour infusor?

Keep the infusors in a clean part of the fridge away from food. Ensure that they are not in contact with other items.

Store the infusors in the main compartment of the refrigerator and not in the chiller or freezer.

Preparation:

1. Remove an infusor from the fridge one to two hours before administration.
2. Ensure that the infusor is brought to room temperature before administration.
3. Avoid placing the infusor under direct sunlight or near hot appliances (e.g. stove or beside the refrigerator)
4. **Wash your hands with soap and water for 1 minute** (refer to the 6-step hand cleaning technique on page 12).
5. Prepare the following items:



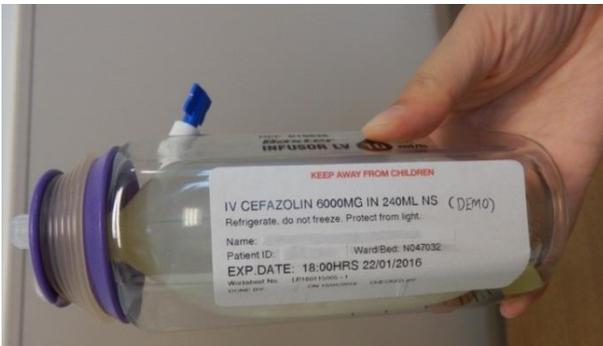
6. Prepare the infusor:

- (I) Ensure that details on the label are correct
- Name of patient
 - Identification number of patient
 - Antibiotic name and dosage
 - Expiry date
 - Date of administration

(II) Visual check of the infusor:

- Balloon did not leak
- Fluid is clear and not cloudy
- No crystals present in balloon

(III) Write the time of administration on the label



7. Secure the infusor tubing with tape.



Administration:

Removing the old infusor

1. Remove old infusor from the PICC line.



2. Place blue / red stopper at the tip of the empty infusor's tubing.
3. Keep all empty infusors and bring them to the OPAT clinic on your next visit.
4. **Clean your hands with handrub for 30 seconds** (refer to the 6-step hand cleaning technique on page 12).

Check the patency of the PICC

1. Swab the opening of the blue connector (on the white surface) for 15 seconds.



2. Remove the 10 mL Normal Saline 0.9% pre-filled syringe from its packaging.
3. Gently push the plunger of the syringe to release its pressure.



4. Remove white cap from the syringe.



5. Check for air bubbles and remove any air bubbles that you see.
6. Attach the syringe to the PICC line.



7. Use the 'push and pause' method when flushing.



8. Remove the syringe after flushing is completed.

Note:

If resistance is felt,

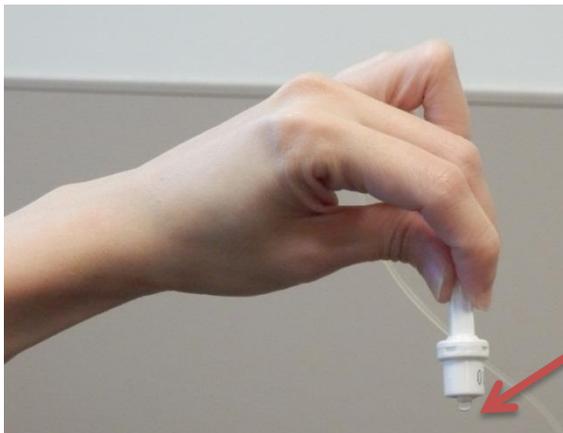
1. Do not attempt to flush the PICC line.
2. Remove the syringe.
3. Do not connect the 24-hour infusor.
4. **Call the OPAT Nurse immediately at 6772 8600 (8.30am to 5.30pm) / 9722 0564.**

Connecting the 24-hour infusor

1. **Clean your hands with handrub for 30 seconds** (refer to the 6-step hand cleaning technique on page 12).
2. Swab the opening of the blue connector (on the white surface) for 15 seconds.



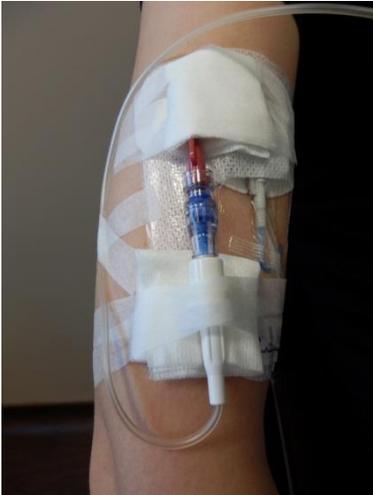
3. Ensure that the flow is present by holding the connector upside down. If the flow is absent, do not use the infusor.



4. Connect the infusor to the PICC line.



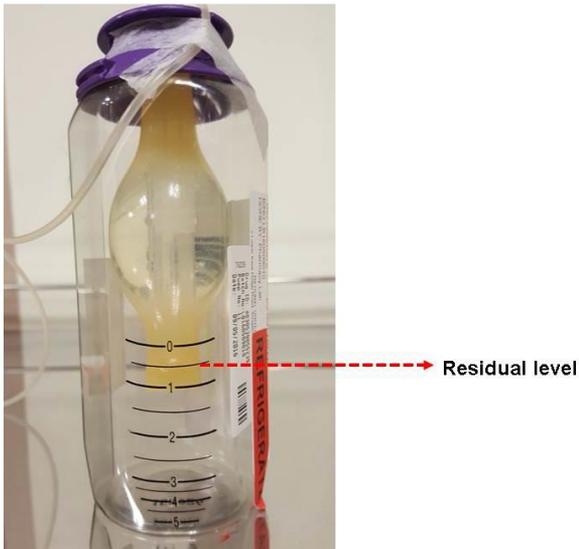
5. Place a piece of gauze under the blue connector. Secure the gauze and infusor with tape.



6. Place the infusor in the pouch.

Documentation

1. Record the **residual level** in the timesheet provided.



Home care advice

Please contact the OPAT nurses if you experience any of the following:

1. Arm with the PICC becomes swollen, red, and painful or you can see pus at the entry site.
 - The PICC could be infected or you may have a blood clot in your vein.

2. The infusor balloon does not decrease in size over time.
 - Your antibiotic is not infusing properly.

3. The dressing covering the PICC becomes wet.
 - The dressing may loosen and the PICC may be at risk of infection.

6-step hand cleaning technique:



1 Rub palms together



2 Rub palms together, with fingers interlaced



3 Rub right palm over left dorsum with interlaced fingers and vice versa



4 Interlock fingers and rub the back of fingers



5 Rotational rubbing of right thumb clasped in left palm and vice versa



6 Rotational rubbing backwards and forwards of fingertips and thumb of right hand in left palm and vice versa



Outpatient Procedure Centre/OPAT NUH Medical Centre, Level 3

Operating hours:

Mon to Fri: 8.30am to 5.30pm

Sat/Sun/PH: 8.30am to 12.30pm

Contact details:

(65) 6772 8600 (8.30am to 5.30pm)

(65) 9722 0564 (for emergency)

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