

## ABINGTON HOSPITAL-JEFFERSON HEALTH

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### ABSCESS DRAINAGE CATHETER

#### Discharge Instructions

1. You have an **ABSCESS DRAINAGE CATHETER** in your \_\_\_\_\_.
2. You may resume your normal diet.
3. You may resume your normal medications.
4. You were given conscious sedation; therefore someone must stay with you until the morning after the procedure.
5. Do not drive, engage in heavy lifting or strenuous activity or consume any alcoholic beverages for the next 24 hours if you have received sedation.
6. Make sure that your catheter does not kink or is pulled on.
7. Empty bag, if attached, daily and as needed. Record daily outputs and bring to next appointment.
8. Keep a clean, dry dressing on the catheter site at all times. Change dressing 2-3 times per week or if it becomes soiled. Catheter holding device, if you have one in place, needs only to be changed weekly or if heavily soiled or loosened.
9. Do not soak in a tub or swim with the catheter. You may shower with the catheter covered with plastic wrap.
10. **You will need to schedule an appointment to have your catheter checked and changed- call 215-481-2040**

#### When to Flush Your Catheter - you should:

- Flush daily     Every Monday and Thursday     Flush Monday, Wednesday, Friday  
 Do Not flush catheter     Other \_\_\_\_\_

#### How to Flush Your Catheter

##### Instructions for Capped Catheter

- ) Open 10 cc normal saline (NSS) syringe.
- ) Wipe rubber stopper at end of catheter with an alcohol wipe.
- ) Screw syringe onto end cap.
- ) Flush catheter slowly and do not pull back on syringe plunger.
- ) If catheter has a "lock" and "open" disk, **keep it locked at all times.**
- ) **If you develop a fever of 101 degrees Fahrenheit or experience shaking or chills, immediately uncapp your catheter and attach to a drainage bag. Call your physician for further instructions.**

##### Instructions for Catheter to Bag Drainage

- ) Open 10 cc normal saline (NSS) syringe.
- ) Disconnect catheter from drainage bag. Wipe end of catheter with alcohol and let dry.
- ) Flush catheter and do not draw back.
- ) Disconnect syringe and wipe end with alcohol pad. Let dry. Reconnect drainage bag to catheter.
- ) If catheter has a "lock" and "open" disk, **keep it locked at all times. This keeps the catheter in place.**

#### Trouble Shooting Catheter Before Calling The Physician

- ) If you meet resistance, stop, remove dressing, and check catheter for kinks.
- ) If no kinks, reconnect syringe and attempt flushing again.
- ) If resistance met again, stop and call Interventional Radiology.
- ) Reattach drainage bag and allow it to drain.
- ) If catheter is capped and resistance is met, remove cap, cleanse end of catheter with alcohol, and attempt to flush again. Call Interventional radiology if continued resistance is present.

#### How to Change Your Dressing and Bag

- ) Gently remove old gauze dressing if present.
- ) Inspect site new redness or drainage.
- ) Inspect catheter for kinks.

- ) Cleanse area with water if needed.
- ) Replace gauze dressing and tape in place.
- ) If catheter holding device present, you do not need to remove unless it is severely soiled. It should be changed at least once a week. Your home care nurse can help you with this.
- ) Change drainage bag system every 10 days or as needed
- ) To change drainage bag system:
  - o Unscrew old bag from catheter
  - o Wipe end of catheter with alcohol wipe
  - o Attach new bag to catheter
  - o Secure catheter and bag to patient to prevent traction and kinking on catheter
  - o If attaching bag to capped catheter, remove cap and wipe end of catheter with alcohol before attaching bag

**Notify your primary physician and/or Radiologist IMMEDIATELY if any of the following occur:**

- ) Catheter output if to bag is less than 25 cc/day
- ) Temperature >101, chills, or shaking
- ) If catheter output steadily declines
- ) Catheter does not flush
- ) Catheter leaking around site
- ) Skin becomes red or irritated
- ) New pain at catheter site
- ) Nausea/vomiting
- ) Stitch comes out
- ) Catheter pulls back or falls out
- ) **You are re-admitted to the hospital**

**If you received "sedation-analgesia," or "conscious sedation," some of the effects of the medications can last for a long time. For this reason you are not to drive or operate heavy machinery, ride your bicycle or take part in any activity that requires concentration. Be cautious walking up and down stairs.**

**YOU SHOULD SEEK MEDICAL ATTENTION IMMEDIATELY, EITHER HERE OR AT THE NEAREST EMERGENCY DEPARTMENT, IF ANY OF THE FOLLOWING OCCURS:**

- ) **Chest pain or shortness of breath.**
- ) **Inability to swallow solids or fluids.**
- ) **Fever, vomiting, or signs of dehydration: Lightheadedness, dizziness when standing, dry mouth and/or decreased urination.**

**Physician Contact Information**

- ) **If you should have a problem that you feel requires immediate attention, you should either call 911 or go to the emergency room, either at Abington Jefferson Hospital or the closest hospital.** If you feel that your problem can safely wait until you speak to a physician, you should contact your doctor or radiologist.
- ) If you have concerns that need to be answered by the Radiologist or Nurse, you can reach him/her as follows:
  - o During regular weekday hours (7:30am to 3:00pm), call 215-481-3313
  - o During after hours, holiday or weekends, for emergencies call 215-481-2000 and ask the hospital operator to contact the Interventional Radiologist on-call.

I hereby acknowledge that I have received and understand the instructions given to me.

\_\_\_\_\_  
PATIENT SIGNATURE

\_\_\_\_\_  
NURSE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TIME

