

NAME THAT TUBE VASCULAR DEVICES

<i>NAME</i>	<i>LOCATION</i>	<i>FUNCTION</i>	<i>DURATION OF USE</i>	<i>OTHER</i>	<i>EFFECT ON P.T.</i>
Arterial line	Usually radial or femoral artery. Rarely brachial or dorsalis pedis.	Continuous BP monitoring. Drawing of blood for labs and ABG's.	Varies	Very positional. Usually sutured	Limb movement dependent on how securely it is taped. No flexion of proximal joint if femoral or brachial artery used.
Central Lines					
• Cordis	Internal jugular, external jugular, subclavian, femoral	May be used in conjunction with a swan ganz catheter. Administer medications, nutrition, fluids.	Varies	Usually sutured.	Avoid shoulder ROM if subclavian. If jugular, use caution with cervical ROM.
• Multi Lumen Catheter	May be used for CVP measurement in the right atrium of the heart via internal or external jugular, or subclavian.	Measures right atrial pressures. Administer medications, nutrition, or fluids.	Varies	May be 1,2,3 lumens. Usually sutured.	Avoid shoulder ROM if subclavian. If jugular, use caution with cervical ROM.
• Pulmonary Artery Catheter/Swan Ganz)	Pulmonary artery of the heart via internal jugular or subclavian.	Measures pressures in the heart, cardiac indices, pulmonary indices, and core temperature.	Varies	Number of lumens varies with type of catheter, usually never less than 4 lumens. Usually sutured. May also be connected to an external pacing generator.	No cervical ROM with jugulars. Avoid shoulder ROM if subclavian.
• PICC (Peripherally Catheter)	Superior vena cava or subclavian vein via the cephalic or basilica vein.	Administer nutrition, medications, fluids, and obtaining blood specimens.	Varies Semi-permanent.	Not sutured.	Avoid shoulder and elbow ROM
• Hickman/Groshong /IVADS	Thoracic vein usually subclavian.	Administration of nutrition, medications, or fluids.	Permanent	Tunneled catheter may be 1,2, or 3 lumens. Often used for chemo (IVAD is internal)	None
• Marharker/Sheldon Catheter	Femoral or subclavian vein.	Large venous access devices, used for hemodialysis.	Temporary Semi-permanent	Usually sutured	No flexion if femoral. Avoid shoulder ROM if subclavian.

Peripheral Lines						
• IV	Hands, wrists and arms.	Administration of medications and fluids.	Varies	Secured with tape	None	
• Leuer Locks	Hands, wrists and arms.	Administration of medications, fluids and nutrition	Varies	Secured with tape	None	
• Midline	Cephalic or basilica vein.	Administration of medications, fluids and nutrition	Varies	Secured with tape	Avoid shoulder and elbow ROM	
AV fistula	Usually in forearm, may be upper arm.	Anastomosis of vein and artery for hemodialysis access.	Permanent	Bruit from turbulent blood flow from artery and vein. Pulsatile may have a surgical dressing or scar.	Avoid sustained pressure proximal to fistula site (NO BP or tight hold).	
Endotracheal Tube	Mouth to trachea.	Airway access, usually used with a ventilator	Temporary	Very positional, secured with cloth tape or device.	No flexion or hyper extension of cervical neck. Caution with cervical rotation.	
Tracheostomy Tube	Anterior Neck	Airway access often used with a ventilator. May also be capped.	Temporary or permanent	Secured with trach ties. May be sutured.	Caution with cervical ROM.	
O2 therapy						
• Nasal Cannula	Nasal or nasal/oral.	Provide O2 therapy	Temporary or Permanent	Amount of O2 delivery varies with each patient.	Never remove O2 with P.T. Apply portable O2 with ambulation.	
• Mask						
Pulse oximetry	Finger, toes, ear lobe or bridge of nose	Measure O2 saturation	Temporary	May alarm as a result of movement as well as low O2 saturation	None	
Chest Tubes						
• Mediastinal Tubes	Inserted at various locations on chest wall into pleural space (between lung and chest wall) Below mid-thoracic incision created for heart surgery.	Fluid drainage and/or re-expansion of lung. Drain fluid/blood from mediastinal space.	Temporary Temporary	May be attached to wall suction or just straight drainage. Usually sutured. Always sutured. Attached to wall suction that can be discontinued for ambulation.	Do not ambulate patient if attached to suction. Keep drainage chamber upright and below chest tube insertion site. Ask R.N. to d/c suction. Keep chamber upright and below level of chest.	
Nasogastric Tubes	Nares to stomach.	Administration of nutrition/medication. Drainage of GI contents and gastric	Temporary	Many different types. Secured with tape. May be attached to straight drain, suction, tube feed	If receiving tube feeding, keep HOB up to at least 30 degrees at all times to prevent reflux and aspiration.	

		decompression.		pump, or clamped.	Drainage tubing should be coiled on bed not draped off side of bed then up to suction.
Gastrostomy/Jejunostomy Tubes	Inserted through abdominal wall.	Administer nutrition and medications.	Usually permanent	May be attached to tube feed pump or clamped.	If receiving tube feeding, keep HOB above 30 degrees at all times to prevent reflux and aspiration. RN to disconnect for ambulation.
Esophagogastric Tamponade Tube • Minnesota • Sengstaken-Blakemore	Inserted through the nares into the stomach.	Control bleeding from gastric and esophageal varices.	Temporary	3 or 4 lumens depending on type. Connected to suction and a pressure gauge. May be secured with traction set up or football helmet.	Do not move patient from waist up. If maintained by traction set up, do not release traction weights.
Fecal Management System	Rectum	Bowel decompression and or incontinence management.	Temporary		May not be able to walk patient, as they are lubricated and easily dislodged.
Foley Catheter	Urethra	Empty the bladder, or for bladder irrigations, instillations.	Temporary or permanent		Keep collection bag below level of the bladder.
Texas Catheter	Over penis	Incontinence management.	Temporary		Keep collection bag below level of bladder.
ICP catheter/ventriculostomy tube with drainage bag.	Through the cranium. Final resting position depends on type of catheter intraventricular, subdural, or arachnoid space.	Monitors intracranial pressure and drains cerebrospinal fluid.	Temporary		No cervical ROM, maintain neutral C-spine position with HOB elevated at least 30 degrees. Do not change or move position of patient or drainage bag (if present).

Miscellaneous

Transvenous Pacer	Internal jugular or subclavian to endocardium	Provides electrical stimulation to generate a heart contraction	Temporary		No cervical ROM with jugulars. Avoid shoulder ROM if subclavian. Do not rotate patient 's left side greater than 30 degrees.
External Pacing wires/Pacemaker	Wires protrude through skin and may be enclosed in plastic syringe barrels or attached to external pulse generator.	Generally placed as a precaution following heart surgery. Can be used to stimulate heart contraction.	Sutured	Generally 2 sets of wires and 2 syringes taped to upper abdomen/lower chest.	No restrictions if wires are in syringes. If connected to pacer, care must be taken to assure cables remain attached. No restriction in movement/ambulation.
Surgical drains • JP's • Hemovacs • Penrose • Misc.	May be inserted anywhere.	Drain blood and fluid post-operatively.	Usually sutured	Drainage collection device may be heavy from fluid accumulation.	Make sure drainage device does not dangle from body and pull out drain.