



# Hygiene and Personal Care



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# Dialysis Port Care

- **Know What Type of Vascular Access You Have.**
  - **Fistula:** An artery in your forearm is sewed to a vein nearby.
    - This allows needles to be inserted into the vein for dialysis treatment.
    - A fistula takes from 1 - 4 months to heal before it is ready to use
  - **Graft:** An artery and a vein in your arm are joined by a U-shaped plastic tube under the skin
    - Needles are inserted into the graft when you have a dialysis.
    - A graft can be ready to use in 3 - 6 weeks.
  - **Central venous catheter:** A soft plastic tube (catheter) is “tunneled” under your skin and placed in a vein in your neck, chest, or groin. From there, the tubing goes into a central vein that leads to your heart.
    - A central venous catheter is ready to use right away.
    - It is usually used only for a few weeks or months.

# Dialysis Port Care

- You may have a little redness or swelling around your access site for the first few days. If you have a fistula or graft:
  - Prop your arm on pillows and keep your elbow straight to cut down on swelling.
  - You can use your arm the same day as surgery, but do not lift more than 10 pounds (a gallon of milk weighs 8 pounds).
- Taking care of the dressing (bandage):
  - If you have a graft or fistula, keep the dressing dry for the first 2 days. You can bathe or shower as usual after the dressing is removed.
  - If you have a central venous catheter, you must keep the dressing dry at all times. Cover it with plastic when you shower. Do not take baths, go swimming, or soak in a hot tub. Do not let anyone draw blood from your catheter.

# Dialysis Port Care

- **Problems to Watch For**

- Grafts and catheters are more likely than fistulas to become infected. Signs of infection are redness, swelling, soreness, pain, warmth, pus around the site, and fever.
- Blood clots may form and block the flow of blood through the access site. Grafts and catheters are more likely than fistulas to clot.
- The blood vessels in your graft or fistula can become narrow and slow down the flow of blood through the access. This is called stenosis.

# Dialysis Port Care

- **Day-to-day Care of Your Vascular Access**
  - Wash your hands before touching your access. Clean the area around the access with antibacterial soap or alcohol before your dialysis treatments.
  - Check the pulse (also called “thrill”) in your access every day. Your doctor or nurse will show you how.
  - Change where the needle goes into your fistula or graft for each dialysis treatment.
  - Do not let anyone take your blood pressure, start an IV (intravenous line), or draw blood from your access arm.

# Dialysis Port Care

- **Day-to-day Care of Your Vascular Access**

- Do not let anyone draw blood from your tunneled central venous catheter.
- Do not sleep on your access arm.
- Do not carry more than 10 lbs with your access arm.
- Do not wear a watch, jewelry, or tight clothes over your access site.
- Be careful not to bump or cut your access.
- Use your access only for dialysis.

# Dialysis Port Care

- **When to Call the Doctor**

- Call your doctor or nurse right away if you notice any of these problems:
  - Bleeding from your vascular access site
  - Signs of infection, such as redness, swelling, soreness, pain, warmth, or pus around the site
  - A fever over 100.5 °F (38.0 °C)
  - The pulse (thrill) in your graft or fistula slows down or you do not feel it at all
  - The arm where your catheter is placed swells and the hand on that side feels cold
  - Your hand gets cold, numb or weak

- Dialysis port care information taken from <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000591.htm>



# Chemotherapy Ports

- Care of implanted ports differs from others.
  - For more information: [Your Implanted Port](#)
  - For more detailed information on caring for ports in children: [Caring for your Implanted Port in Pediatric Patients](#)

# Care of a G-tube

- Caring for a feeding tube can be difficult, and require a specific approach.
  - For more information: [G-Tube Care at Home](#)

# Colostomy Bags

- Gather your supplies. If you have a 2-piece pouch, be sure you have the special ring seal that sticks to your skin around the stoma.
- Follow these steps to prevent infection:
  - Wash your hands with soap and water. Be sure to wash between your fingers and under your fingernails. Dry with a clean towel or paper towels.
  - If you have a 2-piece pouch, press gently on the skin around your stoma with 1 hand, and remove the seal with your other hand. (If it is hard to remove the seal, you can use special pads. Ask your nurse about these.)
  - Remove the pouch.
  - Keep the clip. Put the old ostomy pouch in a bag and then place the bag in the trash.
  - Clean the skin around your stoma with warm soap and water and a clean washcloth or paper towels. Dry with a clean towel.

# Colostomy Bags

- Check and seal your skin:
  - Check your skin. A little bleeding is normal. Your skin should be pink or red. Call your doctor if it is purple, black, or blue.
  - Wipe around the stoma with the special skin wipe. If your skin is a little wet, sprinkle some of the stoma powder on just the wet or open part.
  - Lightly pat the special wipe on top of the powder and your skin again.
  - Let the area air-dry for 1 to 2 minutes.
- Measure your stoma:
  - Use your measuring card to find the circle size that matches the size of your stoma. Do not touch the card to your skin.
  - If you have a 2-piece system, trace the circle size onto the back of the ring seal and cut out this size. Make sure the cut edges are smooth.

# Colostomy Bag

- Attach the pouch:
  - Attach the pouch to the ring seal if you have a 2-piece ostomy system.
  - Peel the paper off the ring seal.
  - Squirt stoma paste around the hole in the seal, or place the special stoma ring around the opening.
  - Place the seal evenly around the stoma. Hold it in place for a few minutes. Try holding a warm washcloth over the seal to help make it stick to your skin.
  - If you need them, put cotton balls or special gel packs in your pouch to keep it from leaking.
  - Attach the pouch clip or use Velcro to close the pouch.
  - Wash your hands with warm soap and water

# Colostomy Bags

- Call your doctor or nurse if:
  - Your stoma smells bad, or there is pus draining from it, or it is bleeding a lot.
  - Your stoma is changing in some way. It is a different color, it is getting longer, or it is pulling into your skin.
  - The skin around your stoma is bulging.
  - There is blood in your stool.
  - You have a fever of 100.4 °F or higher, or you have chills.
  - You feel sick to your stomach, or you are vomiting.
  - Your stools are looser than normal.
  - You have a lot of pain in your belly, or you are bloated (puffy or swollen).
  - You have had no gas or stool for 4 hours.
  - You have a big increase in the amount of stool collecting in your pouch.
- Information taken from <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000204.htm>

# Changing Bandages

- **Removing the Old Dressing**

- Wash your hands thoroughly with soap and warm water before and after each dressing change.
- Put on a pair of non-sterile gloves.
- Carefully remove the tape.
- Remove the old dressing. If it is sticking to your skin, wet it with warm water to loosen it.
- Remove the gauze pads or packing tape from inside your wound.
- Put the old dressing, packing material, and your gloves in a plastic bag. Set the bag aside.

# Changing Bandages

- **Cleaning Your Wound**

- Put on a new pair of non-sterile gloves.
- Use a clean, soft washcloth to gently clean your wound with warm water and soap. Your wound should not bleed much when you are cleaning it. A small amount of blood is okay.
- Rinse your wound with water. Gently pat it dry with a clean towel. Do not rub it dry. In some cases, you can even rinse the wound while showering.
- Check the wound for increased redness or swelling or a bad odor.
- Pay attention to the color and amount of drainage from your wound. Look for drainage that has become darker or thicker.
- After cleaning your wound, remove your gloves and put them in the plastic bag with the old dressing and gloves.
- Wash your hands again.



# Changing Bandages

- **Changing Your Dressing**

- Put on a new pair of non-sterile gloves.
- Pour saline into a clean bowl. Place gauze pads and any packing tape you will use in the bowl.
- Squeeze the saline from the gauze pads or packing tape until it is no longer dripping.
- Place the gauze pads or packing tape in your wound. Carefully fill in the wound and any spaces under the skin. Do not let the wet gauze or packing tape touch any healed skin.
- Cover the wet gauze or packing tape with a large dry dressing pad. Use tape or rolled gauze to hold this dressing in place.
- Put all used supplies in the plastic bag. Close it securely, then put it in a second plastic bag, and close that bag securely. Put it in the trash.
- Wash your hands again when you are finished.

# Changing Bandages

- **When to Call the Doctor**

- Worsening or more redness.
- More pain.
- Swelling.
- Bleeding.
- The wound is larger or deeper.
- The wound looks dried out or dark.
- The drainage is increasing, or has a bad smell
- Your temperature is above 100.4°F (38°C) for more than 4 hours.
- Drainage is coming from or around the wound.
- Drainage is not decreasing after 3 to 5 days.
- Drainage is increasing.
- Drainage becomes thick, tan, yellow, or smells bad

Information taken from <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000315.htm>