

Training Session Report

Page #: 1 of 1

Session Title: <u>Working with Victims in Executive Process</u>		Location: <u>SOCF Small Training Room</u>	
Time: <u>10:00 AM</u>	Date: <u>5/16/07</u>	No. of Trainees: <u>32</u>	
Hours of Training Per Participant:		Total Number of Training Hours for Course:	

V. Brief description of Training Session:

Print Trainees Name	Initial	AJD Code*	EEO		Training Hrs.	Print Trainees Name	Initial	AJD Code*	EEO		Training Hrs.
			Race	Sex					Race	Sex	

5. Ed Vorehick

31. Mr. David H. Larrin

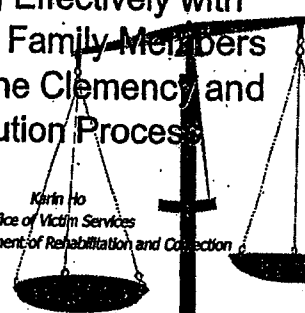
White Male:	Minority Male:	White Female:	Minority Female:	Other:
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Training Officer:

Instructor:	Instructor:	Instructor:	Instructor:	Instructor:
<u>Karin Ho</u>				

ARC 1374 (Rev 08/08) *AJD CODE: 1- Line 2- Supervision 3- Specialist 4- Middle Management 5- Executive

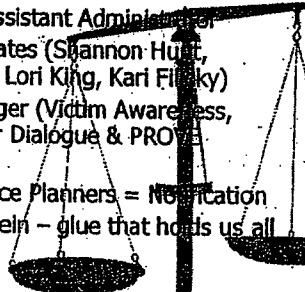
Working Effectively with Surviving Family Members through the Clemency and Execution Process



Karin Ho
Office of Victim Services
The Ohio Department of Rehabilitation and Correction

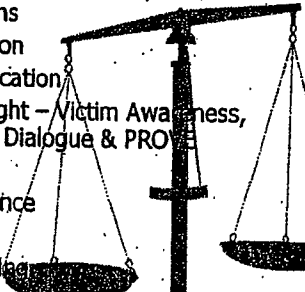
Office of Victim Services - Staff

- Karin Ho - Administrator
- Mike Davis - Assistant Administrator
- 4 Victim Advocates (Shannon Hunt, Heather Smith, Lori King, Kari Filisky)
- Roxanne Swogger (Victim Awareness, Victim Offender Dialogue & PROVE Programs)
- 4 Criminal Justice Planners - Notification
- Nancy Willemstein - glue that holds us all together



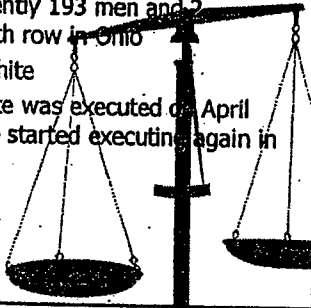
Services Provided...

- Victim Notification for over 42,000 registered victims
- Crisis Intervention
- Community Education
- Program Oversight - Victim Awareness, Victim Offender Dialogue & PROVE
- PREA
- Workplace Violence
- Restitution
- National Mentoring



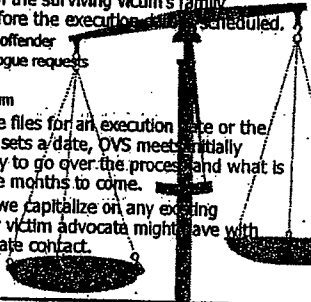
Ohio Statistics

- There are currently 193 men and 2 women on death row in Ohio
- 97 Black, 88 White
- The 25th Inmate was executed on April 24th since Ohio started executing again in 1999



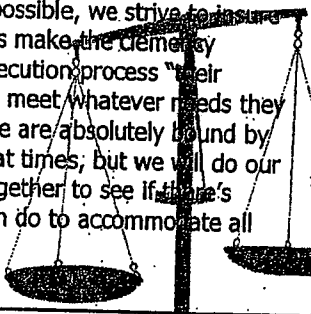
When the process with the family begins?

- Contact is made with the surviving victim's family sometimes years before the execution date is scheduled.
 - Questions about the offender
 - Victim/Offender Dialogue requests
 - Visiting requests
 - Death Row Symposium
- When the AG's Office files for an execution date or the Ohio Supreme court sets a date, OVS meets initially with the family to go over the process and what is to be expected in the months to come.
- Whenever possible, we capitalize on any existing relationship a county victim advocate might have with the family to coordinate contact.



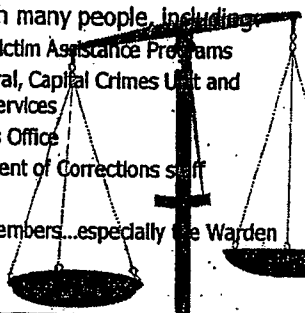
The Role of the Office of Victim Services during this process...

- To the extent possible, we strive to insure family members make the clemency hearing and execution process "their own"...trying to meet whatever needs they might have. We are absolutely bound by policy and law at times; but we will do our best to work together to see if there's anything we can do to accommodate all requests.



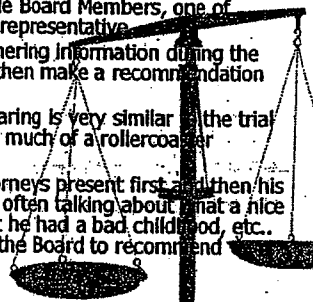
Partners...

- We partner with many people, including:
 - Local County Victim Assistance Programs
 - Attorney General, Capital Crimes Unit and Crime Victim Services
 - The Governor's Office
 - Other Department of Corrections staff
 - Media
 - Death Team Members...especially the Warden



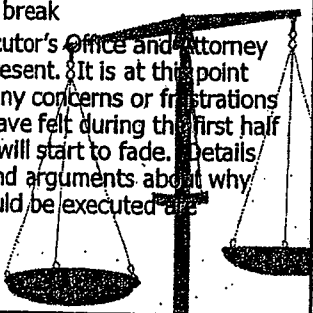
The Clemency Hearing...

- There are 9 Parole Board Members, one of which is a victim representative
- The Board is gathering information during the hearing and will then make a recommendation to the Governor
- The clemency hearing is very similar to the trial process and is as much of a rollercoaster emotionally
- The inmate's attorneys present first and then his family. They are often talking about what a nice person he is, that he had a bad childhood, etc., and pleading for the Board to recommend sparing his life



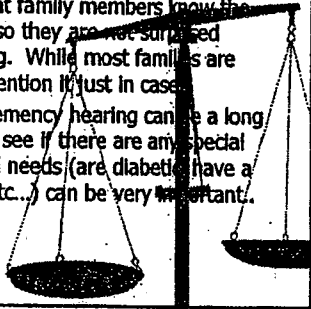
Clemency Hearing cont'd...

- Then there is a break
- Next the Prosecutor's Office and Attorney General staff present. It is at this point that hopefully any concerns or frustrations victims might have felt during the first half of the meeting will start to fade. Details of the crimes and arguments about why the inmate should be executed are presented



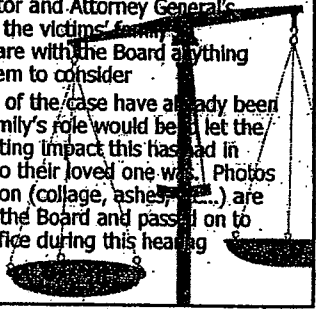
Clemency Hearing cont'd...

- It is important that family members know the facts of the case so they are not surprised during the hearing. While most families are aware, we just mention it just in case.
- The day of the clemency hearing can be a long day. Checking to see if there are any special dietary or medical needs (are diabetic, have a heart condition, etc...) can be very important.



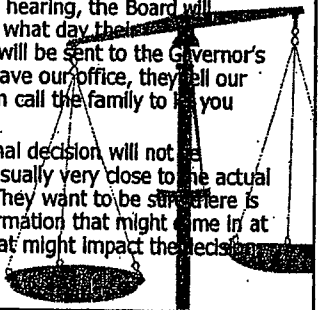
Clemency Hearing, cont'd...

- After the Prosecutor and Attorney General's presentation, it is the victims' family's opportunity to share with the Board anything you would like them to consider.
- Because the facts of the case have already been presented, the family's role would be to let the Board know the devastating impact this has had in their lives and who their loved one was. Photos or other information (collage, ashes, etc...) are often given to the Board and passed on to the Governor's Office during this hearing.



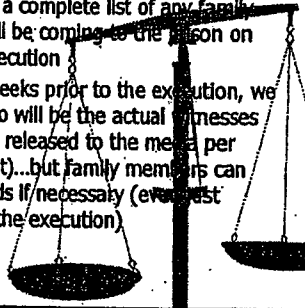
Clemency Hearing cont'd...

- On the day of the hearing, the Board will announce exactly what day their recommendation will be sent to the Governor's Office. As they leave our office, they tell our staff who can then call the family to let you know.
- The Governor's final decision will not be announced until usually very close to the actual execution date. They want to be sure there is no additional information that might come in at the last minute that might impact the decision.



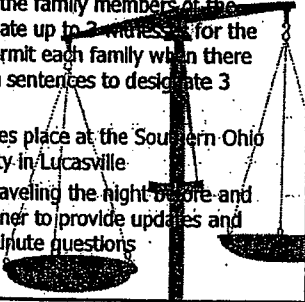
Prior to the Execution...

- We need to have a complete list of any family members who will be coming to the prison on the day of the execution
- No later than 2 weeks prior to the execution, we need to know who will be the actual witnesses (these names are released to the media per policy at this point)...but family members can change their minds if necessary (even just moments before the execution)



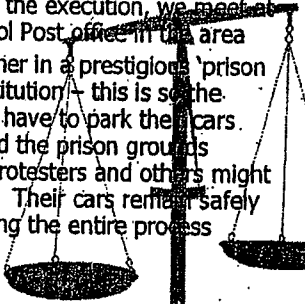
The Execution Process...

- According to law, the family members of the victim may designate up to 2 witnesses for the execution. We permit each family when there are multiple death sentences to designate 3 each
- The execution takes place at the Southern Ohio Correctional Facility in Lucasville
- We recommend traveling the night before and often meet for dinner to provide updates and answer any last minute questions



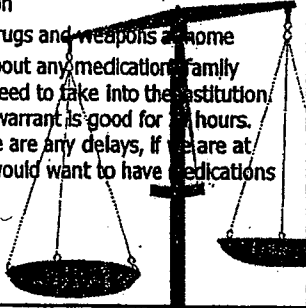
Execution Process cont'd....

- The morning of the execution, we meet at a Highway Patrol Post office in the area
- We leave together in a 'prestigious' prison bus for the institution - this is so the family does not have to park their cars and walk around the prison grounds where media, protesters and others might approach them. Their cars remain safely at the Post during the entire process



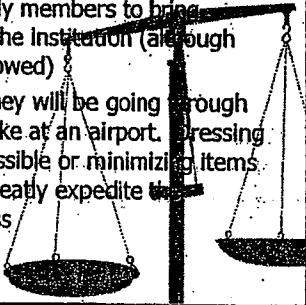
Execution Process cont'd...

- photo identification
- Leave all illegal drugs and weapons at home
- We must know about any medications family members might need to take into the institution. In Ohio, a death warrant is good for 24 hours. In the event there are any delays, if we are at the prison, they would want to have medications with them



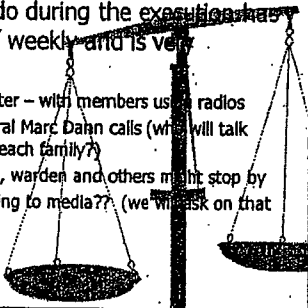
Execution Process cont'd...

- We permit family members to bring cigarettes into the institution (although not typically allowed)
- Describe that they will be going through security much like at an airport. Dressing as simply as possible or minimizing items in purses will greatly expedite the entrance process



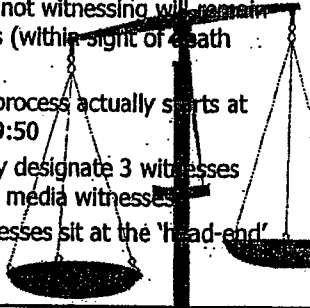
Execution Process cont'd...

- Everything we do during the execution has been 'practiced' weekly and is very synchronized
 - Command Center - with members use radios
 - Attorney General Marc Dann calls (who will talk with him from each family?)
 - Director Collins, warden and others might stop by
 - Interest in talking to media?? (we will ask on that day as well)

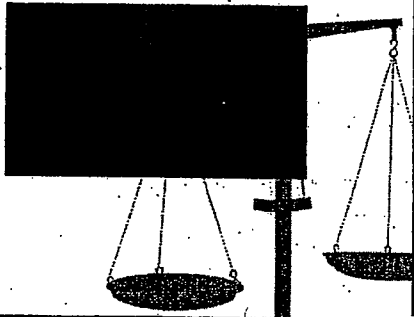


Execution Process cont'd...

- Those who are not witnessing will remain in waiting areas (within sight of death house)
- The execution process actually starts at approximately 9:50
- The inmate may designate 3 witnesses and there are 6 media witnesses
- The victim witnesses sit at the 'head-end'

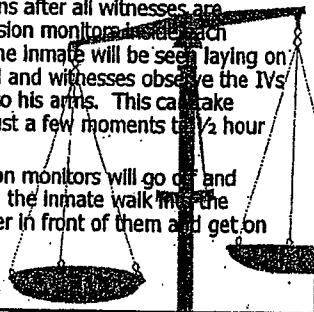


DEATH HOUSE



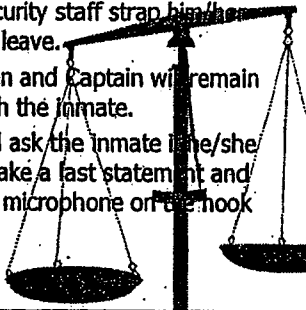
Execution Process cont'd...

- The process begins after all witnesses are seated and television monitors are in each witness room. The inmate will be seen laying on the bed in his cell and witnesses observe the IVs being inserted into his arms. This can take anywhere from just a few moments to 1/2 hour or longer...
- Next, the television monitors will go off and witnesses will see the inmate walk into the execution chamber in front of them and get on the table.



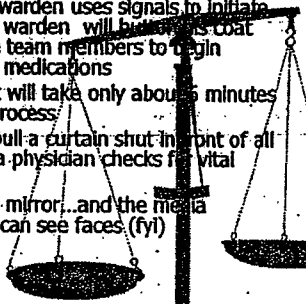
Execution Process cont'd...

- Medical and security staff strap him/her down and then leave.
- Only the Warden and Captain will remain in the room with the inmate.
- The warden will ask the inmate if he/she would like to make a last statement and then return the microphone on the hook on the wall



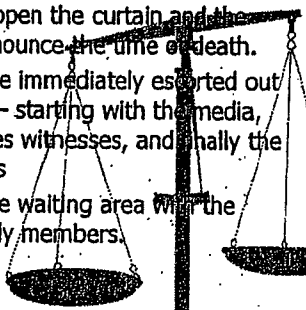
Execution Process cont'd...

- At this point, the warden uses signals to initiate the process. The warden will put on his coat jacket...telling the team members to begin administering the medications
- From this point, it will take only about 5 minutes to complete the process.
- The Captain will pull a curtain shut in front of all the witnesses as a physician checks for vital signs
- The glass is like a mirror...and the media witnesses behind can see faces (fy)



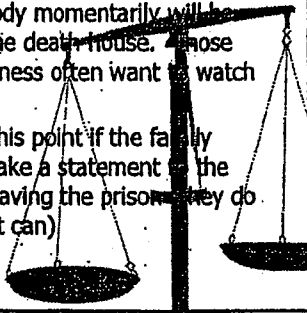
Execution Process cont'd...

- The Major will open the curtain and the warden will announce the time of death.
- All witnesses are immediately escorted out of the building - starting with the media, then the inmates witnesses, and finally the victim witnesses
- We return to the waiting area with the rest of the family members.



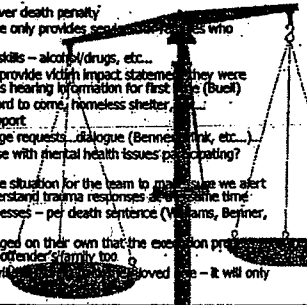
Execution Process cont'd...

- The inmate's body momentarily will be carried out of the death house. Those who did not witness often want to watch this process.
- We will ask at this point if the family would like to make a statement on the media before leaving the prison (they do not have to, but can)



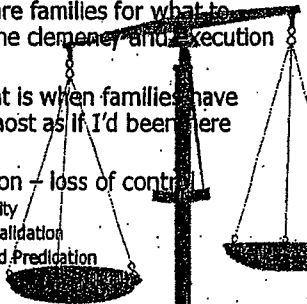
Let's talk about the families...

- Often 'older' cases = older survivors (Ernest Martin) - difficulty finding families until his media
- Often families are divided over death penalty
- Misconception that our office only provides support to those who support death penalty
- Often not the 'best' coping skills - alcohol/drugs, etc...
- Clemency = opportunity to provide victim impact statement they were denied during trial as well as hearing information for first case (Buell)
- Financial impact - can't afford to come, homeless shelter, etc...
- AG's granted funding to support
- What might seem like strange requests... dialogue (Benne, Brink, etc...)
- What about children or those with mental health issues participating? (Barton, etc...)
- We are always assessing the situation for the team to make sure we alert you to any issues...but understand trauma responses are possible time
- Difficulty in choosing 3 witnesses - per death sentence (Williams, Bestner, etc...)
- Every family has acknowledged on their own that the execution process must be devastating to the offender's family too
- Reality that the execution will be a painful experience - it will only 'close a chapter'



Summary

- Critical to prepare families for what to expect during the clemency and execution process
- Best compliment is when families have said "It was almost as if I'd been here before"
- Crisis Intervention - loss of control
 - Safety & Security
 - Ventilation & Validation
 - Preparation and Prediction



Questions??

Karin Ho
Office of Victim Services
Ohio Department of Rehabilitation and Correction
(614) 728-9947
Karin.Ho@odrc.state.oh.us



State of Ohio Execution Team Application

PERSONAL INFORMATION

Name: _____ Date: _____

Institutional Seniority Date: _____ State Ohio Seniority Date: _____

Current Job Classification: _____ Shift/Hours: _____

Current Job assignment: _____

1. Please briefly list your employment history with the Department of Rehabilitation & Correction:

2. Please list any Certifications and Education relevant to this position:

3. Have you received any disciplinary actions in the last 12 months: Yes No

If you answered "Yes" please explain:

4. Please list any special interests, skills, or hobbies that you feel would benefit you for this position:

IV TRAINING ARM AND HAND

HEALTH CARE TRAINING AIDS & EQUIPMENT

WARRANTY

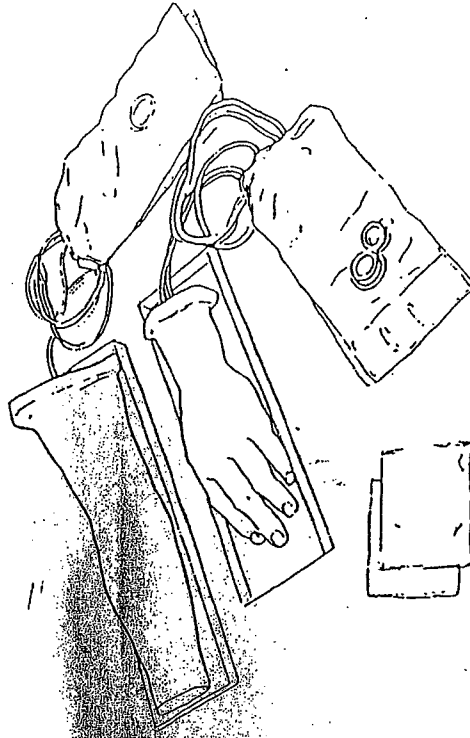
Our IV Training Aids are guaranteed for one year from date of purchase against mechanical or manufacturing defects.

RETURN GOODS POLICY

Should it be necessary to return an item for any reason, contact our Customer Service Department to obtain a RETURN AUTHORIZATION NUMBER. Merchandise cannot be accepted without prior return authorization. Please refer to your invoice number when phoning in your request to return merchandise. If needed, a shipping carton and packing instructions will be sent to you to facilitate return of the item.

Should you have any questions or wish further information on any product, we manufacture or distribute, call or write our Customer Service Department at:

INSTRUCTIONS FOR USE, CARE AND MAINTENANCE



SIMULAIDS, INC.

P.O. BOX 807, WOODSTOCK, NY 12498
TOLL FREE: (800) 431-4310
FAX: (914) 679-8996

SIMULAIDS, INC.

...Serving Emergency Life Support for over 30 years

The SIMULADS' IV TRAINING ARM AND HAND are designed to train personnel in starting IVs and venipuncture. The student can palpate the arm and hand which is made of a supple PVC material that replicates the texture and feel of human skin. When the vein is located and the needle inserted, blood may be drawn or fluid injected. Both the Arm and Hand are made to withstand repeated use.

Your IV Training Arm and Hand Kit consists of the following components:

- Inner Arm and Hand Units filled w/Recycled Plastic Bits
- Hand Skin Installed
- Arm Skin Installed
- Arm/Hand Vein Set Installed
- Reservoir Bags w/tubing (2)
- Blood Powder



HOW TO USE

1. Dip connectors on reservoir tubes into water and connect reservoir tubes to the silicone tubes of the simulated arm or hand. Make sure silicone tube is pushed up past the ribbed section of the connector to avoid leakage.
2. Fill reservoir bag with simulated blood or colored water.
3. Elevate the filled reservoir bag and open the slide clamps of both reservoirs. Gravity will circulate the simulated blood through the venous network and into second reservoir bag.
4. When elevated reservoir is empty, reverse with lower one now filled with fluid.

NOTE: Simulated blood which accumulates under the skin, in the veins or in reservoirs should be removed by washing in warm tap water after each use. Fill a reservoir with warm water and allow to circulate through venous network to wash out veins.

REPLACING IV SKINS AND VEINS

Tubing and Veins: To replace tubing in SIMULADS IV Arm or Hand,

1. Remove skin and loosen tubing that is glued into place.
 2. Clip tubing, leaving about an inch (1") protruding from each hole.
 3. Insert one end of connector supplied into each piece of tubing that is left protruding from the IV unit.
 4. Cut the new tubing to the correct length between connectors.
 5. Slip new tubing onto connectors and glue the tubing in place.
 6. Allow to dry thoroughly before replacing skin.
- Skins:** To replace skins on SIMULADS IV Arm or Hand,
1. Remove the used skin from the Arm or Hand.
 2. Sprinkle talcum powder from enclosed packet in the interior of new skin.
 3. Holding so that water cannot enter the inside, dip the skin into hot water (120°-180°F) for approximately 15-30 sec. This will make it easier to slip on and fit to inner Arm or Hand.
 4. Shake out excess powder and slide the new skin over the Arm or Hand, pulling it into place.
 5. Trim excess skin with scissors.

Item numbers for IV Arm and Hand components are listed below:

Item No.	Description
140	IV Training Arm and Hand (1 Arm Unit/1 Hand Unit)
146	IV Training Arm
147R	New IV Training Hand Right
147L	Original IV Hand Left (Discontinued)
141R	New IV Hand Skin
141L	Original Hand Skin
142	IV Arm Skin
143A	IV Arm Vein Set
143H	IV Hand Vein Set
144	IV Reservoir (1)
225	Powder to make one gallon blood

The IV Arm and IV Hand may be returned to Simulads for factory installation of skins and/or veins. Call for return authorization and prices prior to sending back to us for factory repair.

COURSE TITLE: Intravenous Injections for Execution Process

LESSON TITLE: Lethal Injection Process and Drug Utilization

INSTRUCTOR(S): _____

PREPARED BY: _____ **DATE:** 1/13/07

REVIEWED BY:		DATE:	
REVIEWED / REVISED BY:		DATE:	
REVIEWED / REVISED BY:		DATE:	
REVIEWED / REVISED BY:		DATE:	

SUGGESTED LENGTH/TIME FRAME:

Total _____ hr. 30 - 45 min.

TARGET POPULATION:

Number of Participants: 20

Space Requirements: N/A

PERFORMANCE OBJECTIVES:
(Performance objectives should be specific, measurable, attainable, realistic, time bound)
At the end of this session the student will be able to:

1. Familiarize execution team members with the medical process, including inspection of vein sites and preparation of drugs.

EVALUATION: (The evaluation should evaluate each Student Performance Objective. The proficiency level should be specified, such as 80% passing or 100% proficiency.)

Class participation

Questions and Answers

Methods:

In a class room environment, with participation from team members, the instructor will explain the medical process & requirements for executing a condemned inmate.

Equipment & supplies Needed:

X	Flipchart & Stand - (Number)	Computer
	Chalkboard	PowerPoint Projector
	Felt Tip Markers	Other: (specify) Practice arm for intravenous injections. Flowchart for I/V Insertion Process
	Masking Tape Rolls- (Number)	
	DVD Player	
	Videotape Player	
	Video Camera	

Student Materials (Handouts)

Title *	# Needed	When Distributed
N/A		
*It is expected you will secure copyright clearance unless otherwise indicated.		

Instructor Materials	References
DRC Policy 01-COM-11, Executions	DRC Policy 01-COM-11, Executions Practical Approaches to I.V. Starts, E. Adkins, RN, Intranvenous Specialist.

N/A

Overview of medical assessments upon arrival of inmate & rationale.

01-COM-1 1, 4-B

Observation of inmate (first 12 hours); key role of team members.

Anxiety, blood pressure, meds, things to do (by team members)

Explanation of process to the condemned inmate. Why we do it & details included.

Process for insertion of heparin locks.

Inserting main lines to heparin locks.

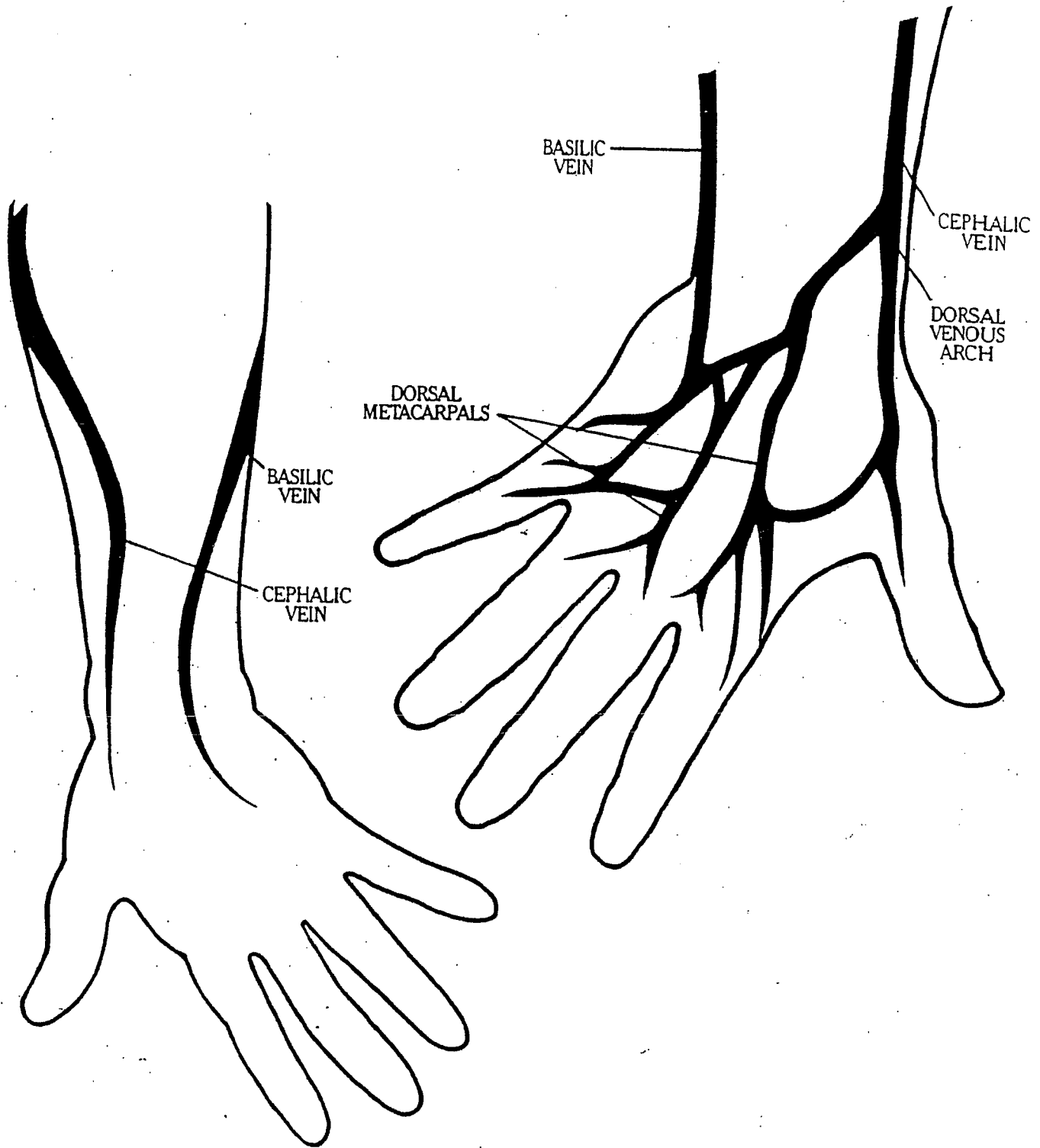
Three drug protocol: drugs utilized; amounts & concentrations prepared. Drug effects & interactions; including precautionary measures (saline flush, secondary signals).

Practical Approaches to I.V. Starts

*Elsie Adkins, RN
Intravenous Specialist*

Vein Selection.

When selecting a suitable vein for intravenous therapy, consider the following factors: location and condition of the vein, and purpose and duration of therapy.



PERIPHERAL IV INITIATION

Most Common I.V. Catheter Applications.

18 Gauge
green hub



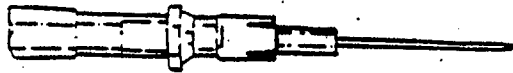
Patients undergoing surgery, receiving blood transfusions, or receiving large volumes of fluid.

20 Gauge
pink hub



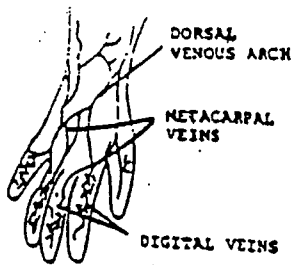
Patients receiving large volumes of fluid, viscous fluids or blood (if a thin-wall catheter is used), patients having diagnostic procedures requiring rapid administration of contrast media.

22 Gauge
blue hub

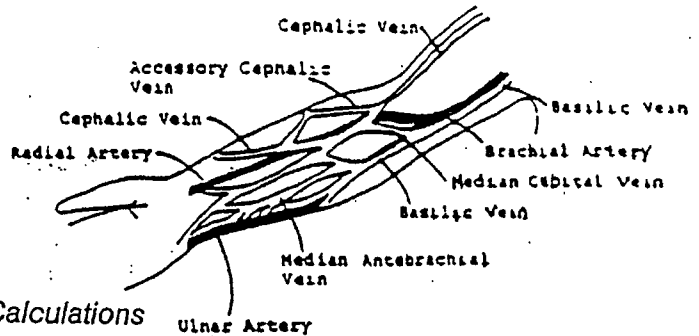


Patients on long-term medication or fluid therapy, pediatric patients, or adults with small veins.

IV PLACEMENT IN THE HAND



IV PLACEMENT OF THE FOREARM



IV Rate Calculations

Rate	Macrodrop (10 drops/ml)	Microset (60 drops/ml)
42 ml/hour	7 drops/min.	42 drops/min.
60 ml/hour	10 drops/min.	60 drops/min.
75 ml/hour	13 drops/min.	75 drops/min.
85 ml/hour	14 drops/min.	85 drops/min.
100 ml/hour	17 drops/min.	100 drops/min.
125 ml/hour	21 drops/min.	125 drops/min.
150 ml/hour	25 drops/min.	150 drops/min.
200 ml/hour	33 drops/min.	200 drops/min.

VENIPUNCTURE FOR HEPARIN LOCK OR CONTINUOUS IV

EQUIPMENT NEEDED:

- IV tray (catheter, tourniquet, alcohol, tape, bandage)
- IV Solution if ordered
- Appropriate IV tubing
- Sticker (for date, time, and initial on tubing)
- IV pole
- Disposable gloves
- Parenteral Fluid Record/Documentation Record

IMPLEMENTATION STEPS	RATIONALE
1. Confirm physicians order on chart.	
2. Explain procedure to patient.	
3. Assemble equipment.	
4. Time tape IV bag.	
5. Wash hands.	5. Reduce transmission of microorganisms.
6. Spike container with tubing and prime tubing.	6. Large air bubbles can act as emboli.
7. Assemble equipment and take to bedside.	
8. Place bed in high position and position patient comfortably, explaining procedure, its purpose and what is expected of the patient.	
9. Evaluate extremity for most appropriate site using no-dominant hand when possible.	
10. Keeping site distal on hand or forearm apply tourniquet 5 to 6 inches above insertion site.	10. If sclerosing or damage to vein occurs, proximal site of same vein is still usable. Avoid veins which are hard, lumpy, over a joint, or below an area of phlebitis.
11. If vein is not sufficiently dilated the following techniques may help raise vein. Tap vein lightly, place extremity in dependent position or if necessary remove tourniquet and apply moist heat for 10-20 minutes.	11. Heat will help dilate vein for easier venous access.
12. If a large amount of body hair is present at needle insertion site, clip hair with scissors. DO NOT SHAVE.	12. When shaving small abrasions and cuts can occur and result in an increased potential for infection at IV site.
13. Place tourniquet 5-6 inches above insertion site. Tourniquet should obstruct venous flow not arterial flow.	13. Diminished arterial flow prevents venous filling.
14. Apply disposable gloves.	14. To maintain universal precautions.
15. Cleanse site in circular movements from the innermost aspect of the site to the outermost aspect using a moderate amount of friction with three alcohol swabs.	15. Cleansing outward with a circular motion removes bacteria away from venipuncture site.

16.	<i>With thumb on non-dominant hand stretch skin taut below puncture site to stabilize the vein.</i>	16.	<i>This anchors the vein and retracts the skin allowing for easier needle insertion.</i>
17.	<i>With the needle bevel up at a 30 degree angle puncture the skin surface the skin surface with a quick motion parallel to and directly in line with the vein.</i>		
18.	<i>When flashback of blood appears advance needle 1/4 inch further to establish the catheter tip in the vein.</i>	18.	<i>As the needle enters the vein, flashback of blood may occur before the catheter tip has also entered the vein. Premature withdrawal could result in peelback of the unsupported catheter tip. Therefore, do not use flashback as a signal to withdraw the needle.</i>
19.	<i>Pull stylet back 1/2 inch to prevent puncture of the posterior vein wall. Lift slightly upward and advance catheter into vein. NEVER REINSERT NEEDLE INTO CATHETER.</i>	19.	<i>Reinserting needle into catheter could sever the catheter.</i>
20.	<i>Release tourniquet, place alcohol swab under hub of catheter, withdraw needle and attach pm lock or administration setup to catheter hub as quickly as possible.</i>		
21.	<i>Turn on IV solution and regulate flow. Check site to be sure of good flow or if edema should occur discontinue IV and select another site.</i>		
22.	<i>Using 1/2 inch wide strip of tape adhesive side up, slide under hub of catheter and tape across. Second 1/2 inch of tape, tape across just above the hub. Use 1-2 more pieces of 2 inch tape to secure. Loop and secure tubing.</i>		
23.	<i>Mark dressing with pen noting date, size of catheter and your initials.</i>		
24.	<i>Document starting time, date, site gauge of catheter used and initial assessment on documentation record.</i>		

ASSESSING IVS

Assess the IV every hour or more often as needed for the following:

Initial Assessment:

1. Correct solution
2. Time solution hung
3. Amount remaining in container
4. Amount already infused
5. Is it on time
6. Drip rate
7. Date IV tubing was changed
8. Is the tubing kinked, separated, or dependent?
9. Site appearance: erythema, induration, tenderness
10. Patient complaints/statements about IV
11. Is the IV bag or bottle time taped
12. Check expiration date on pharmacy prepared solutions
13. Site dressing- dry and intact, occlusive, marked with date and gauge

Assessment after initial inspection:

1. Amount remaining in container
2. Amount already infused
3. Is it on time
4. Drip rate
5. Is the tubing kinked, separated, dependent
6. Site appearance: erythema, induration, tenderness

7. *Patient complaints/statements about IV*

Special Notes:

If the amount remaining in the IV bag or bottle is less than a two hour supply on your final rounds, hang a new bag or bottle.

It is recommended that when there is 300cc remaining in the bag that you bring in the next solution and tubing (if needed). This can decrease the risk of getting air in the line or the needle clotting off if you don't get back to the room in time. (exception: KVO)

FACTORS AFFECTING IV FLOW RATE

FACTORS	EFFECTS
1. Position of extremity where IV catheter inserted.	1. If site raised above heart level fluid will not infuse and blood will back up and clot in tubing.
2. Empty bottle.	2. No flow- blood may back up in tubing and clot off.
3. Temperature of solution.	3. Cold solution- constricts vein and slows infusion. Warm solution- dilates vein and increases rate of infusion.
4. Roller clamps and side clamps.	4. May need to be adjusted. Open or close to adjust rate.
5. Kinked tubing.	5. Slows or stops infusion.
6. Micron filter.	6. Mays slow rate if filter becomes clogged.
7. Air in line.	7. May slow or completely stop infusion. Need to aspirate air.
8. Distance of IV container from needle insertion site.	8. The higher the container, the faster the infusion will flow. The IV solution should be at least three feet above the level of the heart.
9. Needle position in vein.	9. Flow may vary between being too fast or too slow if the needle tip is against the vein wall or in a moving joint area.
10. Needle- sluggish or clotted.	10. Decreased or no flow rate. NEVER IRRIGATE!
11. Leaking at insertion site.	11. May increase flow rate, although the patient will not receive any solution. Site dressing will be wet.
12. Solution in glass bottles.	12. Need to use an integral airway tubing and remove the rubber diaphragm from the bottle in order to obtain a flow rate.
13. Emotional status of patient.	13. Anxiety may cause venous constriction and therefore, slow the flow rate. Sedation may cause venous dilatation and increase the flow rate.
14. Early infiltration.	14. Rate may slow. If patient has poor skin turgor, rate may increase.
15. Early phlebitis.	15. Rate may slow.
16. Blood pressure.	16. An increased blood pressure in the patient with CHF may make it more difficult to regulate. A decreased blood pressure may increase the flow rate.
17. Viscosity of infusion solution.	17. Thicker solutions (blood, lipids, etc.) will infuse slower than less viscous solutions.
18. Needle size.	18. The smaller the needle, the slower the IV will infuse.

Hickman and Groshong Repairs

*Wendy Ehman, RNC
Susan Herrada, RN*

Oncology Staff Nurses

REPAIR OF GROSHONG/HICKMAN CATHETER

AGENDA

- I. *Introduction*
- II. *Connector repair procedure*
 - a. *Catheter size*
 - b. *Catheter color*
- III. *Repairing Connectors*
 - a. *Purpose*
 - b. *Equipment*
 - c. *Technique*
- IV. *Single Luman Catheter Repair*
 - a. *Equipment*
 - b. *Catheter length*
 - c. *Technique*
- V. *Double Luman Catheter Repair*
 - a. *Equipment*
 - b. *Catheter length*
 - c. *Technique*
- VI. *Documentation*
 - a. *Purpose of repair*
 - b. *Catheter length prior to repair*
 - c. *Date - Time*