CATHETERS	CATHETER FLUSHING	DRESSING	REFLUX VALVE /CAP	BLOOD WITHDRAWAL
Catheters without valve, with external clamp (PICC & Tunneled) Example:  • Cook TM • Broviac TM	When used intermittently, flush with:     S − Saline     Adult: 5 ml     Pediatric/NICU: Amount needed to clear line (Peds: Usually 3-5 ml)     A − Antibiotic/I.V. solution     (all medications)  S − Saline     Adult: 3 ml     Pediatric/NICU: Amount needed to clear line (Peds: Usually 3-5 ml)  H − * Heparin (3 ml)     − Adult: 100 units/ml     − Pediatric:	<ul> <li>CHANGE as follows:</li> <li>Gauze - q24 hrs</li> <li>Transparent only - q72 hrs or if dressing becomes non-occlusive</li> <li>Transparent with Biopatch<sup>TM</sup> - q5 days or if dressing becomes non-occlusive</li> <li>Check Biopatch<sup>TM</sup>:         <ul> <li>a minimum of q4h</li> <li>before and after an infusion</li> <li>q dressing change</li> </ul> </li> <li>Post-bathing or when soiled/wet</li> <li>NICU - Broviac TM only M-W-F</li> <li>NICU - PICC dressing changes by Fellow/Nurse Practitioner</li> </ul>	CHANGE as follows:  Positive flow reflux valve q72h  When positive flow reflux valve becomes ineffective (e.g., leaking, soiled, cracked)  Change cap every time it is disconnected from catheter hub  Before sending patient home  Coordinate cap/positive flow reflux valve change with Heparin flush	<ul> <li>Use only ≥10 ml syringes</li> <li>Place fluids running into other ports on hold prior to withdrawing blood (Exception: vasoactive drugs)</li> <li>Adult:         <ul> <li>Discard 4-6 ml blood</li> <li>Withdraw required amount of blood</li> <li>Flush with 10 ml NS</li> <li>followed by 3 ml Heparin 100 units/ml diluted in 5-10 ml NS</li> </ul> </li> <li>Pediatric/NICU:         <ul> <li>Withdraw blood (amount needed to clear the line)</li> <li>Withdraw required amount of blood</li> <li>Reinsert initial blood withdrawn</li> <li>Flush with the amount of NS needed to clear line</li> <li>* Follow with flush of 3 ml Heparin Pediatric:                 <ul> <li>12 kg - 10 units/ml</li> <li>NICU:</li></ul></li></ul></li></ul>

<sup>\*</sup> Heparin use requires a physician's order

CATHETERS	CATHETER FLUSHING	DRESSING	REFLUX VALVE /CAP	BLOOD WITHDRAWAL
	needed to clear line - NICU: PICC ≤ 1ml  • ALWAYS use 10 ml syringe or greater (3 ml - NICU) even if the amount of solution is <10 ml. Small syringes create high pressures which may rupture the catheter  • NICU: PICCS are always connected to continuous IV infusion			pediatric - Gauge 28 (Fr 1.2) or smaller neonate
Catheters with valve, without external clamp (PICC & Tunneled) Example:  • Groshong TM	<ul> <li>When used intermittently, follow SAS: S - Saline A - Antibiotic/I.V. solution (all medications) S - Saline</li> <li>Flush with NS Adult: A minimum of 5 ml Pediatric/NICU: Amount needed to clear line (Peds: Usually 3-5 ml) - After administration of I.V. medications/solutions - q 7 days when not in use - q cap change</li> <li>After administration of viscous fluid such as TPN flush with NS - Adult: 20 ml - Pediatric/NICU: Amount of NS needed to clear line - NICU: PICC ≤ 1 ml</li> <li>Flush with NS: Adult: 10 ml Pediatric/NICU: Amount needed to clear line (Peds: Usually 3-5 ml) - Post-insertion after verifying correct placement with chest x-ray by physician - If blood reflux is present in the tubing</li> </ul>	See catheters without valve	See catheters without valve	<ul> <li>Use only ≥10 ml syringes</li> <li>Place fluids running into other ports on hold prior to withdrawing blood (Exception: vasoactive drugs)</li> <li>Adult:         <ul> <li>Discard 4-6 ml blood</li> <li>Withdraw required amount of blood</li> <li>Flush with 10 ml NS</li> </ul> </li> <li>Pediatric/NICU:         <ul> <li>Withdraw blood (amount needed to clear line)</li> <li>Withdraw required amount of blood</li> <li>Reinsert initial blood withdrawn</li> <li>Flush with the amount of NS needed to clear line</li> </ul> </li> <li>Withdrawal of drug levels         <ul> <li>Flush with 3 ml NS prior to withdrawing blood</li> </ul> </li> <li>Withdrawal of blood during or immediately after a TPN infusion         <ul> <li>Adult: Flush with 20 ml NS before drawing blood specimen</li> <li>Pediatric/NICU: Flush with the amount of NS needed to</li> </ul> </li> </ul>

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CATHETERS	CATHETER FLUSHING	DRESSING	REFLUX VALVE /CAP	BLOOD WITHDRAWAL
	<ul> <li>ALWAYS use 10 ml syringe or greater (3 ml - NICU) even if the amount of solution is &lt;10 ml. Small syringes create high pressures which may rupture the catheter.</li> <li>NICU: PICCS are always connected to continuous IV infusion</li> </ul>			<ul> <li>ONLY withdraw blood using the following PICC sizes:         <ul> <li>Gauge 16 (Fr 5) - adult</li> <li>Gauge 18 (Fr 4) - adult/ped</li> <li>Gauge 20 (Fr 3) - adult/ped</li> <li>Controversial, blood may hemolyze</li> </ul> </li> <li>DO NOT use the following PICC sizes to withdraw blood:         <ul> <li>Gauge 24 (Fr 2) or smaller pediatric</li> <li>Gauge 28 (Fr 1.2) or smaller neonate</li> </ul> </li> </ul>
Implantable Ports	<ul> <li>Use a non-coring needle to access implanted port. It may be left in place for continuous or intermittent use as a heplock. Change needle q72h.</li> <li>When used intermittently follow SASH: S – Saline         Adult: 10 ml         Pediatric/NICU: Amount needed to clear line (Usually 3-5 ml)         A - Antibiotic (all medications)         S/H - *¥ Heparinized Saline (10 ml)     </li> <li>When not in use, flush q day with 3 ml         NS * followed by 3 ml Heparin         - Adults 100 unit/ml         - Pediatric/NICU:         &lt;12 kg − 10 units/ml         ≥12 kg − 100 units/ml         - Frequency:               Adults: q day               Pediatric: q8h               NICU: q12h     </li> <li>One time use only - flush using SASH         (see above) then remove needle</li> </ul>	See catheters without valves  • Secure needle to port with dressing (transparent preferred) if using intermittently or continuously	See catheters without valves	<ul> <li>Discard 10 ml blood (Adult only)</li> <li>Withdraw required amount of blood</li> <li>Flush with 10 ml Heparinized saline solution:         <ul> <li>¥ 10 ml = 7 ml of NS + 3 ml of Heparin Adult: 100 units/ml</li> <li>Pediatric:                 &lt; 12 kg - 10 units/ml</li> <li>&gt;12 kg - 100 units/ml</li> <li>NICU: 10 units/ml</li> </ul> </li> </ul>

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CATHETERS	CATHETER FLUSHING	DRESSING	REFLUX VALVE /CAP	BLOOD WITHDRAWAL
Triple Lumen	<ul> <li>Follow SAS when used intermittently</li> <li>When not in use, flush a minimum of q8 with NS         Adult: 3 ml         Pediatric/NICU: Amount needed to clear line (Peds: Usually 3-5 ml)</li> <li>Flush with NS:         <ul> <li>After verifying correct placement with chest x-ray</li> <li>After blood withdrawal or blood transfusion</li> <li>Amount</li></ul></li></ul>	See catheters without valve	See catheters without valve	See tunneled catheter with valve
Introducer Sheath Restricted to the ICU/CMA	Start a continuous I.V. infusion at a minimum of 10 ml/hr immediate post insertion	See catheters without valve	NEVER CAP Always ensure that an I.V. solution is continuously infusing at a minimum rate of 10 ml/hour to avoid clotting.	<ul> <li>Stop infusion</li> <li>Discard 5 ml of blood</li> <li>Withdraw required amount of blood</li> <li>Flush with 5 ml NS</li> <li>Restart I.V. infusion</li> </ul>

<sup>\*</sup> Heparin use requires a physician's order