

CENTRAL VENOUS ACCESS DEVICE (CVAD) -EXTERNAL

Document Owner: L. Simard **Program/Service Area:** Centre for Prehospital **Issue Date:** April 2009

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Approval: Corey Petrie, Interim Regional Manager, Centre for Prehospital Care & Trauma Services

Frequency: **As Required**, in accordance with the Central Venous Access Device Access Medical Directive.

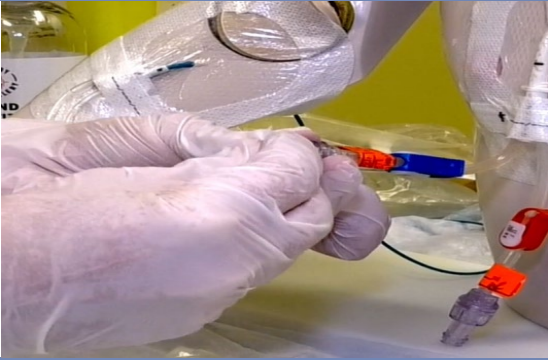
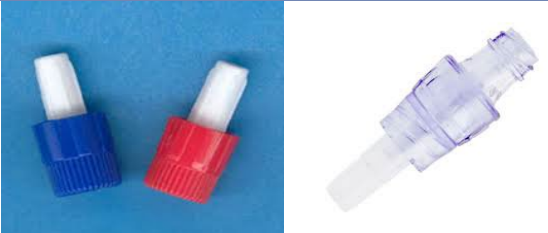
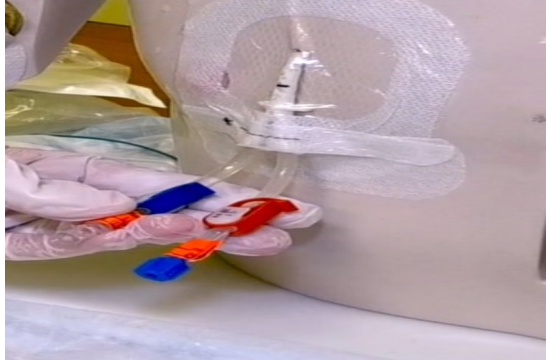

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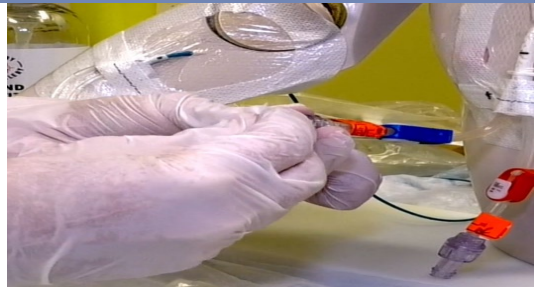
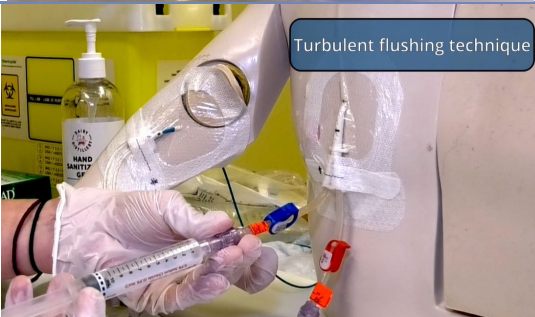
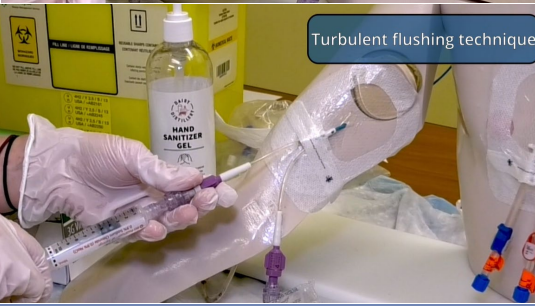
Purpose: To ensure a consistent standardized practice for accessing all central venous access devices (CVAD).

	Content	Details
1.	<p>Ensure that the patient qualifies for CVAD access or contact a Base Hospital Physician (BHP) for a verbal order to proceed. Patient has a pre-existing accessible central venous catheter in place.</p> <p>The following are some examples of CVAD devices (not an exhaustive list): Hickman: Central catheter inserted through the anterior chest wall. (Hemodialysis Line)</p>  <p>Peripherally Inserted Central Catheter (PICC): Located on the patient's upper arm, but is still direct to central circulation</p> 	
2.	<p>Gather all required equipment and communicate the need for CVAD access and its effects to the patient and family members whenever possible</p>	<ul style="list-style-type: none"> - Empty 10 ml syringe - 10 ml NaCl Flush - 3-5 alcohol swabs



3.	Follow aseptic technique throughout and prime an infusion set with 0.9% NaCl ensuring no air bubbles are remaining in the line.	
4.	Ensure that the lumen to be accessed is clamped.	
5.	Grasp the connection between the cap and catheter with an alcohol swab. Clean the area and PRN adaptor with the alcohol swab vigorously for at least 15-30 seconds.	
6.	If no PRN Adapter is found you may need to remove the Dead End Cap from lumen exposing luer lock end.	 <p>Dead End Caps PRN Adapter</p> 
7.	Using aseptic technique, Connect an empty 10 ml syringe to the lumen and unclamp the lumen.	
8.	Aspirate 3-5ml of blood from the lumen you wish to use.	 <p>This will remove the instilled heparin or sodium citrate)</p>



9.	Clamp the lumen and disconnect the syringe used to aspirate blood.	
10.	Grasp the connection between the cap and catheter with an alcohol swab. Clean the area and PRN adaptor with the alcohol swab vigorously for at least 15-30 seconds.	
11.	<p>Connect the 10 ml saline filled syringe, and then unclamp the lumen. Using a Turbulent flushing technique inject approximately 2-4ml of NaCl. Then flush remaining NaCl- if resistance is met, assume the lumen is obstructed and repeat procedure on the second lumen (if a second lumen is available)</p> <p>Alternatively, push 2ml, pause, push 2 ml and continue until the full flush is delivered.</p>	 
12.	Once lumen patency has been confirmed, re-clamp lumen and remove syringe.	
13.	Attach IV bag and flush tubing to lumen, unclamp lumen and run IV at an appropriate rate.	Ensure the IV tubing is well secured to CVAD lumen and the patient.
14.	Discontinue if complications occur, or as directed by Base Hospital Physician (BHP).	<p>Potential complications include:</p> <ul style="list-style-type: none"> • Infection • Hematoma • Thromboembolic complications • Phlebitis
15.	<p>Document the procedure on the patient care record as per the Documentation Standards and your Service Provider policy, which includes:</p> <ul style="list-style-type: none"> • Site of CVAD access • Flow rate • If access was successful • Time of attempt • Associated equipment utilized 	
16.	Document patient condition before and after CVAD access	

Expected Outcome: To successfully performs CVAD access.