



| CONTROL- A- FLOW REGULATOR | | | | | | |
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| | | Program/Serv Prehospital Ca | rice Area: Centre for are | Issue Date: April 2009 | | |
| Review Date: October 2024 Revision D | | Revision Date | : November 15, 2023 | - | | |
| Approval: | Corey Petrie, Interim F Manager, Centre for P & Trauma Services | | Frequency: As Required, Intravenous and Fluid Thera | | | |
| Signature: | Complete | | | | | |

Purpose: To ensure a consistent standardized practice for utilizing an extension set with a dial/control a flow regulator.

| | Content | Details |
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| 1. | Ensure that the patient qualifies for utilizing the CONTROL-A-FLOW Regulator. | (Dopamine administration or Pediatric Fluid Bolus) |
| 2. | Communicate the need for utilizing a CONTROL-A-FLOW and its effects to the patient and family members whenever possible | |
| 3. | Connect the CONTROL-A-FLOW Regulator to any IV port closest to the distal end of the administration set. | To stop the flow at any time, turn the dial to the OFF position. |
| 4. | Close all clamps on the IV set and adjust the CONTROL-A-FLOW to the off position. | |
| 5. | Open the primary IV line clamp above the device and turn the CONTROL-A-FLOW to the prime setting. | Ensure to have the IV solution higher than the CONTROL-A-FLOW when priming. |
| 6. | Tap the device to purge any air. When the entire system has been properly filled with IV solution and all air is released, turn the CONTROL-A-FLOW to the off position and ensure no leakage is occurring. | |
| 7. | Once the primed set has been attached to the patient's vascular access, turn the CONTROL-A-FLOW to the desired rate. Observe the flow rate at the drip chamber to confirm the desired rate. | The CONTROL-A-FLOW meter is registered in mls/hr, and is an approximate calculation. Always confirm the drip rate. |
| 8. | Discontinue if complications occur, or as directed by Base Hospital Physician (BHP). | |
| 9. | Document the procedure on the patient care record as per the Ministry of Health and Long Term Care Emergency Health Services Branch Ambulance Call Report Documentation Standards and your Service Provider policy, which includes: • Flow rate | |
| | Flow rateTime of initiationAssociated equipment utilized | |
| 10. | Document patient condition before and after using the CONTROL –A –Flow device. | |

Expected Outcome: To successfully utilize the Baxter Clear link System Extension Set with CONTROL- A- FLOW Regulator).