

**Home Med Adult Catheter Access Grid**

VAD	Dressing change	Cap change	Blood draws & flush	Flushing after intermittent use	Routine flushing of non-infusing or capped line
SubQ	TM, high-permeable Q 72 hours with needle change (Clean technique)	Not applicable	Not applicable	None	None
Periph	TM, high-permeable with site change Q 72 hours (Clean technique)	Q 72 hours with site change	No blood draws	5 mL NS	5 mL NS q 8 hours
Midline	TM, high-permeable Q week (Sterile or clean technique)	Q week with dsq change	No blood draws	5 mL hep lock	5 mL hep lock BID
PICC	TM, high-permeable Q week (Sterile or clean technique)	Q week with dsq change or bld draw	Only draw if ≥4 french (18 gauge) 1. Draw 5 mL 2. Draw specimen 3. Flush with 10 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	5 mL hep lock daily
Nontunneled CVC	TM, high-permeable Q week (Sterile or clean technique)	Q week with dsq change or bld draw	1. Draw 5 mL 2. Draw specimen 3. Flush with 10 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	5 mL hep lock daily
Tunneled CVC (Broviac, Hickman)	TM high-permeable Q week or gauze & tape 3X/week (Clean technique)	Q week with dsq change or bld draw	1. Draw 5 mL 2. Draw specimen 3. Flush with 10 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	5 mL hep lock daily
Valved CVC (Groshong)	TM, high-permeable Q week or gauze & tape 3X/week (Clean technique)	Q week with dsq change or bld draw	1. Flush with 10 mL NS 2. Draw 5 mL 3. Draw specimen 4. Flush with 10 mL NS	10 mL NS	10 mL NS q week
CVC:dialysis/pheresis (Sorenson, Permacath)	TM, high-permeable Q week (Sterile or clean technique)	Q week with dressing change or bld draw	Distal lumen preferred 1. Draw 5 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Instill with volume of heparin (1000u/mL)=volume listed on VAD	Distal lumen preferred 1. Discard 0.1 mL>capacity of VAD 2. Give med 3. Flush with 5 mL NS 4. Instill with volume of heparin (1000u/mL)=volume listed on VAD	Q M-W-F 1. Discard 0.1 mL>capacity of VAD 2. Flush with 5 mL NS 3. Instill with volume of heparin (1000u/mL)=to volume listed on VAD
Pheresis (Neostar) Stem Cell Txp	TM, high-permeable Q week (sterile or clean technique) <b>Following transplant, treat catheter as tunneled for all care—use 2.5 mL of 100 u/mL heparin daily to flush catheter</b>	Q week with dressing change or bld draw	1. Withdraw 5 mL of waste 2. Draw specimen 3. Flush with 10 mL NS 4. <b>Pre transplant</b> , flush with 2.5 mL 1000 u/mL heparin <b>Post transplant</b> , flush with 2.5 mL of 100 units/mL hep lock	<b>Pre transplant</b> 2.5 mL 1000 units/mL heparin <b>Post transplant</b> 2.5 mL of 100 units/mL hep lock	<b>1.</b> Pre transplant: Flush with 2.5 mL of 1000 u/mL heparin <b>Q M-W-F</b> Post transplant: flush with 2.5 mL of hep lock daily
Ports (Infusaport, R-port, S-port, CL-20)	TM, high-permeable Q week or with needle change Sterile technique (mask not needed) Unaccessed: no dsq	Q week with dressing change or bld draw Needle change: Q week Infusaport, S-port, R-port: 20 -22 G non-coring needle CL-20: 20 G 2.0" Clear Cath	1. Discard 5 mL 2. Draw specimen 3. Flush with 10 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	Unaccessed: 5 mL hep lock q month Accessed: 5 mL hep lock daily
<b>Vaxcel® Tunneled CVC</b>  <b>Vaxcel® Port</b>	<b>TUNNELED:</b> TM high-permeable Q week or gauze & tape 3X/week (Clean technique)  <b>PORT:</b> TM, high-permeable Q week or with needle change. Sterile technique (mask not needed)	<b>TUNNELED:</b> Q week with dsq change or bld draw  <b>PORT:</b> Q week with dressing change or bld draw Needle change: Q week - 20 -22 G non-coring needle	Valved: 1. Flush with 10 mL NS 2. Draw 3 mL 3. Draw Specimen 4. Flush with 20 mL NS  Non-Valved: 1. Flush with 10 mL NS 2. Draw 3 mL 3. Draw Specimen 4. Flush with 20 mL NS 5. Flush with 5 mL hep lock	Valved: 10 mL NS  Non- Valved: 5 mL hep lock	Valved: 10 mL NS q 4 weeks  Non-Valved: 5 mL hep lock q 4 weeks

**Flushes:** Concentration of heparin=10 units/mL, unless noted  
**Always** use a 10 mL syringe  
 All flushes are per lumen for multilumen catheters  
**Always** use positive pressure for final flush  
**Pt's req. no Pork products, Flush with 5 mL NS**

**Tubing changes:** Chemotherapy & pain management tubing changed with bag change or at least every 7 days  
 Parenteral Nutrition tubing with/or lipid containing drugs change daily  
 Intermittent infusions for both IV or SQ, change tubing every 72 hours  
**Locking blunt cannulas:** change after each medication administration and tubing change  
**Maximum subcutaneous infusion rate = 2mL per hour.**

**Dressing changes:** High permeable TM = transparent membrane, i.e. Tegaderm HP®, Tegaderm IV®  
 Gauze & tape = Airstrip, Tegaderm with pad, Medipore  
 TM with gauze underneath  
 Change dressing for evidence of bleeding, if it becomes loose or wet or if patient complains of pain at the insertion site  
 For all catheters, use **ChlorPrep®** unless sensitivity/allergy noted. **Updated: February 2005**

**HomeMed Pediatric Access Grid**

Access Device	Dressing change	Cap change	Blood draws & flush	Flushing after intermittent use	Routine flushing of non-infusing or capped line
SubQ	TM, high-permeable Q 72 hours or with set change (Clean technique)	Not applicable	Not applicable	None	None
Periph	TM, high-permeable Q 72 hours (Clean technique)	Q 72 hours with site change	No blood draws	5 mL NS	5 mL NS q 8 hours
Midline	TM, high-permeable Q week (Sterile or clean technique)	Q week with dsq change	No blood draws	5 mL hep lock	5 mL hep lock BID
PICC	TM, high-permeable Q week (Sterile or clean technique)	Q week with dsq change or bld draw	Only draw if ≥4 french (18 gauge) 1. Draw 2 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	3 mL hep lock daily For VAD ≤1.9 (24G): use infusion pump with continuous infusion of 3 mL/hr of 0.9% NS
Nontunneled CVC	TM, high permeable Q week (Sterile or clean technique)	Q week with dsq change or bld draw	1. Draw 1-2 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	5 mL hep lock daily
Tunneled CVC (Broviac, Hickman)	TM, high-permeable Q week or gauze & tape 3X/week (Clean technique)	Q week with dsq change or bld draw	1. Draw 1-3 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	5 mL hep lock daily
Tunneled CVC Vaxcel®	TM high-permeable Q week or gauze & tape 3X/week (Clean technique)	Q week with dsq change or bld draw	Valved: 1. Flush with 10 mL NS 2. Draw 3 mL 3. Draw Specimen 4. Flush with 20 mL NS Non-Valved: 1. Flush with 10 mL NS 2. Draw 3 mL 3. Draw Specimen 4. Flush with 20 mL NS 5. Flush with 5 mL hep lock	Valved: 10 mL NS Non- Valved: 5 mL hep lock	Valved: 10 mL NS q 4 weeks Non-Valved: 5 mL hep lock q 4 weeks
Tunneled Valved CVC (Groshong)	TM, high-permeable Q week or gauze & tape 3X/week (Clean technique)	Q week with dsq change or bld draw	1. Flush with 5 mL NS 2. Draw 3 mL 3. Draw specimen 4. Flush with 5 mL NS	5 mL NS	5 mL NS q week
CVC:dialysis (Sorenson, Permacath)	TM, high-permeable Q week (Sterile or clean technique)	Q week with dressing change or bld draw	Distal lumen preferred 1. If not reinfusing blood withdraw & discard 5 mL 2. Draw specimen 3. If reinfusing, discard 0.1 mL> capacity of catheter. Then in another syringe drawback 5 mL for reinfusion. 4. Draw specimen 5. Reinfuse blood if appropriate 6. Flush with 5 mL NS 7. Instill with volume of heparin 1000u/mL=volume listed on VAD	1. Distal lumen preferred 2. Discard 0.1 mL>capacity of VAD 3. Give med 4. Flush with 5 mL NS 5. Instill with volume of heparin (1000u/mL)=volume listed on VAD	Q 72 hours: 1. Discard 0.1 mL>capacity of VAD 2. Flush with 5 mL NS 3. Instill with volume of heparin (1000u/mL)=to volume listed on VAD
Pheresis (Vaxcel) Stem Cell Txp	TM, high-permeable Q week or gauze & tape 3X/week (Clean technique)	Q week with dsq change or bld draw	1. Draw 1-3 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	5 mL hep lock daily
Ports (Infusaport, R-port, S-port)	TM, high-permeable Q week or with needle change Sterile technique (mask not needed) Unaccessed – no dressing	Q week with dressing change or bld draw Needle change: Q week Infusaport, S-port, R-port: 20 -22 G non-coring needle	1. Discard 5 mL 2. Draw specimen 3. Flush with 10 mL NS 4. Flush with 5 mL hep lock	5 mL hep lock	Unaccessed: 5 mL hep lock q month Accessed: 5 mL hep lock daily

**Flushes:** Concentration of heparin=10 units/mL, unless noted. Use a 10 mL syringe. For small volumes, establish patency 1<sup>st</sup> with 10 mL syringe using 0.9% NS flush.  
All flushes are per lumen for multilumen catheters  
**Always** use positive pressure for final flush

**Use Preservative Free Heparin / Saline in children < 1 year of age**  
**Pt's req. no Pork products, Flush with 5 mL NS**  
**Maximum subcutaneous infusion rate = 2mL per hour.**

**Tubing changes:** Chemotherapy & pain management tubing changed with bag change or at least Q 7 days  
Intermittent infusions for both IV or SQ, change tubing every 72 hours  
Parenteral Nutrition tubing with/or lipid containing drugs change daily  
**Locking blunt cannulas:** change after each medication administration and tubing change

**Dressings:** TM=transparent dressing, ie: Tegaderm HP®, Tegaderm IV®  
Gauze & tape ie: Airstrip, Tegaderm with pad, Medipore  
TM with gauze underneath  
Change dressing for evidence of bleeding, if it becomes loose, wet or complaints of pain at insertion site

For all catheters, use **Chloraprep®** unless sensitivity/allergy noted.

**Blood draws:** Reinfusion should be considered if:  
1. Patient <15 kg  
2. Patient requires multiple blood draws  
3. Discard blood if it has been out of CVC >1 minute

**Updated: February , 2005**

