

***Home Care Services Catheter Access Grids  
General Information for Pediatrics and Adults***

**GENERAL INFO**

**Tubing changes:** Pain management tubing changed with bag change or at least every 7 days

Continuous chemotherapy tubing changed 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

**Pre-pierced cap change:** every 7 days or sooner if blood/infusate cannot be cleared

**Locking blunt cannulas:** change after each medication administration and tubing change

**Flushes:** Concentration of heparin=10 units/mL, unless noted

**Always** use a 10 mL syringe & positive pressure for final flush

All flushes are per lumen for multilumen catheters

**Ethanol lock patients should flush with 10 mL normal saline after removal & prior to instillation of ethanol with 10 ml normal saline**

**Pt's preferring no Pork products, flush with NS per frequency in grid**

**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 **Chloraprep®** unless sensitivity/allergy noted (may use povidone-iodine or alcohol;

Cleanse with alcohol using 3 swabsicks in a circular manner cleansing from inside to outside then apply povidone-iodine using 3 swabsticks in the same manner, allow to completely dry).

**IV Securement devices:** Change with dressing change. Use with PICC, ML, nontunneled catheters

**Blood Draws:** if line is multilumen, clamp off other lumens before drawing blood

If drawing coags, flush with 5 mL of NS before collection of any waste tubes.

**PERIPHERAL BLOOD DRAW PREFERRED for patients with PICCs, peripheral or if serum drug levels ordered.**

**1.9 French PICCS:** needs continuous infusion of fluid to maintain patency: 3 mL per hour if 0.9% normal saline; 5 mL per hour if IV solution contains dextrose.

## Home Care Services *Adult* Catheter Access Grid

Access Device	Dressing change	Blood draws & flush	Flushing after intermittent use	Routine flushing of non-infusing or capped line
<b>SubQ Maximum subcutaneous infusion rate = 2mL per hour.</b>	TM, semi-permeable Q 72 hours with needle change (Clean technique)	Not applicable	None	None
<b>Periph</b>	TM, semi-permeable with site change Q 72 hours (Clean technique)	No blood draws	5 mL NS	5 mL NS q 8 hours
<b>Midline</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	No blood draws	5 mL hep lock	5 mL hep lock BID
<b>PICC</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	<b>(PERIPHERAL DRAW PREFERRED)</b> Draw only from a 4 French (18 gauge) or greater 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
<b>Nontunneled CVC</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	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
<b>Tunneled CVC (Broviac, Hickman)</b>	TM semi-permeable Q 7 days or gauze & tape 3X per week (Clean technique)	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
<b>Valved CVC (Groshong)</b>	TM, semi-permeable Q 7 days or gauze & tape 3X per week (Clean technique)	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
<b>Dialysis (Sorenson, Permacath)</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	Distal lumen preferred 1. Draw 5 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Flush with fill volume listed on VAD using heparin 1000u/mL	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 10 mL NS 3. Instill with volume of heparin (1000units/mL) = to volume listed on VAD
<b>Pheresis Stem Cell Txp or photopheresis</b>	TM, semi-permeable Q 7 days (sterile or clean technique) <b>Following transplant, treat catheter as tunneled for all care</b>	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 5 mL of 10 units/mL hep lock	<b>Active pheresis:</b> 2 mL 1000 units/mL heparin <b>Post pheresis:</b> 5 mL of 10 units/mL hep lock	Active pheresis: Flush with 2.5 mL of 1000 units/mL heparin <b>Q M-W-F</b> Post pheresis: flush with 5 mL of hep lock daily
<b>Implanted Ports (Infusaport, R-port, S-port)</b>	TM, semi-permeable Q 7 days or with needle change Sterile technique (mask not needed) Unaccessed: no dsq	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 of hep lock daily

**Home Care Services *Pediatric Catheter Access Grid (LESS than 25 KILOGRAMS)***

Access Device	Dressing change	Blood draws & flush	Flushing after intermittent use	Routine flushing of non-infusing or capped line
<b>SubQ Maximum subcutaneous infusion rate = 2mL per hour</b>	TM, semi-permeable Q 72 hours with needle change (Clean technique)	Not applicable	None	None
<b>Periph</b>	TM, semi-permeable with site change Q 72 hours (Clean technique)	No blood draws	2-3 mL NS	2-3 mL NS q 8 hours
<b>Midline</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	No blood draws	2-3 mL hep lock	2-3 mL hep lock BID
<b>PICC**</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	<b>(PERIPHERAL DRAW PREFERRED)</b> Draw only from a 4 French (18 gauge) or greater 1. Drawback/discard 2 mL blood 2. Draw specimen 3. Flush with 2 mL NS 4. Flush with 2 mL hep lock	2-3 mL hep lock	2-3 mL hep lock daily
<b>Nontunneled CVC</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	1. Draw back/discard 1-3 mL blood 2. Draw specimen 3. Flush with 2-3 mL NS 4. Flush with 2-3 mL hep lock	2-3 mL hep lock	2-3 mL hep lock daily
<b>Tunneled CVC (Broviac, Hickman)</b>	TM semi-permeable Q 7 days or gauze & tape 3X per week (Clean technique)	1. Drawback/discard 1-3 mL blood 2. Draw specimen 3. Flush with 2-3 mL NS 4. Flush with 2-3 mL hep lock	2-3 mL hep lock	2-3 mL hep lock daily
<b>Valved CVC (Groshong)</b>	TM, semi-permeable Q 7 days or gauze & tape 3X per week (Clean technique)	1. Flush with 10 mL NS 2. Draw 5 mL 3. Draw specimen 4. Flush with 10 mL NS	2-3 mL NS	2-3 mL NS q week
<b>Dialysis (Sorenson, Permacath)</b>	TM, semi-permeable Q 7 days (Sterile or clean technique)	Distal lumen preferred 1. Draw 5 mL 2. Draw specimen 3. Flush with 5 mL NS 4. Flush with fill volume listed on VAD using heparin 1000u/mL	Distal lumen preferred 5. Discard 0.1 mL >capacity of VAD 6. Give med 7. Flush with 5 mL NS 8. Instill with volume of heparin (1000units/mL)= volume listed on VAD	Q M-W-F 4. Discard 0.1 mL >capacity of VAD 5. Flush with 10 mL NS 6. Instill with volume of heparin (1000units/mL)=to volume listed on VAD
<b>Pheresis Stem Cell Txp or photopheresis</b>	TM, semi-permeable Q 7 days (sterile or clean technique) <b>Following transplant, treat catheter as tunneled for all care</b>	1. Withdraw 5 mL of waste 2. Draw specimen 3. Flush with 10 mL NS 4. <b>Pre transplant</b> , flush with fill volume listed on catheter using 1000 u/mL heparin 5. <b>Post transplant</b> , flush with 2-3 mL of 10 units/mL hep lock	<b>Active pheresis:</b> 2.5 mL 1000 units/mL heparin <b>Post pheresis:</b> 2-3 mL of 10 units/mL hep lock	Active pheresis: Flush with 2.5 mL of 1000 units/mL heparin <b>Q M-W-F</b> Post pheresis: flush with 5 mL of hep lock daily
<b>Implanted Ports (Infusaport, R-port, S-port)</b>	TM, semi-permeable Q 7 days or with needle change Sterile technique (mask not needed) Unaccessed: no dsq	1. Discard 5 mL 2. Draw specimen 3. Flush with 10 mL NS 4. Flush with 5 mL of 10 units/mL hep lock	5 mL hep lock	Unaccessed: 5 mL hep lock q month Accessed: 5 mL hep lock daily

\*\*1.9 French catheters needs continuous infusion of fluid to maintain patency: 3 mL per hour if 0.9% normal saline; 5 mL per hour if IV solution contains dextrose.