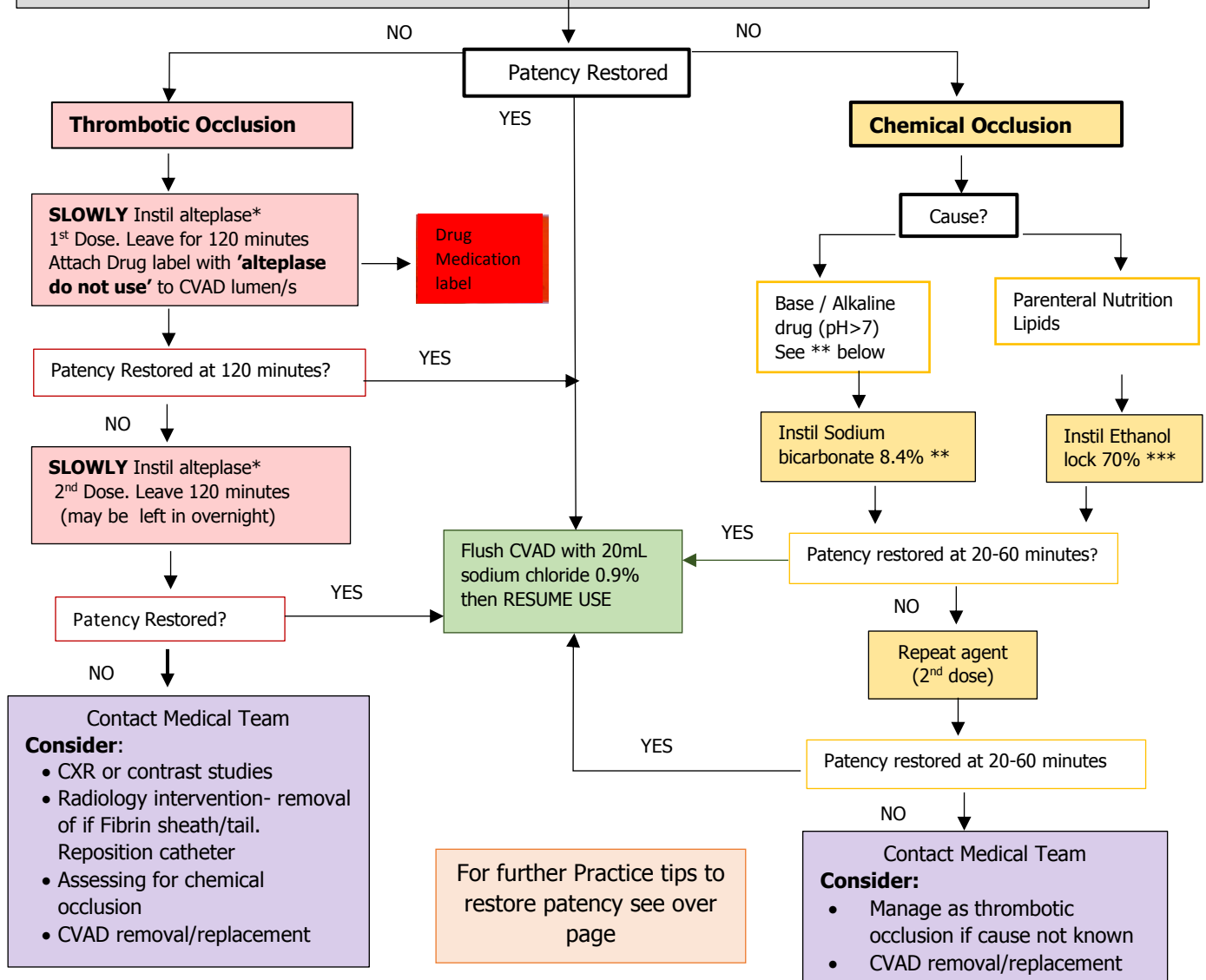


# ALGORITHM for MANAGEMENT OF PARTIAL, PERSISTENT WITHDRAWAL or COMPLETE OCCLUSION

## CVAD ASSESSMENT

- Open clamps; check external portion of CVAD and any tubing for kinks/twists; change dressing if necessary
- Reposition patient/catheter; ask patient to cough/perform Valsalva's manoeuvre
- Change add- on devices i.e. extension tubing on infusors, access devices, clogged filters e.g. PN
- **PICC:** check external catheter length. **Ports:** verify needle placement & change if required
- If PICC has migrated ref to PICC Tip Position Poster Ref no: 238023
- Consider CXR or contrast study if tip malposition or fibrin tail suspected



### \*METHOD OF ADMINISTRATION

**1 Partial/withdrawal occlusion:** Instil clearance agent using direct installation method.

**2 Complete Occlusion:** one of the following three methods may be used to instil clearance agent. **Source: CVAD Resource Book.** **1.** Negative aspirate technique (page 51) **2.** Single syringe technique (page 52) **3.3** way tap technique (page 53)

**DOSAGE – Always confirm you have correct product before use. Must be prescribed by Dr and obtained from pharmacy**

**\* 1, 2 Alteplase. (Store in refrigerator prior to reconstitution) for single use only.** Reconstitute 2 mg vial with 2.2 mL diluent provided or water for injection.

Swirl gently until all contents are dissolved. Draw up **2 mg/2 mL** using 10mL syringe. Don't shake the vial, slight foaming may occur. Let vial stand undisturbed *to allow large bubbles to dissipate before administering.*

#### Chemical clearance agents

**\*\* Sodium Bicarbonate 8.4%, 1mmol/mL** fill volume of catheter lumen, refer to *catheter section CVAD Resource Book* (Reference NOIDs for pH high drugs e.g. phenytoin, dilantin)