

CENTRAL MONTANA MEDICAL CENTER
Lewistown, Montana

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POLICY NO. NSG-059
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SUBJECT: PROCEDURE FOR ADMINISTRATION OF CATHFLO
DEPARTMENT: NURSING
AFFECTED DEPARTMENTS: NURSING, PHARMACY

I. PROCEDURE

Catheter occlusion is the most common noninfectious complication

Indicators of catheter occlusion include:

1. Lack of free-flowing blood return, even if the line flushes easily
2. Inability to infuse fluids
3. Increased resistance when flushing
4. Sluggish flow (lack of brisk, free-flowing blood return <3ml in 3 sec)

II. Indication

Catheter dysfunction can be caused by thrombotic occlusions

Thrombotic occlusions involve the formation of a thrombus or clot. Catheter occlusions can be partial or complete.

- With a partial or “with drawl” occlusion, fluid can still be infused but fluid return cannot be accomplished
- A complete occlusion is easily recognized because neither infusion of fluid nor aspiration of blood can be accomplished.

Cathflo Activase (Alteplase) is indicated for the restoration of function to central venous access devices (CVADs) as assessed by the ability to withdraw blood

The most frequent adverse reaction associated with all thrombolytics in all approved indications is bleeding. Caution should be exercised with patients who have any condition for which bleeding constitutes a significant hazard.

Cathflo Activase should be used with caution in the presence of known or suspected infection in the catheter.

III. Supplies:

- 1 - Vial of Cathflo
- 1 - Vial of preservative-free Sterile Water for injection
- 1 - 10 mL syringe with needle
- 1 - Sodium Chloride (saline) flush
- 1 - Heparin flush (10 unit/ml or 100 unit/ml)
- 1 - IV extension set
- Gloves
- Alcohol wipes
- Sharps container

- 1 - Red/blue cap
- 1 - Male adaptor

IV. Reconstitute Cathflo:

- 1. Withdraw 2.2 ml of Sterile Water for Injection
- 2. Inject the 2.2 ml of Sterile Water into the Cathflo vial. Slight foaming is not unusual; allow the vial to stand undisturbed to allow large bubbles to dissipate
- 3. Mix by gently swirling until the contents are completely dissolved. **Do Not Shake.** Solution should be transparent and colorless to pale yellow. Stable for 8 hours at 30-86 degrees Fahrenheit

V. Instillation of solution into the Catheter:

- 1. Clamp the IV catheter. Put on gloves
- 2. Withdraw 2ml, or the prescribed amount, of Cathflo solution from the reconstituted vial.
- 3. Attach the cathflo syringe to the IV line
- 4. Open the IV clamp and flush in 2 mls of the solution
- 5. Clamp the catheter, leaving the syringe attached
- 6. After 30 minutes of dwell time, open the catheter clamp and assess catheter patency by attempting to aspirate blood
- 7. If catheter patency has been restored, aspirate 4-5 ml of blood to remove Cathflo and the residual clot. Proceed to step #12
- 8. If catheter patency has NOT been restored, allow the Cathflo to dwell another 30-90 minutes, for a total of 120 minutes of dwell time
- 9. Again assess catheter patency by attempting to aspirate blood
- 10. If catheter patency has been restored, aspirate 4-5 ml of blood to remove Cathflo and the residual clot. Proceed to step # 12
- 11. If catheter patency is not restored after one dose of Cathflo, a second dose may be instilled. Repeat the procedure above. If the second attempt at restoring patency of the catheter is unsuccessful, notify physician
- 12. Once catheter patency is restored, do the following:
 - a. If an extension set was used, attach a new SAFSITE valve to the end, invert the valve and prime the entire set with saline
 - i. Attach the extension set/vale to the end of the IV line. The side without the valve should go directly into the IV line
 - b. If an extension set was NOT used, invert and prime a new SAFESITE valve with saline
 - i. Attach the valve directly to the end of the IV line
- 13. Open any IV clamps and gently flush the catheter with saline using the push/pause method. Close the clamp(s). Remove the syringe
- 14. Attach a heparin syringe to the IV line, open the clamp and flush the catheter using the push/pause method. **WHILE holding pressure** against the plunger of the syringe, **clamp** the catheter.
- 15. Remove the syringe and place a new red cap on the end of the IV line
- 16. Discharge used (non-needle) supplies by double bagging and placing in trash
- 17. Discard all used **needles and syringe** with needles in to the Sharps container.