

IV Update

A Review of Vascular Access & IV Infusion Topics

June 2021

The Big Deal with De-clotting

De-clotting a central line is a relatively simple task and when it is performed correctly, there is a fairly insignificant risk to the patient. However, there are times when de-clotting is contraindicated, or when it simply will not fix the problem. Consider the following:

- CVAD's with suspicion of line infection should not be de-clotted.
- If the patient no longer needs central access and prolonged IV therapy is not anticipated, the line should be removed rather than de-clotted.
- Rule out non-thrombotic occlusion including end cap valve failure, kink in tubing, positional tip location, or tip malposition. Always make sure the CVAD has not migrated out or in significantly before deciding to declot.
- The cost of the medication to de-clot a central line is significant. When it is determined that it is appropriate to de-clot a line, it should be done in a timely manner (de-clotting when a line is sluggish is always better than waiting until it's completely occluded), but it's important to trouble-shoot for other causes of occlusion before moving to de-clot.



Thank you for your partnership in providing quality care in IV therapy to your patients. Please call for questions and support 541-505-7386

Photo by Jen Clason, AIMS RN sing support available 24/7



Don't Get Stuck in the Loop

IV "Looping" is a well-known shortcut nurses may use to "protect" the end of the IV administration set when not in use. Studies have shown that this practice of plugging the end of the tubing back into one of the side ports further upstream can significantly contribute to catheter-related blood stream infections (CRBSI). For this reason, it is important to eliminate this practice.

Ideally, all disconnections and re-connections of the administration tubing from the patient's IV should be minimized as the more often the fluid path is opened, the higher the risk for contamination. When the IV requires disconnection, using a sterile cap to cover the end of the administration set is essential.

In order to provide the safest care possible to your patients, please make sure that you have supplies available at all times to appropriately care for your patient's IV lines, including sterile tubing caps, alcohol swabs, and saline flushes.

Appropriate

IV tubing capping

