

PROCEDURE FOR: Central Lines (and Implanted Ports): Intravenous Fluid Administration

- POLICY:**
1. With the exception of emergencies, all infusions through a central line must be administered by an infusion pump. In an emergency situation, for an acutely decompensating patient, volume resuscitation may be accomplished by fluid administration via a pressure bag.
 2. Aseptic technique must be utilized for all aspects of central line care.
 3. Handwashing immediately before performing any central line care is mandatory.

EQUIPMENT: Ordered IV solution
IV medication
Infusion pump and appropriate tubing
Filter, if applicable
Normal saline flush (if appropriate)
Heparin flush (if appropriate)
Alcohol swab or chlorhexidine gluconate swab/pad

PROCEDURE:

<u>ACTION</u>	<u>POINTS OF EMPHASIS</u>
1. Set up ordered infusion or medication with appropriate tubing.	1. If there are any questions regarding compatibility of multiple solutions, consult with pharmacist.
2. Prime the tubing.	2. Triple Lumen catheters are used as follows: a. It is preferable, but not mandatory, when starting parenteral nutrition, to use a previously unused port whenever available. b. Once TPN is begun, the single port should be dedicated to that purpose, not interrupted, and used for nothing else. c. The distal port is preferred for blood.
3. Using friction, vigorously scrub the catheter cap (locked on catheter) or catheter-tubing junction (continuously infusing) with alcohol or chlorhexidine swab/pad for 15 seconds and let thoroughly dry.	3. If the port is being used to administer TPN, lipids or propofol, chlorhexidine <u>must</u> be used to clean the port.
4. Securely luer lock the infusion tubing to catheter. Unclamp catheter if a clamp is present.	4. Be sure the catheter is clamped before disconnecting.

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- a. If infusing medication, use the SASH (saline - administer drug - saline - Heparin) procedure. Refer to procedure for Central Lines and Implanted Ports: Heparin/Normal Saline Flush.
5. Using the drug library and guardrails, program the infusion pump for the volume to be infused and the rate of infusion. Begin the infusion.
6. At the completion of the infusion, disconnect the tubing from the needleless adapter and cap the tubing.
6. Cap will maintain sterility of the tubing.
7. Using friction, vigorously scrub the catheter cap with alcohol or chlorhexidine swab/pad for 15 seconds and let thoroughly dry.
8. Flush the catheter per unit standard or departmental procedure.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 4/83

REVISION DATES: 10/84, 3/86, 7/87, 11/88, 10/90, 7/93, 3/96, 10/97, 8/00, 10/02, 1/03, 10/05, 5/09

REVIEWED DATES: 1/09