VASCULAR ACCESS DEVICES:

EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES



Flushing and locking of central venous access devices (CVAD) & peripheral intravenous cannulas (PIVC)

CNSA recommends flushing and locking with the same solution: 0.9% sodium chloride

CVAD

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Solution: 0.9% sodium chloride



Volume: 10-20 mL* adults, double lumen volume paediatrics



Syringe: 10 or 20mL barrel syringe



Technique: pulsatile technique, complete with appropriate clamp-disconnection sequence for type of NC, stop before end of syringe or use manufactured prefilled syringe



Lumens: every lumen



Frequency:

Inpatient: lumens in use: not required, unused lumens: patency assessment each shift including flush / lock with 20 mL sodium chloride

Outpatients: Every visit with patency assessment

PIVC

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Solution: 0.9% sodium chloride



Volume: 3-5 mL* adults, volume appropriate for paediatrics



Syringe: 10 or 20mL barrel syringe



Technique: slow and steady



#dontrushyourflushFrequency: once per shift if not infusing.

Remove if not being used within 24 hours



*Increase volume post medication, blood etc.

What type of needleless connector do you use?

NEGATIVE POSITIVE NEUTRAL BI-DIRECTIONAL ICII Medical Nexus Health MaxZero™ Microclave® Q-Syte[™] SmartSite[™] Safeflow[®] Ultrasite® MaxPlus™ Caresite® One-Link® Nanoclave® InVision Bionector Neutron® TKO-6P® Kendal® Plus® TKO®

Clamp the catheter or tubing (TIVAD / PIVC extension tubing) **PRIOR** to finishing the flush then disconnect the syringe Clamp the catheter or tubing (TIVAD / PIVC extension tubing) **AFTER** finishing the flush and disconnection of the syringe

No specific clamping sequence at the end of flushing or locking is required

For every PIVC or CVAD. Every time. Every patient.



More detailed information:

https://www.cnsa.org.au/practiceresources/vascular-access-resources/

