

LUCILE SALTER PACKARD CHILDREN'S HOSPITAL AT STANFORD  
DEPARTMENT OF NURSING-QUICK REFERENCE GUIDE  
VASCULAR ACCESS CHART-PATIENTS>2.3 KG (5LBS)

FOR DETAILED CARE & MANAGEMENT, SEE VASCULAR ACCESS DEVICE POLICIES AND PROCEDURES ON INTRANET

CATHETER TYPE	FLUSH & CONCENTRATION*	AMT**	FREQUENCY** (AFTER EACH USE AND MINIMUM FREQUENCY, if locked)	DRESSING CHANGE FREQUENCY	POSITIVE PRESSURE CAP CHANGE	COMMENTS
1. Peripheral IV 16-24 Gauge Angiocath	Normal Saline	3ml	Every 8H	PRN if wet, loose, or soiled	n/a	Use positive pressure to lock.
2. PICC/Midline a) L-Cath 1.2 FR (28 Gauge) 1.9 FR (24 Gauge) Kendall Argyle 1.9FR dual lumen (24G)	Continuous heparinized solution (1unit/ml)	1ml/hr  1.5ml/hr in NICU	Continuous infusion only	Change clear occlusive dressings weekly. Change gauze and tape dressings every 2 days. If dressing wet, loose, or soiled, change immediately.	Continuous infusions do not need positive pressure caps.	Do not draw blood from PICCs and midlines < 3FR.  May use syringes <10ml to flush neonatal PICCs, e.g., 2Fr, 1.9Fr, and 1.2Fr. <u>Do not lock</u>
----- b) V-Cath/Per Q Cath 3FR (20Gauge) 4FR Double lumen (19Gauge) Large lumen (21Gauge) Small lumen	Heparinized Saline 10units/ml	3ml	Every 24H	Change clear occlusive dressings weekly. Change gauze and tape dressings every 2 days. If dressing wet, loose, or soiled, change immediately.	Change positive pressure device every 72 hours.	Blood draw from Per Q Cath ≥ 3F Blood draw from V-Cath ≥ 4FR Blood Draw from Groshong ≥ 3FR
c) Groshong PICC 3FR (20Gauge) 4FR (18Gauge) 5FR Double Lumen (19Gauge)Distal lumen (20Gauge) Proximal	Normal Saline	3ml	Every 24H	Change Statlock with dressing.	Continuous infusions do not need positive pressure caps.	Clamp catheter (except Groshong) when not in use.  Use ≥10ml syringe to PICCs and midlines ≥3Fr. <u>Use positive pressure to lock.</u>
3. Non-Tunneled Catheters (Short-term CVCs) e.g., Arrow/Cook 3FR/4FR/5FR/7FR	Heparinized Saline 10units/ml	3ml	Every 24H	Change clear occlusive dressings weekly. Change gauze and tape dressings every 2 days. If dressing wet, loose, or soiled, change immediately. Change Statlock with dressing.	Change positive pressure device every 72 hours.  Continuous infusions do not need positive pressure caps.	Not for home care.  Clamp catheter when not in use.  Use >10ml syringe to flush NCVCs. <u>Use positive pressure to lock.</u>
4. Implanted Vascular Access Port e.g., Bard, Mediport, Port-A-Cath, P.A.S.-Port, Groshong Port	If accessed: Heparinized Saline 10units/ml  Terminal flush and monthly: Heparinized Saline 100units/ml	5ml  5ml	Every 24H  Every Month	Change clear occlusive dressings weekly. Change gauze and tape dressings every 2 days. If dressing wet, loose, or soiled, change immediately.	Change positive pressure device every 72 hours.  Continuous infusions do not need positive pressure caps.	Remove access needle if port not being used for >4days. Dressing not needed when port not accessed. Clamp extension set when not in use. Use > 10mL syringe to flush port. <u>Use positive pressure to lock.</u>
5. Tunneled Central Catheter (Hickman, Broviac Single or Double Lumen)	Heparinized Saline 10units/ml	3ml	Every 24H	Change clear occlusive dressings weekly. Change gauze and tape dressings every 2 days. If dressing wet, loose, or soiled, change immediately. Change Statlock with dressing.	Change positive pressure device every 72 hours.  Continuous infusions do not need positive pressure caps.	Clamp catheter when not in use.  Use >10ml syringe to flush tunneled CVCs.  Use positive pressure to lock.

\*SASH technique (S-Saline, A-Administer therapy, S-Saline, H-Heparin) and START/STOP technique (creates turbulence in lumen for improved clearance) should be used for all lines, except PIVs and Groshongs are not heparinized.

\*\*Flush volumes may be as little as 3 times the priming volume of the catheter and add-on devices for fluid-sensitive patients. See specific policies for details.

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