**Flushing Regimens for Patients > 10 Kg**

*Aspirate and flush CVLs prior to use to ensure patency*

**Note: Each lumen of a double or triple lumen catheter should be cared for as a separate catheter.**

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| --- | --- | --- | --- | --- |
| **CVC Device** | **Flushing Volume** | **Minimum Flushing Frequency** | **After Blood Transfusion** | **Home Care Regimen** |
| **2 Fr PICC** | 1-2 ml normal saline before and after meds | Continuous Heparinized fluids at 2ml/hr | ***Do not infuse blood through these catheters. Do not draw blood through these catheters*** | Continuous Heparinized fluids |
| **2.6 Fr or larger PICC** | 3ml normal salinefollowed by2 ml of 10 unit/ml heparin | Every 8 hours | *Flush with 3 ml normal saline* *followed by* *2ml of 10 unit/ml heparin****(2.6 DL MedComp PICC may aspirate/infuse through larger lumen only)******Label adapter to indicate need for change within 24 hours.*** | Every 24 hours with 3 ml normal saline followed by2ml of 100 unit/ml heparin |
| **Implanted Port greater** **than 10 kg** | 10ml normal salinefollowed by5ml of 10 unit/ml heparin---------------------10ml normal saline followed by5ml of 100 unit/ml heparin for de-accessing and monthly flush | Every 8 hours when accessed-----------------Monthly when not in use | 10 ml normal saline followed by 5ml of 10 units/ml heparin***Label adapter to indicate need for change within 24 hours.*** | Every 24 hours with 10 ml saline followed by5ml of 100 unit/ml heparin----------------10 ml normal saline followed by5ml 100 unit/ml heparinFor de-accessing and monthly flush |
| **Hickman/Broviac** | 3ml normal saline followed by2ml of 10 unit/ml heparin | Every 8 hours | 3ml normal saline followed by2ml of 10 unit/ml heparin***Label adapter to indicate need for change within 24 hours.*** | Every 24 hours with 3ml normal saline followed by2 ml of 100 unit/ml heparin |
| **Femoral/Jugular/Subclavian** | 3ml normal saline followed by2ml of 10unit/ml heparin | Every 8 hours | 3ml normal saline followed by2ml of 10 unit/ml heparin***Label adapter to indicate need for change within 24 hours.*** | Every 24 hours with 3ml normal saline followed by2ml of 100 unit/ml heparin |

*When a catheter is used more often than every 4 hours, consider using saline only flushes*

Approved: P&T 02/12

**Central Line Flushing Regimen for Patients ≤ 10Kg**

*Ensure catheter patency prior to use*

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| --- | --- | --- | --- | --- |
| **CVC Device** | **Flushing Volume** | **Minimum Flushing Frequency** | **After Blood Transfusions** | **Home Care** |
| **2 FR PICC** | 1-2 ml normal saline before and after meds | Continuous Heparinized Fluids at 2 ml/hr | ***Do not infuse blood through or draw blood through these catheters*** | Continuous Heparinized Fluids |
| **2.6 FR or larger PICC;****Hickman/ Broviac;****Femoral/Jugular/Subclavian and Double Lumen UVC** | 1-2ml normal salinefollowed by2ml of 1unit/ml heparin | Every 6 hours | Flush with 1-2 ml normal saline followed by2ml of 1 unit/ml heparin***(2.6 DL MedComp PICC may aspirate or infuse through the larger lumen only)******Label adapter to indicate need for change within 24 hours*** | 2ml normal saline followed by 1 ml of10 unit/ml heparin every 12 hours |
| **UAC** | 1 ml normal saline after lab draws | Continuous Heparinized Fluids at **1 ml/hr for < 800g****1.5 ml/hr for > 800g** | ***Do not infuse blood through*** | NA |
| **Implanted Port****Less than 10 kg** | Refer to flushing chart specific for implanted ports ≤ 10kg | Refer to flushing chart specific for implanted ports ≤10kg | Refer to flushing chart specific for implanted ports ≤10kg ***Label adapter to indicate need for change within 24 hours.*** | Refer to flushing chart specific for implanted ports ≤ 10kg |

***Note: Each lumen of a double or triple lumen catheter should be cared for as a separate catheter.***

**NOTE: Use 50% less flush volumes for Extremely Low Birth Weight (ELBW) patients**

**NOTE: For all heplocked central lines & midlines not in use, flush every 6 hours with 2 ml of 1 unit/ml heparin**

*When a catheter is used more often than every 4 hours, consider using saline only flushes.*

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**Heparin Flushing Recommendations Implanted Ports in Patients ≤ 10 kg**

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| --- | --- | --- | --- |
| **Weight in** **kg** | **Heparin flush for deaccessing and when** **not in use** | **Heparin flush for outpatient daily infusions (accessed continuously), flush every** **24 hours post daily infusion** | **Heparin flush for inpatient (accessed continuously),** **flush every 6 hours** |
|  | **Accessed more often than weekly** | **Accessed weekly or less often, and monthly when not in use** |  |  |
| **< 5kg** | 5 ml normal saline followed by3 ml **10** units/ml heparin | 5 ml normal saline followed by3 ml 100 units/ml heparin | 5 ml normal saline followed by 3 ml **10** units/ml heparin | 5 ml normal saline followed by3 ml **1** unit/ml heparin |
| **5-10 kg** | 5 ml normal saline followed by3 ml **100** units/ml heparin | 5 ml normal saline followed by 3 ml **100** units/ml heparin | 5 ml normal saline followed by 3 ml **100** units/ml heparin | 5 ml normal saline followed by3 ml **10** unit/ml heparin |
| **NOTE:** For ports locked with 100 units/ml heparin, aspirate 3 ml to clear heparin and discard waste |
| **NOTE:** When flushing with normal saline use a pulse flush to create turbulence in port to flush well |