

Appendix I: Care of the Patient with a Hemepheresis Catheter

Recommendations for Use	<ol style="list-style-type: none"> 1. High flow venous access devices are utilized for pheresis procedures 2. Acute catheters (ex. Shiley, Mahurkar) are typically placed at the bedside by the fellow or designee. 3. Chronic catheters (Davol, Vaxcel) are permanent, tunneled catheters, placed in the CVIL/IRC lab.
Insertion Consideration	<ol style="list-style-type: none"> 1. Follow guidelines as described in Adult Vascular Access Device (VAD) Policy, including use of Central Line Insertion Care Team Checklist for bedside procedures 2. When a non-tunneled VAD is no longer needed for pheresis, it should be removed or rewired to smaller lumen catheter.
Line Management	<ol style="list-style-type: none"> 1. In patient care areas where nurses have specialized training and annual competencies regarding the care and maintenance of hemepheresis catheters, use of these catheters, which may include medication administration, dressing changes, flushing and blood draws, may be allowed, when ordered by authorized prescriber.. (These areas include but are not limited to Nelson 7, Oncology, Neurosciences, IMCs and ICUs.) <ol style="list-style-type: none"> a. The physician must write orders specific to the management of this line including volume and concentration of heparin, if needed 2. In all other areas, pheresis catheters shall not be opened, flushed or used by non-pheresis staff except in life threatening emergencies
Blood Draws	<ol style="list-style-type: none"> 1. Must adhere to Line Management as outlined above. 2. To minimize the risk of contamination, manipulation/blood drawing from the VAD system shall be kept to an absolute minimum. Injection ports, hubs, and Clave® adaptors shall be cleaned with a 70% alcohol swab before accessing the system 3. VAT, where available, shall draw blood from a pheresis catheter on units who do not typically care for these lines and do not have specialized training and annual competencies. 3. For pheresis catheters it is imperative to withdraw and discard 6 mL of blood prior to use, (including medication infusion, or saline flush) so that patient does not get a bolus of heparin 4. Blood may be drawn from the distal port (largest) of central VAD, ensuring all other lumens are clamped. 5. After blood sampling, line should be flushed with NSS according to the flushing guidelines
Dressing/ Care Site	<ol style="list-style-type: none"> 1. For new tunneled central VADs, a nurse shall assess the site and dressing when the patient returns from OR/CVIL/IRC and shall dress the site with gauze dressing changed daily until the site is no longer oozing. 2. Pheresis catheter dressings must be changed every 7 days or when it becomes damp, loose, soiled or if the patient develops a problem at the site that requires closer inspection. Refer to VAD Central Line Catheter Dressing Change Procedure. 3. VAT, where available, shall change dressing for a pheresis catheter, if not receiving pheresis at least weekly, on units who do not typically care for these lines and do not have specialized training and annual competencies. Unit nurse must notify VAT of need for dressing change.

Appendix I: Care of the Patient with a Hemepheresis Catheter

<p>Flush for Hemepheresis Catheter For hemepheresis catheters it is imperative to withdraw and discard 6 mL of blood prior to use, (including medication infusion, or saline flush) so that patient does not get a bolus of heparin.</p>	<p>NSS Flush: 10 ml NSS, each lumen followed by heparin lock</p>	<p>If ordered by physician, Heparin Lock: Determine size of catheter (indicated on catheter lumen and may vary between the two lumens). To each lumen, Heparin 1000 units/ml, volume according to catheter size plus 0.1 cc overfill. (Example: catheter lumen size of red port is 2.3 ml. You will use 2.4 ml of heparin 1000 units/ml. Catheter size of blue lumen is 2.1 ml. You will use 2.2 ml of heparin 1000 units/m.)</p>	<p>Frequency - when not in continuous use. With each use, at least daily. (Flush done by pheresis staff on pheresis days) Oncology patients undergoing pheresis: Flush pheresis catheter BID.</p>
--	---	--	--