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| **Riverside Regional Medical Center** | | | | |
| **Pheresis Catheter** | | | | |
| A pheresis catheter is a larger bore, shorter length central venous catheter that allows for the collection and reinfusion of blood products. Often patients receiving Provenge will require a pheresis catheter. The American Red Cross can maintain the line. Distal tips on a non-tunneled catheter are open ended therefor requiring clamping. Verify specific guidelines of the particular catheter placed with the manufacturer prior to use. | | | | |
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| Employee Name: | | Unit: | Date: | |
|  | **Steps:** | | **MET** | **NOT MET** |
| **1** | Confirm order from provider. | |  |  |
| **2** | Gather supplies: Non-sterile gloves, alcohol prep pads (2-3), prefilled 0.9% NS syringes, 2-2.5ml heparin syringes (1000u/ml concentration) from pharmacy, 2 empty 10 ml syringes, 2 luer lock plugs, CHG (chlorhexidine) bio-patch, face mask, central line dressing kit | |  |  |
| **3** | Identify patient per institutional protocol. | |  |  |
| **4** | Don face mask. Have patient apply face mask. | |  |  |
| **5** | INSPECT CATHETER SITE FOR SIGNS OR SYMPTOMS OF INFECTION AND REPORT ABNORMAL FINDINGS TO THE PROVIDER OVERSEEING THE PATIENT’S CARE. | |  |  |
| **6** | Position patient for comfort and optimal visualization of site. | |  |  |
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|  | To change a dressing: | |  |  |
|  | *Perform a dressing change if the dressing becomes wet, soiled, contaminated or non occlusive or with access.* | |  |  |
| **1** | Perform hand hygiene per institutional protocol. Apply non-sterile gloves. | |  |  |
| **2** | Cautiously remove old dressing. Remove gloves and perform hand hygiene. | |  |  |
| **3** | Open dressing tray and place all materials on the tray using sterile technique. Apply sterile gloves. | |  |  |
| **4** | Clean insertion site with CHG swab and allow to dry 2 minutes. | |  |  |
| **5** | Apply CHG biopatch as well as bio-occlusive dressing. Write name and date. | |  |  |
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|  | To perform a flush: | |  |  |
|  | *Always maintain a positive pressure technique when flushing by clamping the line while still flushing. Line needs to be flushed every 72 hours.* | |  |  |
| **1** | Perform hand hygiene. Apply non-sterile gloves. | |  |  |
| **2** | Ensure clamps are closed. Remove old luer lock plugs while maintaining sterility to lumen ends. | |  |  |
| **3** | Vigorously scrub each hub of the catheter with a new alcohol prep pad per lumen. | |  |  |
| **4** | Apply at least a 10ml syringe and withdraw at least 3-5ml of blood/fluid, ensuring the previously instilled heparin is removed. | |  |  |
| **5** | Flush each lumen vigorously using a pulsatile technique with 10 ml 0.9%NS. | |  |  |
| **6** | Flush with heparin (1000units/ml concentration) as per lumen. | |  |  |
| **7** | Apply new luer lock plugs to each lumen. Ensure clamps remain clamped. | |  |  |
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| **Nurse's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Validator's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |