

CATHETER FLUSHING PROTOCOL

The Infusion Nurses Society's Infusion Nursing Standards of Practice clearly define three purposes of catheter flushing; to assess catheter function, to maintain catheter patency, and to prevent contact between incompatible medications or fluids that could produce a precipitate. For effective catheter flushing, the nurse must have an understanding of technique and the equipment used within his/her institution as well as the type of catheter in use.

DEVICE	INTERMITTENT	TPN	BLOOD PRODUCT ADMINISTRATION	BLOOD DRAWS	FLUSHING FREQ W/ NO THERAPY	HEPARIN LOCKING
(Short) Peripheral IV	Pre admin and Post admin; Minimum of 2ml NS	N/A	Pre admin 2ml Post admin 10ml NS	N/A	At least every 12 hours	N/A
Midline	Pre admin and Post admin; Minimum of 3ml NS	N/A	Pre admin 3ml Post admin 10ml NS	N/A	At least every 12 hours	3ml of 10unit/ml Heparin
PICC	Pre admin and Post admin; Minimum of 5ml NS	5 ml NS	Pre admin 5ml Post admin 10ml NS	Pre draw 5ml NS	Non-valved: at least q 24°	5ml of 10unit/ml Heparin
				Post draw 10ml NS	Valved: at least weekly	N/A
Non-Tunneled	Pre admin and Post admin; Minimum of 5ml NS	5 ml NS	Pre admin 5ml Post admin 10ml NS	Pre draw 5ml NS	Non-valved: at least q 24°	5ml of 10unit/ml Heparin
				Post draw 10ml NS	Valved: at least weekly	N/A
Tunneled	Pre admin and Post admin; Minimum of 5ml NS	5 ml NS	Pre admin 5ml Post admin 10ml NS	Pre draw 5ml NS	Non-valved: at least 1-2 times per week	5ml of 10unit/ml Heparin
				Post draw 10ml NS	Valved: at least weekly	N/A
Port	Pre admin and Post admin; Minimum of 5ml NS	5 ml NS	Pre admin 5ml Post admin 10ml NS	Pre draw 5ml NS	Accessed-Non-valved: at least 1-2 times per week	3-5ml of 100unit/ml Heparin
				Post draw 10ml NS	Valved: at least weekly	N/A
					Deaccessed: at least monthly	3-5ml of 100unit/ml Heparin