

CENTRAL LINE POLICY UPDATE FOR ORDERING PROVIDERS – JULY, 2011

The nursing policy, PC:2034 *Management of Central Venous Access Devices (CVAD)*, has been updated. A go-live date for the revised version of the policy has been set for **July 27, 2011**.

Brief summary:

In general, notable changes/additions for the medical staff include:

- The requirement for catheter tip location to be included in written orders to use CVADs based on XRAY.
- The requirement for XRAY to confirm tip placement prior to use for patients presenting to the hospital with no known history of successful CVAD access.
- Guidelines for accessing a CVAD beyond the normal interval for maintenance/flushing (**late access**)
- Revision of the process for accessing Powerports using power needles - the insertion of power needles will no longer be restricted to the Radiology department, and will require the order of a privileged provider (to include **two** power port identifiers)
- The requirement for an order to both access and de-access an implanted port

Detailed summary:

Radiographic confirmation of catheter tip location (policy pages 3,4)

For patients with a newly placed CVAD, an order must be placed prior to access/use. This order must contain catheter tip location as confirmed by radiograph. In Power Orders, use



'Central Line May be Used Newly Placed'

- Catheter tip location is a required field and tip locations are available to the ordering provider in a drop-down menu.

For patients with a CVAD present on admission, an order must be placed prior to access/use. If the patient has a *known, recent* history of CVAD use in SBUH or the Cancer Center as well as a current assessment of proper catheter function, the ordering provider may enter the order to use the line based on the history. The goal of the policy is to minimize unnecessary exposure to radiation for patients who have recently been seen at SBUH/Cancer Center, whose CVAD was functioning properly when last seen, and whose current presentation offers no reason to question its function.

In the absence of a known (or recent) history, or if there is any other reason to question proper catheter function, then the order to use the line must be based on a chest radiograph and include catheter tip location. In Power Orders, use



'Central Line May be Used Present on Admission'

- This order offers 'known history of recent use' as an option in the drop down menu for confirmation.

Late Access (policy pages 4-5)

This is primarily for patients presenting to the hospital or Cancer Center with CVADs present on admission. When the most recent access or flush of the line is beyond the prescribed timeframe (see chart in policy for device type and timeframe), it is considered 'LATE ACCESS'. The responsible nurse practitioner, fellow or attending physician must be notified, and a **specific plan** for late access of the line is developed and **written orders** are entered delineating the plan. Options include:

- Ordering that the CVAD not be used
- Ordering access as per normal policy/procedure
- Sending aspirate for blood C&S
- Ordering a dye study
- Ordering Cathflo

Implanted Port Access/De-Access (policy pages 8-9)

NEW: By policy, nurses will now be looking for orders to both **access** as well as **de-access** implanted ports.

For **access**, the ordering provider must select one of two orderables in Power Orders:



'Port Needle Insert/Change **Power**'



'Port needle Insert/Change **Standard**'

- This necessitates that the **ordering provider** confirm which **type of port** the patient has.

! KEY SAFETY POINT: *Only a Powerport (accessed using a Power needle) may be used for power injection.* To protect patient safety, Power Ports must be identified as such prior to insertion of a Power needle. Confusion pertaining to port and/or needle type can lead to either internal or external rupture during power injection – **a major patient safety issue.**

! KEY SAFETY PROCESS: an order to use a Powerport needle must include 2 identifiers that confirm the port is a Powerport:

1. Manufacturer identifier (ID card, keychain, bracelet)
2. X-ray report confirming power port
3. Triangular bumps under the skin (NOT present on all power ports)
4. Operating room/Interventional Radiology report confirming Power Port

#1 and #2 can be done with initial assessment of the patient.
#3 will require an x-ray be done
#4 will require looking in CERNER for a report.

For **De-Access**, an order set has been created for your convenience. In Power Orders, use

 **'Implanted Port DeAccess'**

- This order set includes the orders for NS flush, heparin lock using 100 units/mL heparin and removal of the port needle.

Implanted Port Intermittent Flush (policy pages 16-17)

Patients with implanted ports that have been accessed (and will not be immediately de-accessed following infusion) will require an order for intermittent flushing with heparin 10units/mL to maintain patency. In Power Orders, use

 **'Implanted Intermittent Port Flush'**

Coming soon! Updates are planned to make ordering CVAD-related care more streamlined and user-friendly. Please watch for upcoming notifications regarding these improvements.