

## Medical Directive

Allergies:

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### Central Venous Access Device (CVAD) Management: Management of Blocked Lumens and/or Line Migration

- Refer to procedure: Central Venous Access Device (CVAD): Restoring Patency for Thrombotic or Chemical Occlusion in Adults and Paediatrics (PAT-2-27).

#### **POSSIBLE THROMBOTIC OCCLUSION:**

##### **Adult Dose:**

- Administer alteplase (Cathflo) 2 mg for each blocked lumen. May repeat x 1 (contact Pharmacy Department for second dose).
- ☐ Registered nurse (RN) to check box (☒) for Pharmacy Department to dispense alteplase (cathflo).

##### **Paediatric Dose (for children up to and including 30 kg):**

- For paediatric dosing refer to table below. May repeat x 1 (contact Pharmacy Department for second dose).
- ☐ RN to check box (☒) for Pharmacy Department to dispense alteplase (cathflo).

##### **Paediatric Alteplase Dose Ranges – (children up to and including 30 kg), above 30 kg follow adult dosing**

Type of Catheter	Less than 10 kg	Greater than or equal to 10 kg
PICC	0.5 mg	1 mg
Non-tunnelled	0.5 mg	2 mg
Tunnelled	0.5 mg	2 mg
Implanted ports (port-a-cath)	0.5 mg	2 mg
Dose listed is per lumen; for multilumen catheters, treat one lumen at a time as per dosing table		

#### **POSSIBLE CHEMICAL OCCLUSION (alkaline drug [pH greater than 7]):**

##### **Adult Dose**

- Administer sodium bicarbonate 8.4% 2 mL for each blocked lumen. May repeat x 1.
- ☐ RN to check box (☒) for Pharmacy Department to dispense sodium bicarbonate 8.4%.

##### **Paediatric Dose (for children up to and including 30 kg):**

- For paediatric dosing refer to table below. May repeat x 1
- ☐ RN to check box (☒) for Pharmacy Department to dispense sodium bicarbonate 8.4%.

##### **Sodium Bicarbonate 8.4% Dose Ranges (children up to and including 30 kg), above 30 kg follow adult dosing:**

Type of Catheter	Less than 10 kg	Greater than or equal to 10 kg
PICC	0.5 mL	1 mL
Non-tunnelled	0.5 mL	2 mL
Tunnelled	0.5 mL	2 mL
Implanted ports (port-a-cath)	0.5 mL	2 mL
Dose listed is per lumen; for multilumen catheters, treat one lumen at a time as per dosing table		



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**SUSPECTED LINE MIGRATION MORE THAN 5 cm:**

- Chest x-ray 1 view (AP view) to confirm CVAD placement. Most responsible physician (MRP) to confirm CVAD placement OR contact radiologist on-call directly to request an urgent report confirming placement within 2-hours.
- If reinsertion is required, have MRP complete referral to PICC team for re-insertion of line. **Do not remove old line. Wire over replacement will be attempted by PICC team.**

<b>SECTION 1</b>	<b>THIS AREA MUST BE COMPLETED BY IMPLEMENTING PROFESSIONAL:</b>	
	Signature with classification _____ Date: _____ (yyyy/mm/dd)	
	Name (Print) _____ Time: _____ (hh:mm)	
Name of most responsible physician for the patient's care related to the Directive: _____		
<b>SECTION 2</b>	<b>MEDICAL ADVISORY COMMITTEE:</b>	<b>PATIENT CARE SERVICES:</b>
	Signature _____ Date _____ (yyyy/mm/dd)	Signature _____ Date _____ (yyyy/mm/dd)



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### **Guidelines for Implementation of a Medical Directive**

Before implementing a Medical Directive, the health professional will be responsible for:

1. Placing a patient label on the form or in the absence of a label print: the name, age, admission number, chart number and most responsible physician's name.
2. Ensuring the implementer meets the criteria as set out in Section 4.
3. Ensuring the patient meets the criteria as set out in Section 3.
4. The Medical Directive will not be implemented unless the implementing professional has completed Section 1 including his/her signature, health professional designation, name, the date and time and name of the most responsible physician according to the criteria in Section 5.
5. The implemented Medical Directive will be added to the patient's chart in the Physicians Order section.

This completes the implementation process. The Medical Directive is now processed as any Medical Order and is subject to all policies pertaining to a Medical Order.

#### **Section 3**

#### **Patient Criteria**

**1. Patient conditions that must be met:**

- Occluded central venous access device or suspected line migration more than 5 cm.

**2. Specific circumstances that must exist:**

- Occluded central venous access device or suspected line migration more than 5 cm.

**3. Contraindications:**

- Hypersensitivity to alteplase (Cathflo) or any component of the formulation.
- Medical directive is not for use on neonates or infants admitted to the Neonatal Intensive Care Unit (NICU), contact paediatrician for management of central venous access device.

#### **Section 4**

**1. Health professional(s) that can implement the directive:**

- Registered nurses competent in care and maintenance of CVAD.

**2. Specific education qualifications:**

- Completion of TBRHSC CVAD skills lab and review competency yearly.

#### **Section 5**

**Criteria for selection of the responsible physician:**

Most responsible physician (MRP)



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