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## CVAA Online Learning Resource 2015 – Module 1 Literature Search Game

The objective of this activity is to aid healthcare practitioners in learning the key points within the Occlusion Management Guideline (OMG) document. The OMG for CVADs is available at www.cvaa.info, and can be found under the <u>Publications</u> tab.

Page 11: Match the type of occlusion with the signs and symptoms

Partial	Inability to aspirate blood but ability to infuse without any resistance.  Lack of free-flowing blood return
Withdrawal	Decreased ability to infuse fluids into the CVAD; resistance with flushing and aspiration. Sluggish flow through the catheter
Complete	Inability to infuse or withdraw blood or fluid into the CVAD

## Page 11: Fill in the blanks

Type of Thrombotic Occlusion:	Definition:
Intraluminal	An intraluminal thrombus often causes obstruction.  • Forms within the of the catheter.  • Develops from buildup within the lumen of the catheter as the result of through the lumen of the catheter, or of via the catheter.  • May also be due to caused by, change in pressure, and disconnection with negative displacement devices.
Fibrin Tail	Aoccurs when fibrin adheres to the end of the catheter. As the tail attaches to the catheter and sticks out orinto the, moreand otherbecome deposited onto the tail.  • Acts as athat permits infusion but not withdrawal of fluid from the catheter.  • Gets 'i over the opening whenis attempted. The fibrin tail gets pushed aside by the of injecting or infusing through the device.
Fibrin Sheath	A forms when fibrin adheres to the surface of the catheter, creating a '' over the end of the catheter or its Fibrin sheaths can cover a catheter within or sooner after placement.  • Occasionally the or covers the end-hole of the catheter and causes Fluid can be, but cannot be  • Serious / complications can result when medications are from entering the by the fibrin sheath. As a result, will infuse up the fibrin sheath and back to the site.
Mural Thrombus	A forms when fibrin from a vessel wall binds to fibrin covering the Vessel wall injury may be due to the in the vessel with motion, a insertion, poor blood, vasculature, or a high ratio.  • May the tip of the and cause venous or progress into a venous that leads to occlusion of the



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Literature Search Game
Page 12: Background: CVAD Occlusion
CVAD occlusions can be categorized as, or
Catheter is the approach to the management of occlusion. Restoring to the CVAD is less , is more , and ensures limited o , reduced trauma and psychological stress to the , reduced risk of , and
The cost of device replacement can be an estimated \$ to \$ and far the cost of as well as the of, time, and clinic time.
Page 13: Signs and Symptoms of CVAD Occlusions
Upon Infusion or Flushing:
1when 2flow 3to 4. Frequentalarm on 5oror swelling or leaking at the
Upon Aspiration of Blood
1 to 2 return
Page 20: Sample dosing includes the following  • 1mg reconstituted in _ml mini-bag of over minutes  •4mg alteplase in 100ml mini-bag of NS over minutes  •mg reconstituted alteplase in ml mini-bag of NS over minutes
Page 25: Prevention of CVAD Occlusion
<ul> <li>CVAD lumens with prior to and after sampling,</li> <li>of, and changing</li> </ul>
• Use the or technique.
<ul> <li>Flush enough NS to or from the cap or and CVAD</li> </ul>
Flush with a minimum of the internal volume of the catheter system; however a volume may be needed after or transfusion procedures.
<ul> <li> the cap/ connector if there is blood or</li> <li> between</li> </ul>

